HOME CARE & HOSPICE
COVID-19 TOWN HALL
April 22, 2020

Rachel Manchester, Director of Nursing, Providence Home Health (WA)
Christine Opiela, Executive Director, Home Care Association of Washington
Objectives

- Introduce Different Perspectives
  - Home Health & Hospice
  - Skilled Nursing Facility
  - Home Care Associations
  - Regional State Coalitions
- Status Update/Helpful Items
- Share Resources We Have Felt Necessary to Tackle COVID
- Hope
Home Health and Hospice Data

Admitted Patient Totals of Positive, PUI only, Negative by Region
A infection status will change from PUI to Negative or Positive

<table>
<thead>
<tr>
<th>Region</th>
<th>TOTAL</th>
<th>Positive</th>
<th>PUI only</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>119</td>
<td>127</td>
<td>166</td>
<td></td>
</tr>
<tr>
<td>California</td>
<td>36</td>
<td>34</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Oregon</td>
<td>10</td>
<td>46</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>73</td>
<td>44</td>
<td>87</td>
<td></td>
</tr>
</tbody>
</table>

Home care and Hospice Age Data

Admitted Patients by Age, Infection Status and Region

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Home Health and Hospice Perspective

• Volumes have suffered
• Costs have dramatically increased
  o Surge Planning and Contract Staffing
  o Keeping existing caregivers whole by allowing them to find non-revenue generating work
  o Sourcing PPE from suppliers without a previous relationship for discounts
  o Prepare to reprocess the masks you have: https://www.youtube.com/watch?v=3xyShZsv_5k&list=PL2YbnWzt5emCp6wMs8h9cf8061cNOZQNE&index=17&t=0s
• 30% of our staff are doing different roles
  o Inpatient surge staffing required skilled labor
  o Telehealth needed skilled staffing
  o High risk staff removed from the field

Visit Counts are Down
Telehealth Visits are Up!

Weekly 2020 to date

Daily Counts last 3 weeks

Provider Hierarchy
System
Alt Virtual Visit / Telephone
11,503 count
April 15, 2020
change in daily avg.
4% from last week
360% from 2020

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Clinic Education: Time Commitment Needed

- PPE Donning/Doffing Practices
  - Use face shields to prolong mask life (know how to get keep these from fogging)
- Increased infection control plans
- Explain how to cohort patients and geography to preserve PPE
- New documentation requirements (Infection surveillance and prevention)
- New Consents for telehealth/Zoom capabilities
- Changing regulation
- New telehealth technology
  - Existing pilots with HRS, Medtronic, Synzi
  - Zoom and Facetime use/policy
- Patient education – videos, pictures, letters, phone calls, telehealth


Telehealth – Find a Way and Track Your Success
Facility Struggles

- Life Care Center of Kirkland was our learning ground
- Our Providence owned facilities afraid of becoming the next Life Care
  - Volumes decreased
  - Admissions closed
- Relied heavily on marketing team to ensure their resident safety
  - Transparently shared how we were treating patients
    - Staff agreed to be screened and have temps taken and sign a code of conduct
    - Staff agreed to wear full PPE despite CDC recommendations
- Coalition partnerships helped place COVID+ residents with different facilities
- Partner with your department of health to help you get in (resource letter attached)
Track Facilities Not Letting Us in and All Missed Visits Counts Because of This:

<table>
<thead>
<tr>
<th>Post-Acute Facility</th>
<th>Phone</th>
<th># Declined</th>
<th>Reason for not accepting</th>
</tr>
</thead>
<tbody>
<tr>
<td>58</td>
<td></td>
<td></td>
<td>working on making an isolation unit, will be taking back some returning patients who are COVID+ admission freeze for now</td>
</tr>
<tr>
<td>57</td>
<td></td>
<td></td>
<td>admission freeze through 4/14</td>
</tr>
<tr>
<td>47</td>
<td></td>
<td></td>
<td>not accepting anyone with a history of COVID</td>
</tr>
<tr>
<td>44</td>
<td></td>
<td></td>
<td>admission freeze</td>
</tr>
<tr>
<td>40</td>
<td></td>
<td></td>
<td>Requires 14 day quarantine and 2 negative COVID tests 24 hours apart for all COVID pts</td>
</tr>
<tr>
<td>40</td>
<td></td>
<td></td>
<td>asking for all patients to be tested for COVID before they will accept either returning or new patients</td>
</tr>
<tr>
<td>35</td>
<td></td>
<td></td>
<td>requires negative COVID test within 48 hours of admission. This can be difficult to coordinate due to turnaround times for COVID tests</td>
</tr>
<tr>
<td>34</td>
<td></td>
<td></td>
<td>refusing both returning and new patients due to limited staffing and PPE</td>
</tr>
<tr>
<td>34</td>
<td></td>
<td></td>
<td>admission freeze due to COVID+ patient</td>
</tr>
<tr>
<td>34</td>
<td></td>
<td></td>
<td>admission freeze</td>
</tr>
<tr>
<td>32</td>
<td></td>
<td></td>
<td>requires 14 day quarantine and two negative COVID tests 24 hours apart for all COVID patients</td>
</tr>
<tr>
<td>29</td>
<td></td>
<td></td>
<td>only accepting current residents back</td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td>not accepting any new patients</td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td>refusing all patients due to having a COVID+ person onsite</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td>requiring negative COVID test for all admissions</td>
</tr>
</tbody>
</table>

Steps to take if facilities refuse entry

In addition to tracking missed visit counts:

- Leverage personal connections
  - Send letters to all facilities sharing commitment to keeping their facility infection-free and how your staff is following current CDC guidelines
  - Call the facility owner/manager to ensure their staff understands updated policies and regulations
- Provide staff with copies of your Governor’s proclamations, the letter you sent to all facilities, and any other official guidance clearly stating your staff is allowed access (DSHS letters available for you as a resource)
- Report facilities online or by phone to your state DSHS
  - WA DSHS Aging and Long-Term Support Administration: https://www.dshs.wa.gov/altsa/residential-care-services/residential-care-services-online-incident-reporting
Dear Facility Staff and Management:

The team of healthcare professionals from [your agency name] understands the need to keep your facility infection-free during this pandemic and at all times. We share the commitment to keep patients and staff safe from COVID-19 and other infections.

Our agency is following all CDC guidelines for screening staff, particularly in monitoring their own health in addition to making sure the staff have appropriate PPE when treating a patient of any infection status. The services that they are providing to your resident(s) are ordered by their Primary Care physician, who understands the medical necessity of visiting patients in their place of residence in order to keep them there. As a team, it is our goal to keep patients in the community in their places of residence, and our have them at risk of being readmitted to the hospital, particularly during a pandemic.

According to CMS memo to Nursing Homes (Ref: QSO-20-14-NH):

Facilities should follow CDC guidelines for restricting access in healthcare workers found at [https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-work-assessment.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-work-assessment.html). This also applies to other healthcare workers, such as hospice workers, EMS personnel, or dialysis technicians, that provide care to residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for healthcare workers.

Per the CDC guidelines at the link above, any HCP who wear appropriate PPE while providing care to COVID-positive or COVID-assumed patients is considered LOW RISK and should be permitted to continue providing healthcare to the community.

We are asking our facility partners to please allow our clinical staff to visit patients in your facility and do their jobs. Our staff, like yours, are doing heroic work on the front lines and will partner with you to keep the patient safe in their residence. We are more than willing to work with your teams and adhere to your infection control procedures.

You may contact me personally if you have any questions/concerns.

[Signature]

Alireza Pakdel
Join your Coalition & State Association

- Having partners makes life easier!
- Communicate your PPE demands and other needs so a larger, local team can help
- Provide frequent feedback to develop advocacy priorities
- Share the workload in finding resources and understanding new regulations
- Connect with local peers to share success stories and lessons learned
- More power in numbers!

Coalition Support

- Our Coalition created Strike Teams

What is a COVID-19 Strike Team?

The Public Health Communicable Disease and Epidemiology section monitors data on confirmed COVID-19 cases and reports of COVID-compatible illness to identify potential outbreaks in congregate settings, including shelters. When a potential outbreak has been identified at a site, a “Strike Team” may be deployed to the site. The COVID-19 Strike Team:

- Includes up to 2 registered nurses (or more depending on the size of the facility) and 1 environmental health investigator
- Conducts on-site clinical assessments of clients and staff to determine the need for testing and placements in an I&O facility
- Conducts on-site facility assessment to support implementation of sanitation guidance, social distancing and infection control practices
- Requests mobile testing team as needed to provide on-site testing
- Works with any COVID+ client(s) to connect them to I&O placements

The site is contacted in advance to ensure that COVID+ person(s) will be on-site when the team arrives and to determine the need for sanitation and PPE supplies at the site.
Coalition Partnerships for COVID + Placement

Updated: April 4, 2020

Regional COVID-19 Coordinating Center (RC²) Workflow and Process

COVID-19 Isolation & Quarantine Guidance for Healthcare Providers

RESPONSE FOR PEOPLE LIVING HOMELESS

About isolation and quarantine (I&Q)

Isolation and quarantine is a proven public health practice for reducing the spread of disease.

