

Coronavirus Protocol

Updated May 20, 2020

*(subject to change with new developments)

PRE-VISIT SCREENING

Effective immediately, **all** clinicians must conduct a screening call **immediately** before each visit.

Please ask your patients the following **4 screening** questions:

1. *Have you traveled internationally within the last 14 days to countries with sustained community transmission?*
2. *Do you have any of the following signs or symptoms of a respiratory infection, increased SOB that is more than patients usual SOB, a fever greater than 100.0 degrees, dry cough, and sore throat?*
3. *In the last 14 days, have you had contact with someone with or under investigation for COVID-19, or are ill with above listed respiratory illness?*
4. *Do you live in a community where community-based spread of COVID-19 is occurring?*

Please educate your patients on the following **2 visit protocols** they must follow, give patient the National Association of Home Care & Hospice Patient Guide for COVID-19:

- **1 – Physical Distancing:** *Inform patients that anyone else living in the home **must leave** the room while you are there for your visit, preferably **15 minutes prior** to your arrival so the air can be cleared. If patients require translation and need a caregiver in the room, ask that they stand 6 feet away from you and the patient, if space permits. If caregivers need teaching, try to do so over the phone after your visit.*
- **2 – Covering Face:** *Ask your patient to cover their mouth with a mask, bandana, t-shirt or tea towel during your entire visit, whether or not they have any respiratory symptoms.*

Once these questions have been answered, include the response in your visit note to document that you conducted the pre-visit screening. If the responses indicated a potential risk or exposure, immediately notify management team for further guidance.

Please screen your patients on the morning of your visit, prior to driving out to them. And don't forget to also ask the screening questions about anyone else who is living in the home with them or has visited them in the last couple of days. This is another vital, but forgotten, part of the screening process.

Also, if they don't answer your pre-visit call and you decide to drive to your patient's home to see if you can do your visit, please ask them the screening questions at the door before entering the home.

Regardless of job site, the only way any healthcare provider can protect themselves is by reducing the risk and the odds of interacting with COVID-19-positive patients. Although we may not be able to know for sure if the patient we are visiting has contracted the virus or not, the least we can do is find out if they are exhibiting any of the telltale signs and symptoms.

For all patient visits, please ask your patients and their caregivers/family members to use their own hand soap, alcohol hand sanitizer, masks, PPE, etc. for themselves and save your limited supply for your own use.

HAND HYGIENE

Effective May 1, 2020, Gloves are required for ALL visits. This is to prevent any of our staff from coming in contact with COVID-19 unintentionally, and then having to be put in quarantine. We have the potential to have our staff cut significantly if quarantine is mandated to unknown exposure. Therefore, by ensuring that all staff has the correct PPE on with every patient encounter should prevent our staff from having to go out on an unexpected quarantine

With all the webinars and virtual meetings we have participated in and all the articles we have read, the number one way to combat the spread of this virus is through hand hygiene; AND, hand washing with soap and hot water is the best measure to prevent spread of COVID-19, however hand sanitizer is acceptable.

All clinicians and their patients must wash their hands using soap and hot water for 20 seconds at the start of every visit when possible, when not available, hand sanitizer may be used. Clinicians must also perform hand hygiene at the end of every visit before leaving the house.

When washing your hands, please thoroughly scrub the palms, the top, each individual finger, under the nails and around the cuticles. Similar to how surgeons wash their hands in preparation for surgery.

If there is no soap and running water, or if it is difficult for you or your patient to get to a sink/basin to wash hands, you and your patient may use alcohol hand sanitizer and rub all surfaces of your hands for 20 seconds.

You will need to follow the same exact process of scrubbing your palms, the tops of your hands, each individual finger, under the nails and around the cuticles when using hand sanitizer.

Use a barrier such as tissues, paper towel or gloves to touch door handles and faucet handles in patient's homes and don't touch any surfaces with your bare hands.

PERSONAL PROTECTIVE EQUIPMENT

Effective 05/01/2020, ALL Clinicians are required to wear a surgical mask, covered by their cloth mask, and gloves at every single visit. This is to prevent any of our staff from coming in contact with COVID-19 unintentionally, and then having to be put in quarantine. We have the potential to have our staff cut significantly if quarantine is mandated to unknown exposure. Therefore, by ensuring that all staff has the correct PPE on with every patient encounter should prevent our staff from having to go out on an unexpected quarantine.

