

Hospice FAQ: Inpatient Unit Preparations and Response to COVID-19

The National Association for Home Care & Hospice (NAHC) conducted a national webinar on March 27, 2020, addressing hospice inpatient unit preparation and response to the COVID-19 pandemic. During the webinar, NAHC representatives and webinar panelists addressed several questions submitted by the participants. However, there was not enough time to respond to all questions during the webinar. Below are all of the submitted questions and the response.

Q: For those of us with routine level of care beds, has CMS been approached to allow routine beds to be used for GIP patients if the need arises?

A: We are assuming your unit is not a certified hospice inpatient unit. We recommend that you consult state law relative to requirements for hospice residences.

Q: What is your cleaning protocol for a negative flow isolation room occupied by a COVID-19 patient?

A: Each organization has its own procedures, and the following are generally found in procedures providers have shared with NAHC:

- Some IPUs are utilizing ultraviolet light for at least an hour in the room and then following the usual cleaning protocol
- Ensure the disinfectants utilized are effective for COVID.
- Disinfect high touch surfaces daily. Some IPUs are utilizing staff already in the room, i.e. nurses and aides, to perform daily cleaning to minimize the number of individuals in the room and/or conserve PPE. Per the CDC: “In general, only essential personnel should enter the room of patients with COVID-19. Healthcare facilities should consider assigning daily cleaning and disinfection of high-touch surfaces to nursing personnel who will already be in the room providing care to the patient.”
- Per the CDC “Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.”
- Utilize routine procedures for management of laundry and food service utensils. Disposable products may be used if adequate resources for cleaning utensils and dishes are not available.

NAHC recommends listening to the following webinar, [COVID-19: Infection Prevention and Control Strategies](#), for additional infection control information.

Q: If N95s are available to IPU staff, but there is no opportunity to do fit testing, what is risk to IPU if the N 95s are used without fit test?

A: N95 should only be worn by staff after fit testing. An N95 that has not been fit tested could be worn by staff *only* if face masks are not available and only under crisis conditions. In order to maximize the benefit of having N95 respirators:

- Establish a core group of staff that have been fit tested and only allow them to visit patients confirmed or suspected on having COVID-19; and
- Contract with a local hospital’s occupational health department, health department, or other occupational health vendor to perform fit testing using their equipment (which is acceptable); and
- Avoid allowing the staff to wear non-fit tested N95s, whenever possible.

Q: Have you experienced a change in census since COVID-19?

A: This varied by provider and is addressed in the webinar recording.

Q: What are you doing to prepare for an accidently COVID+ patient in your inpatient unit? Are you isolating a hall, identifying a COVID team, are you assuming entire unit should wear full PPE when a positive patient is identified? Are you altering documentation?

A: This varied by provider and is addressed in the webinar recording.

Q: If a COVID Pos resident ended up being in your IPU—unknowingly -- what are you doing with that resident? Moving to hospital? What do you do for staff while trying to transfer?

A: This varied by provider and is address in the webinar recording.

Q: We have many requests to make cloth masks. Does anyone know of any evidence-based info related to this?

A: Guidance from CDC ([Strategies for Optimizing the Supply of Facemasks](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html)) indicates that “homemade masks are not considered PPE, since their capability to protect health care personnel (HCP) is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.”

Following is guidance from Mary McGoldrick to the NAHC member discussion list on April 14 and additional information from March 23:

April 14: As an important FYI, the CDC updated its information related to masking (and more). Here’s the link if you want to read more of the details: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>. For now, here’s what is important for your staff to know right now about masking.

When a patient or other person present during the home visit is suspected or confirmed of having COVID-19, wear an N95 respirator or facemask (that information has not changed).

When with a patient not suspected or confirmed of having COVID-19, wear either a cloth face mask or a face mask. A face mask is preferred if not state-mandated – as it protects the staff; whereas, a cloth face mask protects the patient and others present. A cloth face mask worn under general conditions is not considered PPE.

In a hospice IPU:

Consider implementing “extended use” mode (i.e., staff wear their face mask or respirator the entire shift). Avoid switching back and forth throughout the shift (if possible) between a cloth face mask and a face mask or respirator. At the end of the shift, the cloth face mask can be applied before exiting the building.

Offer a face mask (if available) or a cloth face mask to anyone age 2 and over entering the facility (if they are not wearing one) and instruct them to wear it (if tolerated) when in the facility.

When the patient arrives at the facility, if he/she is alert and not in respiratory distress, offer the patient a cloth face mask (which is to be removed upon entering the patient’s room and put back on if leaving the room). A face mask should not be put on a patient entering the facility that is heavily sedated, unconscious, incapacitated or otherwise unable to remove a mask without assistance.