- Quarantine is for people who have been exposed to an infectious disease, may or may not have any symptoms, but could become sick and then spread the infection to others.
- Isolation is used for people who are currently ill and contagious, and who need to stay away from others in order to avoid infecting them.
Surge Planning

- Fit test your core COVID + and PUI staff only; PPE changes and each type of mask needs fit testing.
  - We experienced a 70% fit testing failure rate on some N95’s
  - Some staff who couldn’t be fit tested needed alternant roles
- Issues securing enough COVID tests
  - Must assume these patients are COVID + which drains PPE
  - We’ve secured ABBOTT ID NOW testing which is much more pleasant than nasopharyngeal tests and deliver results in 15 minutes
  - Consider antibody testing for staff
Don’t Forget About Your Non-clinical Staff

• Use resources printed in other languages

• Ensure you have translators available

• Include pictures for patient education

Be Prepared for the Marathon

• Ensure you have lots of employee assistance programs
  o Grief/Loss
  o Burnout
  o High Risk Caregiver Safety

• Prepare for loss of patients and staff

• Take care of your staff’s “emotional hygiene”
  o Many staff may have post-traumatic stress disorder

• Be present and available
  o Employees need to hear from leadership often (even daily!)
  o Let employees know how to reach you with updates and questions
  o When leadership is knowledgeable and calm, employees will have more confidence in your company’s strategy
Phases of Disaster

- SAMHSA – Phases of Disaster

- Emotional Highs
- Emotional Lows
- Pre-Disaster
- Warning
- Threat
- Impact
- Heroic
- Honeymoon
  - Community Cohesion
- Disillusionment
  - Inventory
  - Trigger Events
  - Anniversary Reactions
- Reconstruction
  - A New Beginning
  - Setback
  - Working Through Grief
  - Coming to Terms

Alireza Pakdel
Status Update

- Now that the hospital counts are stabilizing, our counts are rising in the care continuum
- Visit volumes for therapy are very low
- Expenses continue
- PPE sourcing demands remain high
- Organized groups (such as unions) fighting mask re-processing
- Reporting out to many different areas PPE needs
  - Internal reporting to supply chain
  - External reporting requirements to state

Helpful Items

- **Be honest – Things Change and No One is an Expert**
- Infection Preventionist – Our Best Resource
- Employee Health Team – Our Busiest Resource
- Governmental Affairs Expert - Helps navigate the waivers and payment requests and create new, needed requests
- HR – Our partner to navigate caregiver supplemental pay and furlough (disability) criteria
- Collateral - **Make a 1-stop shop for your staff** (Sharing ours with you)
  - Have Job Aides, Videos, Just in Time Training, Policies, Procedures, etc.
Helpful Items Continued…

- Have a way to track your daily COVID numbers
  - Keeps staff aware (eliminates or corroborates fears)
  - Allows you to plan for PPE and staffing needs
  - Allows you to cohort patients and staff
- Figure out a way to make your own PPE
  - Mask and Shield instructions (Sharing ours with you)
- Figure out a way to make your own hand sanitizer
  - Local distilleries
  - Pharmacy/infusion compounding site made ours
- Hold daily town halls for staff and managers in crisis (2 different calls)
- Surge Planning (Sharing our tool with you – explained next)

Hope

- As we see our numbers decline, prepare for your new normal
  - Normal will return in phases (resource attached for you)
- Our sheltering in place has allowed us to avoid capacity
- Our innovations and international partnerships have allowed for agility in trying times.
  - This virus doesn't abide by state lines and we have formed coalitions called the Western States Pact (WA, OR, CA) We have also learned from Wuhan and Italy.
- Testing ability increases; ABBOTT IDNOW testing strategy continues to evolve.
  - We are at the point where we can do serology testing for employees and recovered patients. OR is testing this in 2 hospitals – hoping to have some preliminary results by the end of the week! 4,700 caregivers also being tested for antibodies.
  - Certain agencies are testing asymptomatic staff to ensure residents are safe.
Future of Clinical Care Delivery | Outlook of What’s Ahead

As an effect of the COVID-19 pandemic, many patients deferred care. In the upcoming months, we expect the return of these patients, as well as anticipate new patient groups, to need care:

- Anticipated increases of new patients resulting from the unmitigated consequences of the pandemic, i.e., increased behavioral-induced consequences, such as drug problems and addiction, and deterioration of mental health, such as increased levels of depression, anxiety, etc.
- Chronic conditions of patients may worsen during infection waves, which may result in increased need of care once waves subside.
- Potential for increase in elective surgeries due to mandatory deferments during infection waves.
- Hospital must develop and implement plans to address patients’ concerns of infection to encourage patients to return.
- During COVID-19 outbreak, hospitals experienced a reduction in standard acute care patients.

Table:

<table>
<thead>
<tr>
<th>Care &amp; Planning for all in age of COVID-19</th>
<th>Deferred Care</th>
<th>Chronic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td></td>
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</tr>
<tr>
<td>- During COVID-19 outbreak, hospitals experienced a reduction in standard acute care patients.</td>
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<td></td>
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<tr>
<td>Community Needs</td>
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<td>Population Health</td>
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<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
How to Make Patients Feel Safe Again

How will we address pent-up demand and delayed care?

1. Ramp-up virtual visits further – “reduce the friction” & increase adoption
2. Resume in-office care with segregated workflows and emphasis on social distance, hand hygiene, universal masking
3. Re-Imagine the Care Model
   • Home-based strategies - FIT, remote BP monitoring,
   • Automated outreach – MyChart, FollowMyHealth, mPulse. Use of e-forms (PHQ9)
   • Tech-enabled care - Omada, Silvercloud, DIG products, etc.
   • Protocol driven care with additional use of allied health providers
   • Care outside typical business or Office hours.

Q & A
NAHC COVID-19
Information and Resources

nahc.org/covid19
nahc.org/covid19faqs

Upcoming Events

PDGM 2020 Virtual Summits
April 28 & 29

COVID-19 Virtual Town Halls
Wednesday, May 6

2020 Financial Management Conference & Expo
July 26-28
Las Vegas, NV

2020 Home Care and Hospice Conference and Expo
October 18-20
Tampa, FL
Contact Information

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Executive Director
Home Care Association of Washington
christine@hcaw.org

Artwork:
Face Mask for the Clinical Setting

General information only. Providence used these guidelines, with other information and our own experience, to create face masks for our own internal use. You should conduct your own reviews and consider quality and other issues before creating masks or other products of your own.

“Health for a Better World.”
Face Mask Materials & Tools

**Materials:**

- Fabric – Surgical Wrap
  1. One mask piece
     - 14 ½ inches x 7 ½ inches
  2. Four strap pieces
     - Approximately 15 inches x ¾ inches each

**Tools Needed:**

- Sewing Machine
- Scissors
- White Thread
- Pins
Face Mask Instructions

1. Fold Face Mask fabric piece in half, using center punch as your guide.
2. Align edges so that the punch holes match on each side.
3. Stitch ¼ inch seam on non-folded and non-punched edge.
4. Turn mask piece inside out so that the seam is inside, and hand press seam to flatten.
5. Place seamed edge on bottom, toward you.
6. Create pleats or folds:
   a) Placing your thumb and index finger on the top fabric surface, and on either side of punch #1, gather fabric to create pleat and hand crease across.
   b) While continuing to hold the fabric together, fold this layer on the line of punch #2, and then place the edge on the line of punch #3. This will result in a pleat at the top of the mask of approximately 1 1/2 inches from top to bottom.
   c) Hand press flat to ensure straight and pin in place.
   d) Repeat steps 1-3 for second pleat (punch hole 4-6).
   e) Mask should now have two uniform pleats. Along the short side, stitch pleats in place using a ¼ inch seam, remove pins.
7. Create Straps:
   a) Take one strap piece and align top edge of strap with lower pleat edge (punch #6).
   b) Wrap strap piece front to back to cover mask raw edge (pleated side).
   c) Stitch in place, lengthwise.
   d) Place second strap piece to cover the first strap piece overlapping by ½ inch, and in the opposite direction.
   e) Wrap strap piece front to back to cover mask raw edge.
   f) Stitch in place.
   g) Repeat Steps 1-6 for second strap and side of Face Mask.
8. Trim all threads.

Congratulations - You did it!
Face Mask Instructions

1. Fold Face Mask fabric piece in half, using center punch as your guide.

2. Align edges so that the punch holes match on each side.

3. Stitch ¼ inch seam on non-folded and non-punched edge.
4. Turn mask piece inside out so that the seam is inside, and hand press the seam to flatten.

5. Place seamed edge on bottom, toward you.

6. Create pleats or folds:
   a) Place your thumb and index finger on the top fabric surface, and on either side of punch #1, gather both fabrics to create pleat and hand crease across.

   b) While continuing to hold the fabric together, fold this layer on the line of punch #2, and then place the edge on the line of punch #3. This will result in a pleat at the top of the mask of approximately 1 1/2 inches from top to bottom.

   c) Hand press flat to ensure straight and pin in place.
6. Create pleats or folds (continued):
   
   d) Repeat steps a, b and c for second pleats (punch holes 4-6).

   e) Mask should now have two uniform pleats. Along the short side, stitch pleats in place using a ¼ inch seam, remove pins.

7. Create straps:
   
   a) Take one strap piece and align top edge of strap with lower pleat edge (punch #6) repeat steps a, b and c for second pleats (punch holes 4-6).
7. Create straps (continued):
   
   b) Wrap strap piece front to back to cover mask raw edge (pleated side).

   c) Stitch in place, lengthwise.

   d) Place second strap piece to cover the first strap piece overlapping by ½ inch, and in the opposite direction.

   e) Wrap strap piece front to back to cover mask raw edge.

   f) Stitch in place.

   g) Repeat Steps a-f for second strap and side of mask.
Congratulations!

Your Face Mask is done!
Face Mask Piece Patterns

Face Mask Body:

- 7 ½ Inches

Face Mask Straps:

4 Straps – each 3/4 inch x 15 inches
OR
2 Straps – each 3/4 inch x 34 inches
Dear Nursing Facility/Home Administrator:

This letter supersedes Administrator letter ALTSA NH 2020-007. The Centers for Medicare and Medicaid Services (CMS) has revised and re-issued QSO-20-14-NH with substantial new information. Additionally, Governor Inslee issued a proclamation around managing visitors in nursing homes and assisted living facilities, and information about the proclamation is included with this letter.

