Quality and Safety: Home Care Service

Coronavirus Context (SARS-CoV-2)

The World Health Organization says that an appropriate Home Care service can prevent the need for acute or long-term treatment, helping patients to have the necessary health care and support while in their homes and communities. Research shows that home care services are cost-effective and are associated with a better quality of life for their clients. The Home Care Service is a powerful health tool in the recovery of various health conditions from the population.

Home Care provides patients with care directly linked to aspects related to family structure, home infrastructure and the structure offered by services for this type of assistance. In this way, unnecessary hospitalizations are avoided, and the risk of infections is reduced. In addition, it improves the management of hospital beds and the use of resources, as well as decreases the overcrowding of urgent and emergency services.

Effective communication between the different bodies that participate in the structuring of this service, as well as the participation of the family and the community during the organization of the provision of assistance, favor better clinical results. Knowledge of the population profile in Home Care will support the development of more efficient strategies to provide this support to operational teams. The lack of uniformity in the information between the service providers and their professionals, contributes to the occurrence of failures in the established security guidelines.
The Biosafety Commission has an important role in guiding professionals regarding compliance with the guidelines established by the institution. Home Care services, from this commission, are responsible for guiding the health practices of professionals, family and community, with focus on patient-centered care. As in other health services, for example hospitals and outpatient units, COVID-19 has caused great concern in the way in which care should be conducted.

**Performance of the health team in Home Care: how to deal with prevention for COVID-19 and with suspected cases or awaiting confirmation.**

Health professionals in home care are essential for the safety barriers imposed for the prevention of contagion by COVID-19 to function fully. There is a worldwide concern with the transmission of coronavirus (SARS-CoV-2) to professionals through self-contamination. We know that the most important routes of transmission are by droplets or contact, and it is extremely important to properly apply standard or additional precautions, depending on the risk of exposure.

It is up to the Home Care Service to provide resources so that the assistance team can carry out its work, as well as the management of these supplies to avoid absences, in addition to a protocol with adequate indication of use to avoid waste. The provision of resources for patient care is related to the adequacy of personnel, materials and information to achieve the best results. The exchange between professional shifts in home care is a concern, since care related to hygiene must be discussed and reinforced. Professional rigor is required with hand hygiene, clothing, gloves and hygiene of the environment close to the patient. Searching for information about the health status of professionals before
the start of work hours is important to prevent the spread of the new coronavirus (SARS-CoV-2) and establishes a relationship of trust between the employer and the institution. The proposed activities should only be carried out when the team feels safe to provide care.

**Communication with family and community**

In this pandemic moment, the multidisciplinary team is responsible for disseminating good practices for patient management to family members and caregivers. The patient should preferably be in a private, well-ventilated room and the shared spaces in the house should be limited. Family members must stay in a different location or, if this is not possible, maintain a distance of at least 1 meter from the sick person. The limitation on the number of caregivers should be guided, attributing to a person, who preferably does not have chronic conditions or is immunocompromised.

Visits should be avoided, considering the rules of social distance, quarantine and isolation as instructed by the Ministry of Health. Everyone in the residence should intensify the frequency of hand hygiene, with water and soap or alcohol gel, respecting the five hygiene moments of the hands of World Health Organization. It is essential to establish a communication channel to clarify doubts and monitor non-urgent problems among professionals.

**Interface with professional cooperatives**

The interface with the Assistance Services Cooperative with the Home Care Services must include the determination of basic work routines. It is necessary to establish communication mechanisms between professionals for the continuity
of care. For assertive communication between members of the multidisciplinary team, it is necessary to create tools for the passing of cases between professionals and work shifts. The communication mechanisms must be available so that the team can provide record and continuity of care provided during the patient care period.

**Transport of patients in home care**

Patients with symptoms of respiratory infection (fever, cough, sneezing, difficulty breathing) should wear a surgical mask during transport. Health professionals and support professionals who provide care to less than one meter of suspected or confirmed COVID-19 patient must wear PPE (cloak / apron; surgical mask; eye shield or face shield; gloves).

**Definition of essential activities and care planning**

Home care is guided by a care plan built by the multidisciplinary team, which must be revised to adapt the delivery of care with less exposure to the patient and to maintain the projected gains. With the regulation of telemedicine, the assessment of some professionals for the patient must be considered, weighing the risks and benefits of the professional's face-to-face assessment at the patient's residence.

**Airway management**

The team responsible for assistance should be notified as soon as possible of the suspicion or confirmation of COVID-19. Good communication must be maintained with the patient and family to identify risk factors / comorbidities
associated with the possibility of developing Severe Acute Respiratory Syndrome. The World Health Organization recommends some measures aimed at reducing the incidence of bacterial pneumonia associated with mechanical ventilation and reducing the risk of spread:

- Maintenance of the patient with the head of the bed raised to 30-45º;
- Use of a closed suction system in all cases;
- Proper application of precautions and isolation;
- Use of Personal Protective Equipment whenever there is a risk of exposure to biological material (long sleeve apron, surgical mask or N95 respirator or equivalent, individual protective glasses and procedure gloves).

**Precautions with the patient care environment**

The coronavirus is surrounded by a lipid capsid that makes it particularly sensitive to disinfectants for routine use. There is evidence that the virus is effectively inactive with appropriate procedures that include the use of common disinfectants in health care facilities. The World Health Organization (WHO) suggests that "the complete cleaning of the surfaces of the environment with water and detergent for hospital use, followed by the application of disinfectants commonly used in health institutions" are effective and sufficient procedures to inactivate the new coronavirus.

Guidance on cleaning and disinfecting surfaces in contact with patients with suspected or infected with SARS-CoV-2 is the same as that used for other types of respiratory disease. Articles, health products or equipment must be for
the exclusive use of suspected or confirmed patients of COVID-19, disinfection with 70% alcohol (or with the solution indicated by the manufacturer) for shared use, avoiding cross-transmission of the virus. For cases without suspected COVID-19, without epidemiology and without respiratory symptoms, the usual disinfection is performed. The cleaning of health equipment and furniture near the patient must be carried out according to the routine established by the service.

Disposal of materials in the home environment

Responsibility for the segregation and disposal of waste generated in patient care is the responsibility of both health professionals and the family. It is necessary to pay attention to municipal laws for the correct destination of waste.

References

