

PANDEMIC POLICY FOR COVID-19

DEFINITIONS

Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person. The virus that causes COVID-19 is a new coronavirus that has spread throughout the world. COVID-19 symptoms can range from mild (or no symptoms) to severe illness.

Mild illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO₂) 94% on room air at sea level.

Severe illness: Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%.

Critical illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

In pediatric patients, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children, thus hypoxia should be the primary criterion to define severe illness, especially in younger children.

Severely immunocompromised: For the purposes of this guidance, CDC used the following definition: Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.

Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.

Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

Community Transmission: Refers to the measures of the presence and spread of COVID-19. Community levels of COVID-19 place an emphasis on measures of the impact of COVID-19 in terms of hospitalizations and health care system strain, while accounting for the transmission within the community.

POLICY

Home care providers will act to reduce the risk of further spreading of the COVID-19 virus within the agency and the community. The agency will follow universal precautions and recommended practices while adhering to local, State and Federal guidelines.

COVID-19 is transmitted through airborne droplets (sneezing and coughing), but indirect contact through hand transfer from contaminated surfaces to mucosal surfaces (such as nose and mouth) can occur. The virus can transfer between people who are in close contact with one another (within 6 feet) or have had prolonged direct exposure of 15 minutes or more in 24-hour period. Symptoms range from mild to severe pneumonia and septic shock. There have been reports of individuals who have no symptoms.

PROCEDURE

Agency will check community transmission rates weekly on Monday mornings to determine if any counties in the service area are in a 'high' level of transmission.

- Staff in areas / counties identified as being a high community transmission level will be alerted that they will need to implement source control measures while at work to include:
 - Masks for the entire shift – N95, cloth mask or respirator are acceptable.
 - Goggles for aerosolizing procedures or procedures where the potential to encounter respiratory secretions is increased.
 - Lab coat / gown should be donned the entire shift and laundered if it becomes soiled
- Staff in areas / counties identified as not being in a high community transmission level will have the option to choose to not wear source control measures while at work.
- Source control measures can be worn for personal preference when not in a high community transmission county.

Agency will encourage staff and clients to keep up to date with vaccinations.

Visual reminders will be placed on the main entrance of the office building to ensure those who are positive, have symptoms of, or have had positive exposure to COVID-19 stay home and connect with us virtually.

If source control measures are implemented for the county in which the Agency office is located, this information will be posted on the main entrance door with masks available for visitors.

Agency will assure that staff have access to appropriate personal protective equipment / source control supplies for themselves and clients including:

- Surgical masks
- N95 face mask/respirator (as needed)
- Face Shields (as needed)
- Gloves
- Goggles and Disposable Gowns
- Antimicrobial soaps and alcohol-based hand hygiene products.
- Other disposables.
- Cloth masks may also be used and should be laundered after each use.
- Follow Personal Protective Equipment or Universal Precautions policy for details

When making home visits, agency will identify clients at risk of having the infections before or immediately upon arrival at the home.

Agency will ask clients the following:

- Has the client/family traveled internationally with in the past 14 days?
- Does the client or family members have signs or symptoms of a respiratory infection? (Specifically, Fever, Cough, Dyspnea, and Sore Throat). There are reports of other symptoms, but these are the primary ones.
- In the past 14 days, has the client had contact with someone who is under investigation for COVID-19 or ill with a respiratory illness?
- Does the client reside in a community where community-based spread of COVID-19 is occurring?
- Clients require emergency medical attention if the following occur:
 - Difficulty breathing/shortness of breath
 - Persistent pain or pressure in the chest
 - New confusion or inability to arouse
 - Bluish lips or face
- Any other concerning signs or symptoms

Note: management of clients with symptoms will be addressed later in policy

Home Care agency staff should follow routine infection prevention and control practices, including:

Hand Hygiene: Wash hands before and after client contact, contact with any potentially infectious material, before and after donning protective equipment, including gowns and masks. Hand hygiene includes washing hands with soap and water (20 seconds) at these time points, and if not possible use the alcohol-based products.

Gloves: wear gloves for any contact with potentially infectious material (secretions, tissues, linens)

Gowns or Lab Coats: should be worn at all times while with your client if they are positive for COVID-19 or are residing in a county that has been identified as a high community transmission location. Gowns/ Lab Coats should be laundered after each use.

Goggles: should be worn when providing aerosolizing treatments, providing cares when potentially coming into contact with any bodily fluids and/or secretions if the client is positive for COVID-19 or is residing in a county that has been identified as a high community transmission location.

Masks: should be worn at all times while on duty with your client if they are positive for COVID-19 or are residing in a county that has been identified as a high community transmission location.