**QSO-20-14-NH Guidance for Infection Control and Prevention of COVID-19 in Nursing Homes.**

QSO-20-14-NH, provides information to nursing facilities about infection prevention and control related to COVID-19. Specifically, there is guidance on:

- Screening and monitoring visitors
- Limiting or restricting visitors based on specific criteria in the memo.
- Screening and monitoring the health of staff and volunteers.
- Transferring and accepting residents with suspected or confirmed COVID-19.

QSO-20-14-NH also provides a list of reliable resources for information on COVID_19. Facilities are advised to review the references from the Centers for Disease Control and Prevention (CDC) and CMS regularly, as the outbreak is an evolving event, and both organizations will update their sites as new information is available.

**QSO-20-12-ALL Suspension of Survey Activities.**

In a separate memorandum, QSO-20-12-All, CMS has also revised survey, revisit, and complaint activities to enhance resident and staff protection. Effective immediately, State Survey Team actions are limited to the following (in priority order):

- Surveyors will investigate all immediate jeopardy complaints (cases that represents a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death or harm) and allegations of abuse and neglect.
- Surveyors will investigate complaints alleging infection control concerns, including facilities with potential COVID-19 or other respiratory illnesses.
- Statutorily required recertification surveys are ongoing for NH facilities.
- Surveyors will continue re-visits necessary to resolve current enforcement actions and will initiate any initial certifications.
- Surveyors may survey facilities that have a history of infection control deficiencies at the immediate jeopardy level in the last three years.
- Surveyors may surveys of facilities that have a history of infection control deficiencies at lower levels than immediate jeopardy.
- Some survey tasks may be limited or conducted over the telephone. Review QSO-20-12-NH for details.
Dear NH Administrator:

Investigation Process - Suspension of Certain Survey Activities

March 11, 2020

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**Governor’s Proclamation 20-06.**

On February 29, 2020, Governor Inslee issued Proclamation 20-05, declaring a state of emergency for Washington State due to the COVID-19 outbreak. On March 10, 2020, the governor issued Proclamation 20-06, which amends 20-05. Proclamation 20-06 contains the following significant prohibitions for nursing homes and assisted living facilities to protect residents against COVID-19:

- No more than one visitor is allowed per day per resident. Visitors must be adults and visits must take place in the resident’s room. This does not apply to end of life situations, nor does it apply to health care professionals such as doctors, behavioral health providers, home health nurses, and other health care professionals who provide needed care and services to residents.
- Visitors must be screened according to criteria listed in the proclamation.
- Visitors must sign in on a reporting log.
- Facilities are prohibited from destroying the visitor log for 30 days.
- Employees and volunteers must be screened at the start of their shift, and are not permitted to work or volunteer if they show symptoms associated with COVID-19.
- Residents under a recommendation or order from the Washington State Department of Health (DOH) or the local health jurisdiction for isolation or quarantine for COVID-19 must be isolated in their rooms. A resident can choose to leave at any time.
- Nursing facility staff and volunteers are prohibited from disclosing protected and confidential information except as provided by law or with the consent of the resident.

The proclamation waives and suspends the following sections of Chapter 70.129 RCW: 090(1)(f), 090(2), 140(2)(b), 140(3), 140(4), and 140(5). It also waives and suspends WAC 388-97-0520(1)(g) and WAC 388-97-0520(1)(h).

This proclamation is effective immediately and will remain in place until midnight on April 9, 2020.

**Please Note:** There are some differences between the direction provided by CMS in QSO-20-14-NH and the prohibitions, and waived and suspended laws in the Governor’s proclamation. Facilities must follow the “higher” or more restrictive standard of the two documents.

Residential Care Services (RCS) is committed to the health and safety of all residents and staff. If a surveyor exhibits signs of illness, they will not be deployed to a facility. RCS will assess facility visits on a case-by-case basis following the DOH quarantine guidelines ([Infection Prevention, Control & Immunizations](https://www.doh.wa.gov/InfectiousDiseases/Vaccines/COVID19.html)) and the availability of [Personal Protective Equipment](https://www.wa.gov/health/coronavirus/protective-equipment/). Facilities are encouraged to continue to monitor for compliance with standard hand hygiene practices, using alcohol-based hand rub/hand sanitizer (ABHR/ABHS) as the preferred method of hand hygiene in most clinical situations. If hands are visibly soiled, wash with soap and water for at least 20 seconds. Healthcare facilities should ensure that hand hygiene supplies are readily available. Continue to ensure appropriate personal protective equipment (PPE) use and availability, such as gloves, gowns, respirators, and eye protection. RCS recommends notifying the local health jurisdiction if the facility is having difficulty accessing PPE.

Information and Resources:

Dear NH Administrator: Investigation Process - Suspension of Certain Survey Activities
March 11, 2020
Page 2


Healthcare providers and healthcare facilities must report suspected or confirmed cases of 2019 Novel Coronavirus to their local health jurisdiction. For information on how and when to report, please use this link:  https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/NotifiableConditions

Thank you for your continued commitment to resident health and safety. If you have any questions about the 2019 Novel Coronavirus illness, please contact your local health jurisdiction or DOH. You may also contact Lisa Herke, Nursing Home Policy Program Manager, at (509) 209-3088.

Sincerely,

Candace Goehring, Director
Residential Care Services
DSHS: "Transforming Lives"
Dear Assisted Living Facility Administrator:

We understand you have received a lot of information about COVID-19. The links below will help you find critical information quickly.

Links

- ATSA Assisted Living Facility Professionals
- Provider Letters
- ALSTA COVID-19 Guidance and Resources
- Department of Health
  - DOH Hotline: 1-800-525-0127
  - COVID-19 Outbreak
  - DOH COVID-19 Infection Prevention and Control webinar (registration required)
  - DOH Recommendations for LTC Facilities during COVID-19 Outbreak
  - Local Health Jurisdiction interactive directory map
- CDC COVID-19

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- No more than one visitor is allowed per day per resident. Visitors must be adults and visits must take place in the resident’s room.
- Visitors must be screened according to criteria listed in the proclamation.
- Visitors must sign in on a reporting log.
- Facilities are prohibited from destroying the visitor log for 30 days.
- Employees and volunteers must be screened at the start of their shift, and are not permitted to work or volunteer if they show symptoms associated with COVID-19.
- Residents under a recommendation or order from the Washington State Department of Health (DOH) or the local health jurisdiction for isolation or quarantine for COVID-19 must be isolated in their rooms. A resident can choose to leave at any time.
- Nursing facility staff and volunteers are prohibited from disclosing protected and confidential information except as provided by law or with the consent of the resident.

The proclamation waives and suspends the following sections of Chapter 70.129 RCW: 090(1)(f), 090(2), 140(2)(b), 140(3), 140(4), and 140(5). It also waives and suspends WAC 388-97-0520(1)(g) and WAC 388-97-0520(1)(h).
This proclamation is effective immediately and will remain in place until midnight on April 9, 2020.

The visitor limitations of the proclamation do not apply to:

- **End of life situations**
- **Health care teams such as doctors, behavioral health providers, home health nurses so that care and service needs of residents are met**
- **Department of Social and Health Services staff, including staff from the Developmental Disabilities Administration and Aging and Long-term Support Administration**
- **Local health jurisdiction staff**

Additional Information

Here is a partial list of actions you can take to protect residents, staff, and yourself:

- Wash hands often with soap and water for at least 20 seconds and use hand sanitizers when hand washing is not available
- Screen all people for symptoms of COVID-19 prior to entering the facility, including staff, health care providers, and visitors
- Practice social distancing with residents and visitors
- Require visiting in a resident’s room rather than common areas
- Consider postponing group outings in the community
- Consider postponing extracurricular activities within the home that are not needed to meet the care and services of your residents

For more information about how to best protect residents, staff, and yourself, and to get the most current guidance for your facility, please visit the web sites listed above frequently as the situation is changing rapidly.

If you have any questions, please contact Jeanette Childress, Policy Program Manager, at (360) 764-9804 or Jeanette.Childress@dshs.wa.gov.

Sincerely,

Candace Goehringer, Director
Residential Care Services

DSHS: “Transforming Lives”
I. **Overview and case definitions COVID-19**

A. **Definition:** Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans. Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans. Several known coronaviruses are circulating...
B. Symptoms: Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death. Most patients (80%) experienced mild illness.

C. Transmission: Contact, Droplets, Fomites (objects or materials which are likely to carry infection, such as clothes, utensils, and furniture).

D. Case definitions:

   **Suspect Case**
   A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), AND with no other etiology that fully explains the clinical presentation AND a history of travel to or residence in a country/area or territory reporting local transmission (See situation report) of COVID-19 disease during the 14 days prior to symptom onset.

   **OR**
   A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to onset of symptoms;

   **OR**
   A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation.

   **Probable Case**
   A suspect case for whom testing for COVID-19 is inconclusive. Inconclusive being the result of the test reported by the laboratory

   **Confirmed Case**
   A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

II. Screening

Home Health Access/Intake/Liaisons screen for new admissions:

A. All new admissions will have the epidemic risk screening completed upon referral. The epidemic risk screening questions will be updated based on CDC guidance.

   1. Click, "Screening required" on the Home Health Intake screen and complete screening questions.

   2. If they screen positive, contact your Manager/Supervisor or the Administrator on Call for further guidance. The administrative team will collaborate with the PHCC Infection Preventionist and reach out to the Local Health Jurisdiction (LHJ) as necessary for guidance.
If risk screening is negative, no documentation is needed.

If the risk screening is positive:

1. Document a Remote Client Telephone Encounter and enter smart phrase: .HHCORONAVIRUSSCREEN

2. Do not proceed with the visit. Contact your Manager/Supervisor or the Administrator on Call for further guidance.

3. Educate patients to call the office if they believe they or their caregivers have potentially been exposed to COVID-19 or to report fever and respiratory symptoms.

Manager/Supervisor to notify Infection Leader or designated Nurse Leader

Infection Leader or designated Nurse Leader to validate the Covid-19 screen is positive. Review the patient’s chart and interview the potentially exposed staff to rule out differential diagnosis. Use clinical judgment to determine if the symptoms are related to a previously diagnosed condition (i.e. influenza or other pulmonary diseases) or a non-infectious cause (i.e. end of life dyspnea and terminal hyperthermia).