Due to the shortage of PPE, you may reuse your mask from visit to visit by observing the following protocol:

1. Wash/sanitize hands thoroughly as described above before removing your mask.
2. Afterwards, remove mask and place outside surface face down and the inside part facing upward in a cardboard/shoe box or a brown bag with a flat bottom so the mask does not roll or tumble around.

As of May 1, 2020, Surgical Mask covered by cloth masks are mandatory for all visits, but especially for:

- Patients who are coughing and have s/s of respiratory illness.
- Patient caregiver or family member who has a cough or s/s of respiratory illness.
- Clinicians who visit a home where the patient or their family/caregiver has a cough or s/s of respiratory illness.

We are working to obtain hand-sewn masks for all clinicians due to the nation-wide PPE shortage. Our goal is to provide EVERY clinician with their own hand-sewn mask that they can reuse daily and wash nightly. We acknowledge that this isn't the best course of protection, but with no access to PPE, it is our best attempt at protecting our staff. Also, all staff have a surgical mask. Due to the nationwide shortage, employee's have been instructed to wear their *surgical* mask for up to 8 hours of total use time or if wet/soiled, as each mask has an 8-hour use window.

We are keeping a binder with all communications and attempts to obtain PPE and all efforts made to collect PPE in order to protect our staff.

If anyone has run out of masks/PPE and needs some, please submit a request to our office.

PATIENT SIGNATURES

We have currently suspended our requirement for signatures at all visits. However, there are certain times when a patient signature is needed, such as upon Admission or verification on notes.

When obtaining **Regular signature and using a pen**, please observe the following protocols in the sequence listed:

1. Clinician and patient must wash hands with soap and water for 20 seconds.
2. Preferably, patient must use their own pen to sign. Ask your patients to prepare a pen prior to your visit.
3. If they don't have a pen, clinician must wipe down their own personal pen with alcohol wipe thoroughly for 20 seconds.
4. Request patient to sign your paper using the pen.
5. Clinician must wipe down their own personal pen with alcohol wipe thoroughly for 20 seconds.

DEVICE USE

Ask your patient if they have a thermometer, BP machine or pulse-ox machine you can use for them so you don't have to use yours. Many patients nowadays have their own medical equipment in their own homes. By using their BP cuffs and thermometers, the chances of cross contamination are reduced.

If you need to use your own **BP cuff**, manual or electronic, please observe the following protocol:

- Cleanse your BP cuff and device with a Sani-Wipe before and after use.
- Place a paper towel on the inside part of your BP cuff that touches the patient's skin or clothes.

If you need to use your own **Thermometer**, please observe the following protocol:

- Wipe down the thermometer with an alcohol wipe before and after use, and always use a thermometer cover/filter.

If you need to use your own **Pulse-Ox machine**, please observe the following protocol:

- Ask patient to wash their hands with soap and water for 20 seconds. If that's not possible, then to sanitize their hands with alcohol sanitizer.
- Wipe down the pulse-ox on the inside and outside surfaces thoroughly with an alcohol wipe before and after use.

CHARTING IN THE HOME

Please don't take *your* laptop and tablet devices into patient's homes for charting. We highly recommend that you limit the amount of time you are in a patient's home **OR** within 6 feet distance to only hands-on care and head-to-toe assessment and avoid spending extra time there for doing non-essential things like charting.

During your pre-visit calls, ask questions that will allow you to complete documentation in advance of your visit. Try to complete documentation in your car before visiting your next patient or in your own home.

NURSING BAG USE

If at all possible, only take with you what you need for your visit and not your entire nursing bag. Here are some ideas of different things you can do to help reduce the risk of carrying disease from one home into another by using a full nursing bag that you have to place on a surface in a patient's home

- Fanny pack: These bags are great as they wrap around your waist and do not need to be placed on any surface in a patient's home. You can put your BP cuff, pulse-ox, thermometer, phone, pen and even some small medical supplies in there.
- Cross-Body Bag: These are also great in that you can bring the bag to the front of your body to get items that you need, and then get it out of your way by flipping it on to the back of your body when you are bending over and doing wound care.
- Supplies in a Disposable Bag: Carry wound care and foley catheter supplies into the patient's home in a Zip-lock or disposable trash bag that you can easily leave in their home when you have used up the supplies. You should not take that bag back with you inside your car.
- Bag-in-a-Bag: Place your BP cuff/equipment and medical supplies in a bag and put that bag inside a disposable trash bag. When you are done with your visit, you can take the inside bag out and take it back to the car with you and throw the outside bag away in their trash.