Remember that with each contact with a face mask or respirator (i.e., taking it off or putting it back on, or even touching it by mistake), it increases the staff's risk for self-contamination (and thus the preference for extended use versus re-use).

March 23: I have been getting a lot of questions about staff wearing cloth masks.... Hospice volunteers and others have begun sewing cloth masks for the staff to use as PPE and for the staff to hand out to the patients during home visits to protect them. I am aware that the CDC's website does have include cloth face masks/scarfs as examples of what to use when no face masks are available, but please consider the information below:

On January 29, 2020, the World Health Organization released a publication called Advice on the use of masks in the community, during home care and in health care settings in the context of the novel coronavirus (2019-nCoV) outbreak. In the document, in the last line it states, "Cloth (e.g. cotton or gauze) masks are not recommended under any circumstance."

Face masks reduce aerosol exposure by a combination of the filtering action of the fabric and the seal it makes between the face and the mask. Although any material may provide a physical barrier, if as a mask it does not fit well around the nose and mouth, or the cloth allows infectious aerosols to pass through it, it will be of no benefit and only offer a false sense of security.

If the staff need to wear cloth face masks, here is my suggestion (for now). When sewing the face mask, sew it with two layers and leave a side pocket open to allow for a filter to be inserted. I am suggesting the face mask have a one-time use only filter inserted (at this time) of a vacuum cleaner HEPA type filter (or other filtration material) that can be cut to size to insert in the cloth face mask. If there is a sufficient quantity of cloth masks available per person (i.e., ideally one per home visit), the cloth portion can be laundered daily and the staff protected. At this time, I am not recommending staff launder supplies worn as PPE at home (to be consistent with OSHA regulations). Laundering in hot water, preferably with chlorine, and drying on a 50" dry cycle at high heat is sufficient. But like everything else, that could change. There are many more steps to this process, but I want to offer an alternative to protect the health of our staff.

Q: Also, any feedback on N-95 masks versus KN-95 masks?

A: On April 3, 2020, the FDA approved, under the emergency use authorization (EUA), the use of non-NIOSH-approved N95 respirators. The KN95 respirator, which is made in China, can be used by home care and hospice staff when:

- The organization is using the KN95 consist with the CDC's list of respirator alternatives located at:https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirators-strategy%2Fcrisis-alternate-strategies.html; *and*
- The KN95 make and model is listed in Appendix A of the "FDA authorized imported Non-NIOSH Approved Respirators Manufactured in China." The list will be updated ongoing and is located at: <https://www.fda.gov/media/136663/download>; *and*
- The OSHA requirements are met for having a respiratory protection program in place and that a staff member undergo a medical evaluation and fit test for the KN95 make and model that will be used by the individual.

The KN95 respirator can be used in lieu of the N95 respirator when the above criteria are met and should not be worn over an unfitted N95 respirator, as the KN95 will not make a proper seal on the face to protect the home care and hospice staff member. The use of a fit-tested N95 respirator is the first choice.

N95 should only be worn by staff after fit testing. An N95 that has not been fit tested could be worn by staff *only* if face masks are not available and only under crisis conditions. In order to maximize the benefit of having N95 respirators:

- Establish a core group of staff that have been fit tested and only allow them to visit patients confirmed or suspected on having COVID-19; and
- Contract with a local hospital's occupational health department, health department, or other occupational health vendor to perform fit testing using their equipment (which is acceptable); and
- Avoid allowing the staff to wear non-fit tested N95s, whenever possible.

While the Food and Drug Administration (FDA) had previously not included KN-95 masks on its initial guidance for approved PPE, on April 3 it issued guidance that outlines recommendations around use of these masks. The guidance is available here:

<https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/fags-shortages-surgical-masks-and-gowns>

Q: I didn't think telephone/virtual visits were acceptable for home hospice staff, but it sounds like agencies are doing this?

A: On an informal basis, CMS has previously indicated that the hospice CoPs contain limited references specifying that all patient care must be provided on an in-person basis. On Monday, March 30 CMS issued interim final rules applicable to the COVID-19 pandemic indicating that hospices are permitted to provide services using telecommunications systems to patients who are receiving Routine Home Care (RHC) provided the services and the equipment are specified on the plan of care and tied to patient-specific needs. Such interactions are not to be reported on claims (except for social worker telephone calls) and no separate payment is provided (these services are part of the per diem payment rate). Hospices may report the costs of telecommunications technology used to furnish services under the routine home care level of care during the PHE for the COVID-19 pandemic as "other patient care services" using Worksheet A, cost center line 46, or a subscript or line 46 through 46.19, cost center code 4600 through 4619, and identifying this cost center as "PHE for COVID-19".