Encourage staff to explain to the affected patient/family that our protocol currently calls for our gaining clearance from the Local Health Jurisdiction (LHJ) when a patient/family provides answer YES to any of the screening questions before a patient can be visited. Cancel any remaining discipline visits for the patient until direction is given by the LHJ. Obtain patient demographic information & open patient’s medical record in preparation to consult the LHJ.

Call and notify the LHJ respective to the location of the exposure.

All POSITIVE screens that have been reported to the LHJ must be communicated to Lisa Dellaquila HCC Infection Preventionist at 425-422-9670, support/guidance, and follow-up. May leave a voicemail with SBAR and call back #.

Infection Leader or designated Nurse Leader will track positive screen patients to report out system leadership in Covid-19 Tracker.

Enter necessary precautions indicated by the LHJ in the patient’s chart, following the “Infection Home Health all clinicians will screen patients prior to EVERY in-person visit.

Positive Patient Screens:

A. Manager/Supervisor to notify Infection Leader or designated Nurse Leader

B. Infection Leader or designated Nurse Leader to validate the Covid-19 screen is positive. Review the patient’s chart and interview the potentially exposed staff to rule out differential diagnosis. Use clinical judgment to determine if the symptoms are related to a previously diagnosed condition (i.e. influenza or other pulmonary diseases) or a non-infectious cause (i.e. end of life dyspnea and terminal hyperthermia).

C. Encourage staff to explain to the affected patient/family that our protocol currently calls for our gaining clearance from the Local Health Jurisdiction (LHJ) when a patient/family provides answer YES to any of the screening questions before a patient can be visited. Cancel any remaining discipline visits for the patient until direction is given by the LHJ. Obtain patient demographic information & open patient’s medical record in preparation to consult the LHJ.

D. Call and notify the LHJ respective to the location of the exposure.

E. All POSITIVE screens that have been reported to the LHJ must be communicated to Lisa Dellaquila HCC Infection Preventionist at 425-422-9670, support/guidance, and follow-up. May leave a voicemail with SBAR and call back #.

F. Infection Leader or designated Nurse Leader will track positive screen patients to report out system leadership in Covid-19 Tracker.

G. Enter necessary precautions indicated by the LHJ in the patient’s chart, following the “Infection
Documentation in Remote Client workflow in the EPIC workflow manual so that it appears in the patient’s medical record for any staff who may see the patient.

1. *NOTE* The hospice infection workflow differs from home health in that hospice sends a case communication to HIM to add an FYI flag to the patient's chart with infection info. The FYI flag is viewable both in hyperspace and the patient thumbnail summary in the remote client, so it is easily viewable. The home health ministries for WA and CA are documenting infection precautions in the Directions & Precautions section of the remote client, which is not viewable in hyperspace. With the new infection workflow, which was sent out on 3/13, they are also documenting infections in the new infection form and the care plan. This information is viewable in hyperspace.

H. Notify any vendors or contractors that may be servicing the patient via phone and in writing using the Advisory of Positive Patient Screen for COVID-19.

III. Isolation and Patient Placement for confirmed or suspected cases

Home Health:

- If the patient or family presents with fever and respiratory symptoms during the visit, you may continue with your visit but implement special contact-droplet precautions (Gown, gloves, mask and eye protection).
- Educate family/caregivers using the Covid-19 Patient Education Handout
- If the patient has a positive test, immediately notify the local health jurisdiction (LHJ), your manager/supervisor at your Ministry. NOT REQUIRED, BUT YOU CAN also notify Lisa Dellaquila, HCC Infection Preventionist at 425-422-9670.

IV. Personal Protective Equipment (PPE) for confirmed or suspected cases:

- **Precautions for in-person home visit:** Healthcare providers should wear a surgical mask, gloves, and eye protection for the history and basic exam. A gown is recommended. (Droplet precautions).
- **Precautions for Specimen Collection or aerosol generating procedures** (e.g. NP swab, suctioning or nebulizing treatments): These procedures should be conducted wearing gloves, eye protection, gowns and either a surgical mask or N95 respirator or CAPR. (Aerosol precautions)
- **PPE should ideally be put on outside of the home prior to entry.** If unable to put on all PPE outside of the home, it is preferred that face protection (i.e., respirator and eye protection) be put on before entering the home. Alert patient/caregiver that you will be entering the home and ask them to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.
- **Ask person being tested if an outside trash can is available,** or if one can be left outside for the disposal of PPE. PPE should ideally be removed outside of the home and discarded by placing in external trash can. PPE should not be taken from the home of the person being tested in your vehicle.
- **If unable to remove all PPE outside of the home, wait to remove face protection** (i.e., respirator and eye protection) after exiting the home. If gown and gloves must be removed in the home, ask patient/caregiver to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, remove gown and gloves and exit the home. After exiting the home, perform hand
hygiene, remove face protection and discard PPE by placing in external trash can before departing location. Perform hand hygiene again.

- **Donning and Doffing sequence:**

  ![Diagram of donning and doffing sequence]

  **V. Department of Health Notification of confirmed or suspected cases**

  1. Covid-19 is considered notifiable diseases in all fifty states. Immediate notification is necessary to prevent further disease spread per the *Infection Identification and Reporting Policy*.

  **VI. Patient Transport of confirmed or suspected cases**

  1. Follow all instructions which may include patient transfer to a facility (hospital) that has a negative-pressure isolation room. Do not transfer patient without the knowledge and permission of the receiving facility, and proper notification of EMS/transport staff.

  **VII. Clinical Management of confirmed or suspected cases**

  1. Use dedicated medical equipment, preferable disposable
  2. Limit the use of needles and other sharps as much as possible
  3. Phlebotomy, procedures, and lab testing should be limited to the minimum necessary for essential diagnostic evaluation and medical care
  4. Perform hand hygiene frequently and in accordance with policy

  **VIII. Environmental Infection Control of confirmed or suspected cases**

  1. Patient home environment cleaning will be done by family following the *Covid-19 Patient Education Handout*
  2. For patients in the Care Center: Once the patient has left the facility, restrict re-entry into the patient’s room for at least 2 hours. See *Environmental Services policy*
IX. **Waste Management of confirmed or suspected cases**

1. Patient home environment waste management will be done by the family following the Covid-19 Patient Education Handout.
2. For patients in the Care Center: See Environmental Services policy.

X. **Management of Visitors of confirmed or suspected cases**

1. Entry into the patient environment should be limited.
2. Facilities may screen you as a visitor.

XI. **Management of Potentially Exposed Personnel**

**Potential Patient Exposure AND CAREGIVER DEVELOPS SYMPTOMS**

1. Take the caregiver's temperature daily. Caregivers are to remain working until symptomatic.
2. Once symptomatic, cancel any remaining visits for the clinician, instruct clinician to report home and to remain isolated from others until direction is given by caregiver health.
3. Prompt clinician to complete the Leaves and Work Injuries Sedgwick form found on the HR Portal at the bottom right-hand side.
4. Call and notify ministry director.
5. Call Caregiver Health Services and report. Leave voice mail if after hours.

1. **Caregivers returning from travel:**
   a. Any caregivers returning from outside of the state are to be screened, any caregiver who traveled to a level 3 site is excluded from duty for a minimum of 14 days.
   b. Contact Caregiver health and your local health department.
   c. There are currently no recommendations to restrict from duty caregivers who live with someone returning from these countries. However, please contact your local health department and Caregiver Health prior to the caregiver having patient contact.
2. **Caregivers who develop onset of symptoms of the COVID19:**
a. Do not report to work or immediately stop working
b. Notify their supervisor and caregiver health to see if testing is warranted.
c. Seek prompt medical evaluation and testing
d. Notify local and state health departments
e. Comply with work exclusions until they are deemed by caregiver health to no longer be infectious to others

3. Management will track furloughed caregivers utilizing Covid-19 Tracker

4. Furloughed caregivers will track their symptoms through: Monitoring Asymptomatic Healthcare Workers: Providence Tool

5. Guidance for COVID+ caregivers:
   1. Confirm with Caregiver Health and notify Service Line Chief
   2. Encourage Caregiver to connect with Caregiver Health for next steps (Workers Comp)
   3. Review and Create a list of impacted patients
   4. Schedule call with HR, IC, CH, Compliance, Risk, Communications to review case
   5. Record dates of concern and finalize impacted patient lists
   6. Obtain letter from Jen Warren
   7. Notify Medical Director
   8. Call Patients and PCP, document in EMR both were notified they were potentially exposed
   9. Mark Patients as PUI
   10. Send patient letters

XII. Laboratory Specimen Collection and Transport

1. COVID-19 samples will only be performing NP swabs for specimen collection unless otherwise indicated by the local health jurisdiction. See PSJH job aid for collecting specimens to test for COVID-19.

