

## **COVID-19 Home Care and Hospice Guidance Document#1**

Covid-19 is a newly emerging and evolving disease first identified in China December 2019. It has now been detected in almost 70 locations internationally including the United States. The Centers for Disease Control and Prevention (CDC) has taken the lead on this along with The White House. Community- acquired cases of COVID-19 have recently been identified. At the moment the risk for exposure in the United States is considered low. It is also important to remember that local, state and federal governmental agencies have been developing plans and protocols for such an event for a very long time.

A coronavirus is part of a family of viruses that are common in both people and animal species. Symptoms of COVID- 19 have ranged from mild symptoms to severe illness. There are reported deaths associated with the disease. (Source: CDC)

Symptoms of the virus may appear **2-14 days after exposure** and they include

- Fever
- Cough
- Shortness of breath
- Diarrhea (small percentage).

Not everyone initially presents with fever. According to the NYSDOH, in a conference call 2/11/20, 44% of people presented initially with fever but ultimately throughout the course of the disease 90% of the people had fever.

### **Prevention**

There is currently no vaccine for the prevention of coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. CDC has reinforced the use of everyday preventive actions to help prevent the spread of respiratory diseases and seasonal influenza. That includes:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.

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- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
  - Follow CDC's recommendations for using a facemask.

CDC does not recommend that people who are well wear a facemask.

Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are caring for someone in close environments.

- Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.

If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty. (Source: CDC)

Close contact is defined as:

a) being within approximately 6 feet of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case, or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). (Source: CDC)

**At this moment in time, however, home care and hospice providers have not been involved with direct care of patients with a diagnosis of COVID-19 in the home environment. That may change as the situation is updated almost daily. In addition, should the situation significantly shift and be declared a pandemic, the home and hospice care industry is more likely to be impacted by a public health emergency than any other type of health care provider due to the very nature of its practice which is a one on-one health care delivery system. A shortage of personnel has the potential to affect continuity of care.**

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## **Home Care and Hospice –First Identifiers**

As home care and hospice organizations provide care in the community, it is possible to be a first identifier of a COVID-19 suspected case. Please include a travel history during the professional home visit. Ask the patient and family about friends/relatives travel and vacation plans. Assess the patient for flu-like symptoms. Again remember we are in the middle of an active influenza season. However, if it is suspected that the patient may have COVID-19, the agency personnel should:

- Don PPE. Put on a gown if available, mask, (remember for the most part home care and hospice do not normally use particulate respirator masks and they need to be fit tested) goggles, and gloves.
- Put a mask on the patient, and then place patient in a room by him or herself. Keep the patient as isolated as possible including isolation from family pets. The room ideally should be one with a door but this is home care/hospice and we may not always have that option.
- Staff should then call their agency to notify the health department explaining the situation and wait for guidance. No one should leave the home, including agency staff, until clear guidance and direction have been given by the local, state or CDC representative.
- Staff with possible exposure to COVID-19 should be evaluated in consultation with state or local health department personnel to plan for self home isolation
- The home care and hospice agency should develop their own policy for employee work restrictions, coordination of daily monitoring, use of paid time off and continuance of wages.

Home care and hospice agencies at some point may be asked to accompany local health department personnel or CDC personnel on home investigations for Persons Under Investigation (PUIs). Currently visits to investigate home isolation and PUIs are done in tandem to observe donning and doffing of PPE. Airborne precautions are in place. Use of home care and hospice personnel in this role would require home care and hospice personnel to receive training and fit testing. Situational awareness becomes paramount as does communication with local and state authorities. In an extreme situation, the industry may be asked to care for people in a cohorted environment.

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## **Infection Control and Prevention Education**

### **Proper Use of Personal Protective Equipment**

Agencies should begin a comprehensive infection prevention education program for all staff but especially for field staff. Training in the use of personal protective equipment (PPE) as well as standard precautions is paramount. Staff need to know how to don and doff PPE without contaminating themselves. This includes knowing the proper sequence of donning gloves, masks, gowns, and face shields. Hand washing still remains the first preventative measure. Agencies should bring staff into the office for demonstrations and re-demonstrations. Use appropriate PPE. Only use an N95 respirator mask if your patient has a diagnosis that requires airborne precautions. N95 respirator use requires individual fit testing on a regular basis.

The CDC is asking for conservation of supplies. Use PPE as appropriate for patient care.

**Alert: As of 3:47 P.M. 3/4/2020 Some State Health Departments are beginning to survey home care and hospice agencies on the status of agency PPE as supplies are becoming limited.**

### **Nursing Bag Use**

Reinforce and re-educate staff in the proper use of bag technique. There is much unknown about the virus but it does remain on surfaces. So barrier use is highly recommended.

### **Supply Stock**

**The CDC is asking for conservation of personal protective equipment. Please discuss with your staff the need to use PPE appropriately and please maintain control over your supplies. We know there have been thefts in agencies. Check your supplies and dates. If they are outdated- MOVE TO THE BACK OF YOUR SUPPLIES WITH A NOTE BUT**

**DO NOT THROW OUTDATED PPE AWAY AT THIS TIME.**

**We need to be prepared for potential supply chain issues and as such would await for guidance from local, state and federal government agencies as well as the Centers for Disease and Control (CDC) on possible use of outdated PPE.**

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## **State Health Departments**

Research your state health department's website. They all have the most recent information and may have some specifics for your state. Keep staff informed on a regular basis but be sure the information you share is accurate. People are anxious and inaccurate information can spread easily.

## **Disaster Preparedness Plan**

Review and update policies such as your pandemic plan, influenza protocols, monitoring staff for illnesses, patient classification system,

## **Reminders**

As home care and hospice providers, our role is to prevent and control the spread of any disease while protecting staff and patients. The basics still hold:

- Encourage employees and patients to get the flu shot,
- Wash hands often throughout the day. If warm running water and soap are not available, use alcohol-based hand gel.
- Remind employee and patients about cough etiquette.
- Avoid touching eyes, nose, or mouth.
- No handshaking/hugging etc (sometimes field personnel have close relationships with patients).
- Provide patient education about keeping surfaces (especially bedside tables, surfaces in the bathroom, and toys for children) clean by wiping them down with a household disinfectant.

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Home Care, Hospice and Community Providers

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For people at home, either under investigation or have a confirmed diagnosis that do not need hospitalization, CDC has issued guidance. This includes: symptom monitoring, dedicated household items, cleaning high touch surfaces, wearing gloves when handling soiled laundry, disposing of PPE, prohibiting non essential visitors. This document can be found at this link.

**<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>**

Please go to [www.cdc.gov](http://www.cdc.gov) for more resources.

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