TEMPERATURE CHECK

Check **your** temperature every morning before leaving the house to do visits. Report your temperature to your team lead prior to seeing patients for clearance.

Ask your patients to check their temperature on the morning of your scheduled visit and to report to you if they are developing a fever. If your patient is likely to comply, ask them and their family members to develop a habit of checking their own temperature daily during the next few weeks.

WHEN TO CALL THE DOCTOR

Please contact the doctor for further instructions if any of the following symptoms are present:

- Temperature of 100.4°F; and/or
- New onset of cough that is not a common occurrence or is not allergy related; and/or
- Shortness of breath.

DO NOT panic and go into a doctor's office, urgent care or emergency room. All healthcare clinics and facilities are asking that individuals call their doctor first before going into any facility so they can be properly screened and told exactly what to do and where to go.

Avoiding Urgent Cares, Doctor's offices and Emergency Rooms will protect you from being exposed to COVID-19 in case you don't have it and it will prevent others from being exposed to it in case you do have it.

Of course, if at any time you feel that you are having a medical emergency, please call 911.

PATIENT EDUCATION

Agency staff will need to educate all new and current patients on the following:

- Patients and/or their caregivers will need to check patient's temperature every day and inform you or the Agency office if they have a temperature of 100.4°F, cough, or shortness of breath.
- During the course of our treatment, if a patient is found to potentially have COVID-19, we will stop all visits until we speak to our Medical Director, their physician and the CDC for further guidance.
- If weather permits, patients should ventilate rooms in their homes with open windows to clear the air and keep it moving.

You are required to do a basic needs assessment for every patient, every visit. This assessment ensures that your patient has everything they need to get them through until your next visit. This includes food, medicines, and necessities. If your patient does not have everything they need, contact the Clinical Manager regarding that patient to make a game plan in assisting them.

NEW ADMISSIONS

We are actively admitting new patients because hospitals and clinics are trying to keep patients out of hospitals and under the watchful eye of home health care clinicians. Patients with known exposure or confirmed case of COVID-19 will be admitted so it is important to know what to do in this case. Our intake department conducts a pre-admission screening call to ensure safety for you and your patients. This screening will be available in the patient's chart, and you will also be notified by phone PRIOR to admission that this

patient has a confirmed, or suspected, case of COVID-19 so you can work with our management team to ensure protection.

MEDICAL SUPPLY - CURBSIDE PICK-UP

With recommendations to limit groups of people to 10 or less, we have drastically cut the number of people in the office. We have increased the amount of support staff available to assist you with gathering medical supplies.

Please call the office prior to coming in for supplies. We will gather your supplies in advance and deliver them to you curbside. Please let us know when you'll be out front and someone can bring the supplies to your car.

PATIENTS AT HIGH RISK FOR DEVELOPING COMPLICATIONS RELATED TO COVID-19

Patients that are considered high risk are those that are over 65 years old and/or with co-morbidities such as heart disease, lung disease, diabetes, auto-immune disorders, and immune-compromised.

TRAVEL OUT OF THE COUNTRY

Until further notice, all employees requesting time off will need to inform their Supervisor of their destination if they will be travelling out of Illinois or Indiana area.

PREVENTION

CDC has reinforced the use of everyday preventive actions to help prevent the spread of respiratory diseases and seasonal influenza. That includes:

- Avoid close contact with people who are sick.
 - Close contact is defined as being within approximately 6 feet of a COVID-19 case for a prolonged period of time. Close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case, or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). (Source: CDC)
- Avoid touching your eyes, nose, and mouth.
- Definitely stay home when you are sick.
- Follow "Stay at Home" orders given by public officials and avoid public places.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash. Hands and fingers do not do a sufficient job of covering the droplets of a cough or sneeze.
- Keep surfaces and frequently touched objects (bedside tables, door handles, surfaces in the bathroom, toys for children, etc.) clean by wiping them down with a household disinfectant.
- No handshaking/hugging etc.
- Remind patients that food is available, and shelves are being restocked and not to panic if shelves are a bit bare and not to hoard items. Many retailers have special store hours only for the elderly.