XIII. Staffing and Training/ Competency

1. Caregivers will be educated with competency validation on the following:
   a. Virus transmission
   b. Symptoms
   c. Screening
   d. Proper use of PPE including respirators (N95s/CAPRs/PAPRs) and eye protection
   e. Donning/doffing practice:
      • Lippincott procedure with videos – PPE Putting On (donning)
      • Lippincott procedure with videos – PPE Removal (doffing)
   f. Increase monitoring of and enforce compliance with hand hygiene, equipment disinfecting,
XIV. **Patient Education/Materials**


XV. **Additional Resources**

- Real-time COVID-19 world map https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#bda7594740fd40299423467b48e9ecf6
- CDC Travel advisory page (we use the countries listed under “warning level 3” as indication of what countries to include in the travel screen) https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
- PSJH High Consequence Infectious Disease Page: https://sssteams.providence.org/sites/infectionprevention/HighConsequenceInfectiousDiseases/SitePages/Home.aspx
- CDC PPE sequence poster https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf
- PSJH Coronavirus Caregiver Information website https://providence4.sharepoint.com/sites/CoronavirusUpdates?e=1%3A3634a7768ccc4151be11475130d78f25
- **Trick for fogging shields:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4474252/
- Clinical Bag Policy

**Attachments**

- CompChecklistBagAndEquipment04012020.docx
- Covid-19 patient education handout
- Covid-19 tracking
- Job Aid - General Extended Use v5 4 1 20.docx
- Job Aid - General Reuse v4.docx
- PSJH COVID specimen collection job aid.pdf
- The Right Mask For The Right Task V4.docx
## Approval Signatures

<table>
<thead>
<tr>
<th>Approver</th>
<th>Date</th>
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<tbody>
<tr>
<td>Rachel Manchester: Dir Quality/Nursing - HH</td>
<td>04/2020</td>
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</table>

## Applicability

Providence Home and Community Care
<table>
<thead>
<tr>
<th>Product</th>
<th>EPA #</th>
<th>Active Ingredient</th>
<th>Pros</th>
<th>Cons</th>
<th>Uses</th>
<th>Found at:</th>
</tr>
</thead>
<tbody>
<tr>
<td>70271-15</td>
<td>Bleach</td>
<td>1 minute contact time</td>
<td>Bleach smell, Discoloration/degradation, Dangerous when mixed with alcohol, ammonia or acidic substances, Cannot use on steel, aluminum or silver</td>
<td>In-patient facilities where rapid disinfection between rooms is key, Items that won’t discolor</td>
<td>Walmart</td>
<td></td>
</tr>
<tr>
<td>777-83</td>
<td>Bleach</td>
<td>30 second contact time</td>
<td>Bleach smell, Discoloration/degradation, Dangerous when mixed with alcohol, ammonia or acidic substances</td>
<td>In-patient facilities where rapid disinfection between rooms is key, Items that won’t discolor</td>
<td>Walmart</td>
<td></td>
</tr>
<tr>
<td>47371-131</td>
<td>Quaternary Ammonium</td>
<td>We have enough to make 144 gallons of solution</td>
<td>10 minute contact time, Must be diluted and divided into spray bottles, Must thoroughly rinse food contact surfaces after use.</td>
<td>End of day or break time disinfection, Disinfection while driving to location 10 mins away, Large surface areas (floors, countertops)</td>
<td>Lowes</td>
<td></td>
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<tr>
<td>Product</td>
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<td>Active Ingredient</td>
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<td></td>
<td>777-66</td>
<td>Quaternary Ammonium</td>
<td>2 minute contact time&lt;br&gt;Nice light smell&lt;br&gt;Leaves minimal film on face shield&lt;br&gt;Lisa’s favorite 😊</td>
<td>Rinse food contact surfaces with water after use</td>
<td>Disinfection of face shields, goggles and medical equipment, shoes, non-porous surfaces</td>
<td>Walmart</td>
</tr>
<tr>
<td></td>
<td>777-89</td>
<td>Quaternary Ammonium</td>
<td>Nice light smell&lt;br&gt;Streaking easily removed with water&lt;br&gt;Also available in a spray bottle (refill is pictured)</td>
<td>5 minute contact time&lt;br&gt;Causes some streaking on the face shield&lt;br&gt;Rinse food contact surfaces after use</td>
<td>Disinfection of face shields, goggles and medical equipment, shoes, non-porous surfaces</td>
<td>Walmart</td>
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<tr>
<td></td>
<td>675-55</td>
<td>Citric acid</td>
<td>Nice light smell&lt;br&gt;Streaking easily removed with water&lt;br&gt;Foam</td>
<td>5 minute contact time&lt;br&gt;Left some light streaking on face shield</td>
<td>Disinfection of face shields, goggles and medical equipment, shoes, non-porous surfaces</td>
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<tr>
<td>Product</td>
<td>EPA #</td>
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<td></td>
<td>4091-21</td>
<td>Quaternary Ammonium</td>
<td>Added bacterial protection</td>
<td>Leaves spotty film on face shield</td>
<td>Disinfection of face shields, goggles and medical equipment, shoes, non-porous surfaces</td>
<td>Walmart</td>
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<td>Non-offensive smell</td>
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<td>Film is easily removed with water</td>
<td>5 minute contact time</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>4091-22</td>
<td>Quaternary Ammonium</td>
<td>Added bacterial protection</td>
<td>Leaves spotty film on face shield</td>
<td>Disinfection of face shields, goggles and medical equipment, shoes, non-porous surfaces</td>
<td>Walmart</td>
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<td></td>
<td>Film is easily removed with water</td>
<td>5 minute contact time</td>
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<td>4822-613</td>
<td>Quaternary Ammonium</td>
<td>Nice light smell</td>
<td>5 minute contact time</td>
<td>Disinfection of face shields, goggles and medical equipment, shoes, non-porous surfaces</td>
<td>Walmart</td>
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<td></td>
<td></td>
<td></td>
<td>Leaves almost no film on face shield</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Rinse food contact surfaces after use</td>
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Commercially Available Disinfectants for COVID-19 According to EPA List N
GUIDELINES

OPENING UP AMERICA AGAIN
Proposed State or Regional Gating Criteria
(Satisfy Before Proceeding to Phased Opening)

**SYMPTOMS**
Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period
AND
Downward trajectory of covid-like syndromic cases reported within a 14-day period

**CASES**
Downward trajectory of documented cases within a 14-day period
OR
Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)

**HOSPITALS**
Treat all patients without crisis care
AND
Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

*State and local officials may need to tailor the application of these criteria to local circumstances (e.g., metropolitan areas that have suffered severe COVID outbreaks, rural and suburban areas where outbreaks have not occurred or have been mild). Additionally, where appropriate, Governors should work on a regional basis to satisfy these criteria and to progress through the phases outlined below.*
Core State Preparedness Responsibilities

**TESTING & CONTACT TRACING**
- Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals and trace contacts of COVID+ results
- Ability to test Syndromic/ILI-indicated persons for COVID and trace contacts of COVID+ results
- Ensure sentinel surveillance sites are screening for asymptomatic cases and contacts for COVID+ results are traced (sites operate at locations that serve older individuals, lower-income Americans, racial minorities, and Native Americans)

**HEALTHCARE SYSTEM CAPACITY**
- Ability to quickly and independently supply sufficient Personal Protective Equipment and critical medical equipment to handle dramatic surge in need
- Ability to surge ICU capacity

**PLANS**
- Protect the health and safety of workers in critical industries
- Protect the health and safety of those living and working in high-risk facilities (e.g., senior care facilities)
- Protect employees and users of mass transit
- Advise citizens regarding protocols for social distancing and face coverings
- Monitor conditions and immediately take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity
Proposed Phased Approach

- Mitigates risk of resurgence
- Protects the most vulnerable
- Implementable on statewide or county-by-county basis at governors’ discretion

Based on up-to-date data and readiness.
Guidelines for All Phases: Individuals

CONTINUE TO PRACTICE GOOD HYGIENE

✓ Wash your hands with soap and water or use hand sanitizer, especially after touching frequently used items or surfaces.
✓ Avoid touching your face.
✓ Sneeze or cough into a tissue, or the inside of your elbow.
✓ Disinfect frequently used items and surfaces as much as possible.
✓ Strongly consider using face coverings while in public, and particularly when using mass transit.

PEOPLE WHO FEEL SICK SHOULD STAY HOME

✓ Do not go to work or school.
✓ Contact and follow the advice of your medical provider.

Continue to adhere to State and local guidance as well as complementary CDC guidance, particularly with respect to face coverings.
Guidelines for All Phases: Employers

Develop and implement appropriate policies, in accordance with Federal, State, and local regulations and guidance, and informed by industry best practices, regarding:

- Social distancing and protective equipment
- Temperature checks
- Testing, isolating, and contact tracing
- Sanitation
- Use and disinfection of common and high-traffic areas
- Business travel

Monitor workforce for indicative symptoms. Do not allow symptomatic people to physically return to work until cleared by a medical provider.

Develop and implement policies and procedures for workforce contact tracing following employee COVID+ test.
Phase One

FOR STATES AND REGIONS

THAT SATISFY THE GATING CRITERIA
ALL VULNERABLE INDIVIDUALS* should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.

All individuals, WHEN IN PUBLIC (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 10 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.

Avoid SOCIALIZING in groups of more than 10 people in circumstances that do not readily allow for appropriate physical distancing (e.g., receptions, trade shows)

MINIMIZE NON-ESSENTIAL TRAVEL and adhere to CDC guidelines regarding isolation following travel.

*See Appendix 1 for Definition of Vulnerable Individuals

Phase One
INDIVIDUALS

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.
Continue to ENCOURAGE TELEWORK, whenever possible and feasible with business operations.

If possible, RETURN TO WORK IN PHASES.

Close COMMON AREAS where personnel are likely to congregate and interact, or enforce strict social distancing protocols.

Minimize NON-ESSENTIAL TRAVEL and adhere to CDC guidelines regarding isolation following travel.

Strongly consider SPECIAL ACCOMMODATIONS for personnel who are members of a VULNERABLE POPULATION.
SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) that are currently closed should remain closed.

VISITS TO SENIOR LIVING FACILITIES AND HOSPITALS should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under strict physical distancing protocols.

ELECTIVE SURGERIES can resume, as clinically appropriate, on an outpatient basis at facilities that adhere to CMS guidelines.

GYMS can open if they adhere to strict physical distancing and sanitation protocols.

BARS should remain closed.
Phase Two

FOR STATES AND REGIONS WITH NO EVIDENCE OF A REBOUND AND THAT SATISFY THE GATING CRITERIA A SECOND TIME
ALL VULNERABLE INDIVIDUALS should continue to shelter in place. Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.

All individuals, WHEN IN PUBLIC (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 50 people, where appropriate distancing may not be practical, should be avoided unless precautionary measures are observed.

NON-ESSENTIAL TRAVEL can resume.
Phase Two

EMPLOYERS

Continue to **ENCOURAGE TELEWORK**, whenever possible and feasible with business operations.

Close **COMMON AREAS** where personnel are likely to congregate and interact, or enforce moderate social distancing protocols.

**NON-ESSENTIAL TRAVEL** can resume.

Strongly consider **SPECIAL ACCOMMODATIONS** for personnel who are members of a **VULNERABLE POPULATION**.
SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) can reopen.

VISITS TO SENIOR CARE FACILITIES AND HOSPITALS should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under moderate physical distancing protocols.

ELECTIVE SURGERIES can resume, as clinically appropriate, on an outpatient and in-patient basis at facilities that adhere to CMS guidelines.

GYMS can remain open if they adhere to strict physical distancing and sanitation protocols.

BARS may operate with diminished standing-room occupancy, where applicable and appropriate.

Phase Two

SPECIFIC TYPES OF EMPLOYERS

Each phase of this guidance addresses those aspects of daily life for which restrictions remain appropriate due to COVID.
Phase Three

FOR STATES AND REGIONS WITH NO EVIDENCE OF A REBOUND AND THAT SATISFY THE GATING CRITERIA A THIRD TIME
VULNERABLE INDIVIDUALS can resume public interactions, but should practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.

LOW-RISK POPULATIONS should consider minimizing time spent in crowded environments.

Phase Three

INDIVIDUALS

Resume UNRESTRICTED STAFFING of worksites.

Phase Three

EMPLOYERS
Phase Three

**SPECIFIC TYPES OF EMPLOYERS**

VISITS TO SENIOR CARE FACILITIES AND HOSPITALS can resume. Those who interact with residents and patients must be diligent regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under limited physical distancing protocols.

GYMS can remain open if they adhere to standard sanitation protocols.

BARS may operate with increased standing room occupancy, where applicable.
Appendix

Vulnerable Individuals

1. Elderly individuals.

2. Individuals with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy.
Regarding the competencies below: I understand the key points necessary to provide safe and appropriate care, can demonstrate safe performance, and agree to follow approved guidelines.

Caregiver Signature: ___________________________ Caregiver Initials: _______ Date of Validation: ____________

Pre-Learning competency statement: The caregiver prepares for competency demonstration which includes understanding of existing policy / procedures, didactic learning, and other requirements. Initial and date after each item to attest that you have completed in preparation for skill demonstration.

<table>
<thead>
<tr>
<th>Item</th>
<th>Initials</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read and review Lippincott Procedure for Donning and Doffing (see addendum A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read and review Lippincott Procedure for Standard Precautions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Competency Statement:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Verification Method*</th>
<th>Validator Initials**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver verbalizes understanding of standard, contact, droplet, and airborne precautions and when it is appropriate to implement.</td>
<td>V</td>
<td></td>
</tr>
<tr>
<td>Caregiver describes proper donning and doffing sequencing.</td>
<td>V, R, S</td>
<td></td>
</tr>
<tr>
<td>Caregiver verbalizes where to go to find just in time training resources for donning, doffing, and transmission based precautions.</td>
<td>V</td>
<td></td>
</tr>
</tbody>
</table>

* See Verification Methods list below
** Complete signature section below

Signature of Competency Validator

(AKA: Preceptor, super trainer, unit champion, expert practitioner, educator)

<table>
<thead>
<tr>
<th>Initials</th>
<th>Name (print)</th>
<th>Signature</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

VERIFICATION METHODS

- Didactic (i.e. HealthStream Module; Classroom Teaching; Journal Article; Other Online Presentation)
- W = Written Exam
- S = Simulation
- R = Return Demonstration
- V = Verbal Response
- DO = Direct Observation
- C = Chart Review
- O = Other: ________

Last Updated: 04/02/2020
Addendum A: Donning and Doffing PPE

- Gather the equipment.
- Tie back your hair or wear a hair cover, if needed.
- Perform hand hygiene.
- Pick up a fluid-resistant gown and allow it to unfold in front of you.
- Put on the gown, ensuring that it covers your torso and arms and wraps around your back; secure it at the back of your neck and then at your waist.
- Place a face mask snugly over your nose and mouth and below your chin. Secure the ear loops or tie the strings as appropriate. If the face mask is equipped with a metal strip, squeeze it to fit your nose firmly but comfortably. With Universal Masking, you may already have your mask on unless this is the first patient of the day, the first patient after a break/lunch, or if the mask was soiled, requiring a new mask.
- Choose the proper eye protection, if necessary. In order to allow reuse/universal use of the mask for multiple patients, a FULL face shield must be used. The mask must be discarded with each patient if goggles are used.
- Put on appropriately sized gloves and pull them over the gown cuffs

After completing patient care, prepare to leave the house by collecting items that require removal.

- Remember that the outside surfaces of your goggles or face shield, mask or respirator, gown, and barrier clothes are contaminated.
- Except for a respirator mask, remove all PPE at the patient's doorway. Remove a respirator mask after leaving the patient's room and closing the door. (If the patient is COVID positive then PPE is donned/doffed on the porch.)
- Remove your gloves: If the gown has FRONT ties, DO NOT remove gloves until the FRONT ties are untied. Grasp the outside of one glove with your opposite gloved hand, and peel off the glove while turning it inside-out. Holding the removed glove in your remaining gloved hand, slide the fingers of your ungloved hand under the remaining glove at the wrist (taking care not to touch the outer surface of the glove), and then peel it off over the first glove.
- Discard your gloves in the appropriate receptacle. (If the patient is COVID positive, ask them to provide a waste receptacle with bag and a small table, chair, or box placed on the porch.)
- Perform hand hygiene.
- Remove your goggles or face shield by grasping the ear pieces or headband. Place the equipment in the appropriate receptacle, or barrier if you have multi-patient use goggles/face shield. (For COVID positive patients, place goggles or face shield on a barrier on the small table/chair/box for cleaning.)
- Remove your gown by untying the neck straps and then the waist ties, pulling the gown away from your neck and shoulders, turning the gown inside-out as you remove it, and folding it or rolling in into a bundle. Discard the gown in the appropriate receptacle.
- Remove your mask or respirator by grasping the bottom tie or elastic and lifting it over your head, grasping the top tie or elastic, and carefully removing the mask or respirator. Discard the equipment in the appropriate receptacle. For reuse of the mask per guidance, place the mask in a paper bag for reuse.

Last Updated: 04/02/2020
• Perform hand hygiene immediately.
• Don gloves, wipe down goggles/face shield with a disinfectant wipe, starting with the inside first, then moving to the outer portion of goggles/face shield and allow to dry. If disinfectant streaks appear, may wipe with alcohol or clean water to remove residue. Place dry goggles/face shield in a plastic resealable bag for reuse.
• Perform hand hygiene.
• PPE trash should be left in a bag and disposed of at the home. (For COVID positive patients the PPE should be placed in the waste receptacle on the porch for the patient/family to discard of. DO NOT remove this from the home.)

For a video on proper donning and doffing, click here:
Donning and Doffing Video.CDC. (also on Rise App.)

or scan the code

![QR Code]
Face Shield Parts

- Vinyl – 16 or 20 gauge marine grade vinyl
- Foam – 1 inch by 1 inch (cut down from larger sheets, if necessary)
- Elastic – Preference $\frac{3}{8}$ to $\frac{1}{2}$ inch (larger might require two staples per side)
- Double-sided tape – 1 inch industrial grade mounting tape (Gorilla, Scotch)

*General information only. Providence used these guidelines, with other information and our own experience, to create face shields for our own internal use. You should conduct your own reviews and consider quality and other issues before creating face shields or other products on your own.*
Process

1a) Elastic
- Cut into 14 inch lengths

1b) Foam
- Cut into 10”x1” lengths

1c) Vinyl
- Cut into 12”X 54” strips
- Cut into 12”X 13.5” rectangles
- Shape using template

2) Assembly
- Center and place a 10 inch length of mounting tape ½ inch below top of shield
- Secure foam on mounting tape
- Secure elastic loop on either side of foam using standard stapler
Recommendations for Patients/Caregivers during COVID-19 Outbreak

Experts currently believe adults over the age 60, immunocompromised people and those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Providence Home and Community Care has developed the guidelines below to help our patients and their caregivers remain safe during the COVID-19 outbreak. We want you to be reassured that we are doing everything possible to help prevent the spread of this virus and that your safety is of utmost importance to us.

More information can be found on the Department of Health and the Center for Disease Control and Prevention (CDC) websites.


WHAT YOU CAN DO

If you, or anyone in your household, has symptoms of COVID-19 (fever, cough, difficulty breathing, unable to taste or smell, or have a sore throat), please notify your Providence care team and your doctor and stay home during your sickness. Here are some tips to keep you healthy:

- **STAY HOME**
- **Perform proper and frequent hand washing:**
  - Wash your hands for at least 20 seconds with warm water and soap.
  - Use an alcohol-based hand sanitizer if a sink for hand washing is not available.
  - Use paper towels to dry your hands (do not use cloth towels that are shared with others).
- **Practice social distancing.** Stay 6-feet away from others and limit visitors to your home.
- **Cover coughs and sneezes.** Place used tissues in a garbage can and immediately wash hands.
- **Avoid touching your eyes, nose, and mouth** as these are entries into your body where germs and viruses can enter and make us sick.
- **Frequently clean all high touch surfaces** (e.g. tables, hard-backed chairs, doorknobs, light switches, remote devices, handles, desks, toilets, sinks) using a household cleaner.
- **Ensure that all emergency kits are stocked** to include an adequate supply of water and food. Order groceries online or have a family member get these for you. Grocery stores are high risk places, you should only go grocery shopping if absolutely...
necessary. If you do need to go out, wear a mask if able, and be sure to thoroughly wash your hands upon return home.

- **Disinfect surfaces after cleaning** with a diluted bleach solution of 4 teaspoons bleach to 1 quart of water or an alcohol solution with at least 70% alcohol.
- Immediately remove and **thoroughly wash clothes or bedding** that have blood, body fluids and/or secretions or excretions on them.
- As much as possible, **the sick person should stay in a specific room** and away from other people in their home.

How are we ensuring YOUR safety when we come to visit?

1. **Before reporting for duty each day,** every care team member must attest they have no symptoms of illness and must report their temperature. Having a temperature is an early indicator of illness. Any caregiver with a temperature over 100 is required to isolate at home and not work.
2. **We will wear masks** when entering your home. Some caregivers may also wear a face shield.
3. **Home Health staff will wash their hands or use hand sanitizer** upon entering your home, if you do not see members of your home health team wash their hands, please ask them to do so!
4. **When we can, we will practice social distancing by interviewing you at a distance.**
5. **We will clean all surfaces you touch before and after use** (e.g. blood pressure cuffs, pulse oximeters, stethoscopes).
6. **We will wear disposable gloves** while handling soiled items and wash our hands immediately after removing our gloves.
7. **We will ask that you have a lined trash container at your door.** Caregivers will place all used disposable gloves, gowns, facemasks, and other contaminated items in the lined container. Please tie off the bag before disposing them with other household waste. Wash your hands immediately after handling these items.

It is our pleasure to serve you. As always, if you have ANY questions or concerns, please feel free to contact us.
### The Right Mask for The Right Task: COVID-19

<table>
<thead>
<tr>
<th>Item</th>
<th>Use in COVID isolation:</th>
<th>Extended use/Reuse/ Reprocessing/Universal Masking</th>
</tr>
</thead>
</table>
| **Simple Medical Mask** | - For patient care except with AGPs*  
  - For NP specimen collection (unless PUI)  
  - Wear with gloves, gown and eye protection | **Follow Extended Use Protocol With One Reuse at Meal Break**  
  - Universal/Extended use: Wear with a face shield when within 6 feet of a patient to avoid mask contamination. Consult manager for face shield issues.  
  - Use for universal masking when Kaas masks aren’t available.  
  - Reuse for meal breaks: Store in a paper bag or open container (e.g. emesis basin disinfected between uses) with caregiver name and labeled so mask is inserted with the same side up each time. Stay 6ft apart when mask off.  
  - Medline Reprocessing: Discard when soiled, damaged, damp or used by a patient. Reprocess at the end of shift and after exiting an isolation room/home.  
  - Home visits: Store in zip-lock baggie until dropped in reprocessing bin. |
| **Kaas Mask**    | - Discuss with manager and Infection Preventionist for use when simple medical masks aren’t available for uses described above. | **Use per simple medical mask guidelines above with the following exceptions:**  
  - If both simple medical masks and Kaas masks are available, use Kaas masks for universal masking and reserve N95 respirators for isolation patients.  
  - Cannot be reprocessed, discard at end of shift or if damaged/soiled/damp. |
| **Non-Medical** | - Not to be used for COVID-19 suspected/confirmed patient care. | - May be placed on symptomatic patients for source control when appropriate.  
  - Cannot be reprocessed. |
| **Cloth Mask**  | - Not to be used for COVID-19 suspected/confirmed patient care. | - Not used for universal masking. May be used for community masking.  
  - Caregivers who do not come in contact with patients may choose to wear them in addition to maintaining social distancing (staying 6ft apart).  
  - Reprocessing: Launder before 1st use and at the end of each day. No special laundering necessary. Reuse not recommended, bring enough for the day.  
  - May not be used in any situation that requires a mask for medical purposes (isolation, potential exposure to blood or body fluids, etc.)  
  - Not advisable to wear the cloth mask over the simple medical mask. |
| **N95 Respirator** | - For patients with orders for AGPs*, PUI or COVID+; along with gown, gloves, and eye protection. | **Follow Reuse Protocol------Follow Extended use if working a COVID unit**  
  - User must first be fit-tested  
  - Use along with face shield if possible, can’t extend/reuse if goggles used.  
  - Not used for universal masking--reserve for COVID-19 care with AGPs.  
  - Reuse: Store in a paper bag or open container (e.g., emesis basin disinfected between uses) with caregiver name and labeled so mask is inserted with the same side up each time. Reprocess after 5 uses (place in Medline bin).  
  - Discard when soiled, damaged, damp, hard to breathe through or donned 5 times (each time the mask is donned, it is considered 1 use). |
| **CAPR/PAPR**  | - For patients with orders for AGPs* along with gown, gloves, and face shield | - Clean and disinfect per manufacturer’s instructions after each use.  
  - Not used for universal masking.  
  - Reuse: Consult your manager and Infection Preventionist for decisions related to re-use of face shield parts if supplies are not sufficient. |
| **Face Shield** | - Use for eye protection with mask, gloves and gown  
  *preferred* | - Extended use/reuse: Label with name. Disinfect after each use. Use until face shield becomes damaged, then discard. Store in plastic container which is disinfected between uses. Do not place in Medline reprocessing bin.  
  - Use of a face shield over mask/N95 in extended use, reuse and universal masking minimizes chance of mask/N95 contamination/cross-contamination.  
  - Any faceshield can be used as long as it can be disinfected and covers the mask. |
| Goggles | ---Use for eye protection with mask, gloves and gown | --Follow instructions above for face shields extended use/reuse/reprocessing |
|         | --Acceptable eye protection if face shields are not available or feasible. | --No extended use or reuse of masks/N95 when goggles are used. |

*AGPs= Aerosol Generating Procedures including, but not limited to: nebulizer treatments, CPAP/BiPAP, trach care/replacement, breaking/opening a ventilator circuit, open tracheal succioning, CPT, continuous aerosol therapy and high flow oxygen
Dear Facility Staff and Management:

The team of healthcare professionals from [your agency name] understands the need to keep your facility infection-free during this pandemic and at all times. We share the commitment to keep patients and staff safe from COVID-19 and other infections.

Our agency is following all CDC guidelines for screening staff, particularly in monitoring their own health in addition to making sure the staff have appropriate PPE when treating a patient of any infection status. The services that they are providing to your resident(s) are ordered by their Primary Care physician, who understands the medical necessity of visiting patients in their place of residence in order to keep them there. As a team, it is our goal to keep patients in the community in their places of residence, and not have them at risk of being (re)admitted to the hospital, particularly during a pandemic.

According to CMS memo to Nursing Homes (Ref: QSO-20-14-NH):
Facilities should follow CDC guidelines for restricting access to health care workers found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html. This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, that provide care to residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers.

Per the CDC guideline at the link above, any HCP who wear appropriate PPE while providing care to COVID-positive or COVID-assumed patients is considered LOW RISK and should be permitted to continue providing healthcare to the community.

We are asking our facility partners to please allow our clinical staff to visit patients in your facility and do their jobs. Our staff, like yours, are doing heroic work on the front lines and will partner with you to keep the patient safe in their residence. We are more than willing to work with your teams and adhere to your infection control procedures.

You may contact me personally if you have any questions/concerns.

[signature]
Providence Home Services
COVID-19 Infection Prevention Handbook

Table of Content

Page 2: Phone screening decision tree
Page 3: COVID-19 Home visit check list
Page 4: Droplet and airborne precautions
Page 5-6: Donning and doffing
Page 7: PPE careful reuse steps
Page 8: Disinfecting products

References

CDC: https://www.cdc.gov/
EPA: https://www.epa.gov/
Lippincott: https://procedures.lww.com/lnp/home.do
OHA: https://www.oregon.gov/oha/Pages/index.aspx
PolicyStat: https://phs-hs-homeservices.policystat.com/home/
Phone Screening Prior to Each Visit:

Are you or anyone you live with experiencing fever, cough, shortness of breath, or loss of sense of smell or taste? 

- YES: Is this expected? Is it part of your disease process? 
  - NO: Have you or anyone in your household been exposed to a person diagnosed with COVID-19? 
    - NO: Suspend visit until appropriate plan of care is developed. Communicate with the physician. Consider: Telephone support or video visits if available. Leader is to: Communicate to team; place an FYI alert in Epic chart and email infection control manager. 
    - YES: Proceed with visit. Follow Epic Process. 
  - YES: Proceed to next Screening Question.

- NO: Team validates and verifies appropriate level of PPE and that they are all trained in its use. Team huddle has occurred. Follow Clinical Practice guidelines and EPIC process.
COVID-19 HOME VISIT CHECKLIST

Pre-visit call/screening tool has been completed and has a positive screen

- Questions to ask during pre-visit call
  - Schedule visit for last visit of the day.
  - What is patient’s primary need/goal for the day.
  - Carefully review on the pre-visit phone call what supplies may be needed. The goal is to prepare your supplies so you only enter and exit the home once. (i.e. central line supplies, Foley catheter drain bags and syringes to deflate the balloon, wound care supplies, barrier creams, etc.).
  - Request to have all pill bottles, medications and medication list (if available) gathered together for RN to review.
  - Educate the patient on social distancing: during the visit any visitor must maintain a 6 foot parameter from the clinician. Make sure anyone present during visit has been screened.
  - Request to have a garbage receptacle available outside the door.
- Confirm you have appropriate PPE and supplies for visit.
- Complete donning and doffing competency.

Outside of Home

- Minimize the number of items brought into the home.
- Take equipment (BP Cuff, stethoscope, etc.) out of your clinical carrier and place in plastic bag.
- Place supplies needed for the visit in a separate plastic bag than your equipment. This supply bag will that will be left inside the home (i.e. bandage supplies, syringes, etc.).
- If you cannot lock your computer in your car out of sight following the Computer/Smartphone Usage Policy, use a separate plastic bag for your computer to store in the home and ensure it remains clean.
- Don PPE (per Donning and Doffing Employee Information Handout) using contact and droplet precautions unless performing an aerosolized procedure then use contact and airborne precautions (see list of aerosolized procedures.)

During Visit

- Perform visit maintaining appropriate level of precaution.
- If using single patient supplies/equipment leave them in the home to be used at next visit.

After Visit

- Exit home and doff PPE per Donning and Doffing Employee Information Handout.
- Wipe down multi-patient use equipment with appropriate disinfectant and return to multi-patient use pocket of clinical carrier.
- Place used PPE in trash bag that you tie up and leave for disposal at home/facility.
- Contact your supervisor with questions or concerns that arose during visit
### Transmission-Based Precautions for COVID + and PUI Home Care Patients

#### General Guidelines

<table>
<thead>
<tr>
<th>Precaution Type</th>
<th>Droplet</th>
<th>Airborne</th>
</tr>
</thead>
</table>
| **Who**         | • COVID + patients  
• Persons Under Investigation (PUI) for COVID | Patients with aerosol-generating procedures who are:
• COVID +  
• Persons Under Investigation (PUI) for COVID |

| Gloves          | • Don prior to entering home  
• Doff at exit of home | • Don prior to entering home  
• Doff at exit of home |

| Mask            | Wear a medical grade mask:  
• Don prior to entering home  
• Doff at exit of home | Wear a N95 mask:  
• Don prior to entering home  
• Doff at exit of home |

| Goggles or Face Shield | Wear either goggles or a face shield:  
• Don prior to entering home  
• Doff at exit of home | Wear either goggles or a face shield:  
• Don prior to entering home  
• Doff at exit of home |

| Gown            | • Don prior to entering home  
• Doff at exit of home | • Don prior to entering home  
• Doff at exit of home |

### Aerosol-Generating Procedures commonly found in Home Care

- Nebulizer
- Anytime a ventilator circuit is broken
- Open suction catheter use (Trach, Endotracheal Tube, or Nasotracheal suction)
- Placing or exchanging tracheostomy tubes/cannulas
- High flow nasal cannula
- OSA CPAP
- Procedures that can result in the generation of aerosols, like those that might result from the trigger of coughing reflex. Examples: dysphagia assessment and treatment, bedside swallow evaluation, and assessment and management of laryngectomy

*A procedure is considered aerosolized for 3 hours after its completion (WHO).*
Donning and Doffing

Properly donning and doffing personal protective equipment (PPE) is just as important as using the proper PPE. The following is the procedure for donning and doffing PPE:

- Gather the equipment.
- Identify an area outside the home to don and doff PPE and use a barrier pad if necessary.
- Tie back your hair or wear a hair cover, if needed.
- Perform hand hygiene.
- Pick up a fluid-resistant gown and allow it to unfold in front of you.
- Put on the gown, ensuring that it covers your torso and arms and wraps around your back; secure it at the back of your neck and then at your waist.
- Place a face mask snugly over your nose and mouth and below your chin. Secure the ear loops or tie the strings as appropriate. If the face mask is equipped with a metal strip, squeeze it to fit your nose firmly but comfortably.
- Put on face shield, or goggles as indicated.
- Put on appropriately sized gloves and pull them over the gown cuffs.

After completing patient care, prepare to leave the room by collecting items that require removal, equipment is doffed outside of the patient’s home.

- Remember that the outside surfaces of your goggles or face shield, mask or respirator, gown, and barrier clothes are contaminated.
- Doff PPE outside of the patient’s home.
- Remove your gloves: Grasp the outside of one glove with your opposite gloved hand, and peel off the glove while turning it inside-out. Holding the removed glove in your remaining gloved hand, slide the fingers of your ungloved hand under the remaining glove at the wrist (taking care not to touch the outer surface of the glove), and then peel it off over the first glove.
- Discard your gloves in the appropriate receptacle.
- Perform hand hygiene.
- Remove your face shield, or goggles and place on a barrier for disinfection.
- Remove your gown by untying the neck straps and then the waist ties, pulling the gown away from your neck and shoulders, turning the gown inside-out as you remove it, and folding it or rolling in into a bundle. Discard the gown in the appropriate receptacle.
- Remove your mask or respirator by grasping the bottom tie or elastic and lifting it over your head, grasping the top tie or elastic. For COVID-19 positive or PUI patients place mask in a sealable plastic bag to be brought back to the office for Medline repurposing unless visibly soiled.
- Perform hand hygiene.
• Don gloves, wipe down goggles or face shield with a EPA approved disinfectant wipe and place in a zip lock bag.
• Place zip lock bag with face shield or goggles in the multi patient area of your clinical
• Follow PPE Careful Reuse Steps Handout for placement and transportation of masks.
• Perform hand hygiene.
• PPE trash should be left in a bag and disposed of at the home.

For a video on proper donning and doffing click here:
https://vimeo.com/398645996/98fec10fed

or scan the code
Universal Masking

Using a combination of extended use and reuse protocols we will best preserve PPE while minimizing the chance of caregiver exposure. Wearing a full face shield over your mask will prevent contamination of the front of your mask therefore decreasing your chance of exposure during donning and doffing.

For every visit use universal masking.
For a PUI or confirmed COVID 19 case follow the Covid-19 Home Visit Checklist.

1. Prior to entering the first home at the start of your shift
   • Performs hand hygiene.
   • Don mask.
   • Don full face shield to prevent mask contamination.
   • Enter home perform visit.

2. After exiting home
   • Don clean gloves.
   • Remove face shield.
   • Disinfect face shield with an EPA registered disinfectant.
   • Place clean face shield in zip-lock bag or other cleanable, closable container for storage between visits.
   • Place bag/container with face shield in multi-use equipment/supply area of your car.
   • Leave mask on. Only remove mask during eating/drinking or breaks. Do not touch the front of the mask and perform hand hygiene if this happens.

3. When it is time for a break
   • Perform hand hygiene.
   • Remove mask by grasping the ear loops/elastic band only.
   • Place mask in a labeled paper bag marked so that the mask is inserted facing up each time.

4. End of shift
   • Discard labeled paper bag in trash.
   • Mask is either sent to Medline for repurposing or discarded:
     o Masks should be discarded if visibly soiled or damaged.
     o Criteria for Medline re-purposing.
       a. Mask has been used for one shift.
       b. Mask is not visibly soiled this includes makeup and lipstick.
       c. Place bag with mask in covered container of the multi-patient bin of your car.
       d. Return mask for re-purposing at designated location at your site.

*For any questions regarding face shield use or issues contact your manager or supervisor.
COVID-19 HOME VISIT CHECKLIST

Pre-visit call/screening tool has been completed and has a positive screen

- Questions to ask during pre-visit call
  - Schedule visit for last visit of the day.
  - What is patient’s primary need/goal for the day.
  - Carefully review on the pre-visit phone call what supplies may be needed. The goal is to prepare your supplies so you only enter and exit the home once. (i.e. central line supplies, Foley catheter drain bags and syringes to deflate the balloon, wound care supplies, barrier creams, etc.).
  - Request to have all pill bottles, medications and medication list (if available) gathered together for RN to review.
  - Educate the patient on social distancing: during the visit any visitor must maintain a 6 foot parameter from the clinician. Make sure anyone present during visit has been screened.
  - Request to have a garbage receptacle available outside the door.
- Confirm you have appropriate PPE and supplies for visit.
- Complete donning and doffing competency.

Outside of Home

- Minimize the number of items brought into the home.
- Take equipment (BP Cuff, stethoscope, etc.) out of your clinical carrier and place in plastic bag.
- Place supplies needed for the visit in a separate plastic bag than your equipment. This supply bag will that will be left inside the home (i.e. bandage supplies, syringes, etc.).
- If you cannot lock your computer in your car out of sight following the Computer/Smartphone Usage Policy, use a separate plastic bag for your computer to store in the home and ensure it remains clean.
- Don PPE (per Donning and Doffing Employee Information Handout) using contact and droplet precautions unless performing an aerosolized procedure then use contact and airborne precautions (see list of aerosolized procedures.)

During Visit

- Perform visit maintaining appropriate level of precaution.
- If using single patient supplies/equipment leave them in the home to be used at next visit.

After Visit

- Exit home and doff PPE per Donning and Doffing Employee Information Handout.
- Wipe down multi-patient use equipment with appropriate disinfectant and return to multi-patient use pocket of clinical carrier.
- Place used PPE in trash bag that you tie up and leave for disposal at home/facility.
- Contact your supervisor with questions or concerns that arose during visit
Supplies for cleaning and disinfecting equipment

Due to the Coronavirus outbreak there is a high global demand for PPE and infection prevention products. Below are currently stocked products for treating COVID-19 patients. These products are vetted using the approved EPA list of disinfectants for COVID-19. Product availability will impact the ability to obtain disinfecting items you are familiar with. Please read the label on each product to ensure you are following the appropriate directions and know the product’s wet time.

*Approved products for use on the COVID-19 patients, or suspected patients will have a black dot on them indicating that they are on the approved EPA list. If you have any questions if the product you are using is appropriate please check with your supervisor.

In order to be good stewards of our resources, use only indicated products for our known or suspected COVID-19 patients.

<table>
<thead>
<tr>
<th>When to use</th>
<th>Types of Product</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning electronics e.g. computer, phone</td>
<td>![Image of cleaning product]</td>
</tr>
<tr>
<td>(for routine use, not for COVID-19 patients or suspected patients)</td>
<td></td>
</tr>
<tr>
<td>Disinfecting equipment e.g. blood pressure cuff, stethoscope</td>
<td>![Image of disinfecting product]</td>
</tr>
<tr>
<td>(for routine use, not for COVID-19 patients or suspected patients)</td>
<td></td>
</tr>
<tr>
<td>Disinfecting equipment for COVID-19 patients, or suspected patients</td>
<td>![Image of disinfecting products for COVID-19]</td>
</tr>
<tr>
<td>*Will have a black dot on the product</td>
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</tbody>
</table>