N95 or KN95 masks should be worn and changed out every 5 uses. If N95 or KN95 masks are not available, cloth masks can be worn and laundered after each shift or surgical masks can be worn and disposed of after each shift.

Note: Attached handouts on sequence for putting on and taking off PPE. These references are from the CDC.

PPE should be stored in the provided brown paper bag to minimize the potential risk of transmission of infection.

Staff members with signs and symptoms of a respiratory infection should not report for work.

HCWs who become ill with respiratory symptoms OR fever greater than 100.0 degrees Fahrenheit should communicate with their supervisor and stay home from work. HCWs with this clinical presentation are considered to have suspected or confirmed (laboratory testing) diagnosis of COVID-19.

Return to work criteria for HCWs who are not moderately to severely immunocompromised could return to work after the following criteria have been met:

- At least 7 days have passed since symptoms first appeared if a negative test is obtained within 48 hours prior to returning to work or 10 days if testing is not performed or if a positive test at day 5-7 AND
- At least 24 hours have passed since last fever without the use of fever reducing medications, AND
- Symptoms i.e. cough, shortness of breath, etc. have improved

Return to work criteria for HCWs who are asymptomatic and are not severely immunocompromised:

- At least 7 days have passed since the date of their first positive viral test if a negative viral test is obtained within 48 hours prior to returning to work (or 10 days have passed if testing not performed or if a positive test at day 5-7)

Return to work criteria for HCWs with severe to critical illness or who are not moderately to severely immunocompromised:

- At least 24 hours have passed since recovery, defined as resolution of fever without the use of fever reducing medications AND,
- Improvement in symptoms i.e. cough, shortness of breath; AND
- At least 10 - 20 days have passed since symptoms first appeared.

HCWs who present to work or screen positive with cold or flu symptoms should leave work immediately and be tested for COVID-19.

If positive, follow the COVID-19 work exclusion and isolation guidance outlined above.

If negative and the HCW is still experiencing symptoms, the HCW should consult their health care provider.

If the health care provider provides an alternate diagnosis, criteria for return to work should be based on that diagnosis.

If the health care provider does NOT provide an alternate diagnosis, the HCW should remain isolated and not return to work until at least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath).

Asymptomatic HCW with known high-risk exposure do not need to quarantine from work or the community following the exposure. These HCW should monitor for signs and symptoms of COVID-19 through day 10. HCWs who work during the 10 days following the exposure must

wear a medical grade facemask at all times while on duty.

HCW should have a SARS-CoV-2 test if immediately, but not sooner than 24 hours, after a high-risk exposure and if negative, again in 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (day of exposure 0), day 3, and day 5.

Work restrictions are not necessary for most asymptomatic HCW following a higher risk exposure, regardless of vaccination status. Work restriction should be considered in the following scenarios:

- HCW is unable to be tested or wear source control as recommended for the 10 days following their exposure;
- HCW is *immunocompromised*;
- HCW cares for clients who are moderately to severely immunocompromised.

If work restriction is recommended the HCW could return to work after either of the following time periods:

- HCW can return to work after day 7 following the exposure if they did not develop symptoms and all viral testing as described for asymptomatic HCW following a higher risk exposure is negative
- If viral testing is not completed HCW can return to work after day 10 following the exposure day if they do not develop symptoms.

Within three months of clinical recovery from COVID-19, a HCW with a high-risk exposure to a confirmed COVID-19-positive individual does not need to be quarantined or retested and should self-monitor for symptoms consistent with COVID-19.

If symptoms develop, the exposed HCW should be assessed and potentially tested for SARS-CoV-2, if an alternate etiology is not identified.

However, if the HCW has a high-risk exposure to a confirmed case three months or more after onset of their initial illness, the HCW should follow the quarantine and work exclusions outlined above.

Self-monitor for symptoms and seek re-evaluation from primary healthcare provider if symptoms recur or worsen.

In Home Visit Considerations for known or suspected COVID-19 Clients

- Limit in home visits of staff to essential home visits only
- Required by regulation
- Ordered by the physician as a component of the plan of care
- Question the critical need of ancillary services such as therapy or aide
- If Telehealth is used, ensure the visits are included on the plan of care
- Limit Staff exposure
- Provide minimum necessary services in person to meet the client needs but ensure the safety of clients and appropriate visit utilization
- Utilize telehealth, telephone calls as appropriate to meet the need of the client.
- Customize and adjust plan of care and visit frequencies for most essential members of the clinical team to visit the client

- Schedule COVID-19 client visits at the end of the day, if possible, to minimize spread during other visits
- Emphasize the need to use separate bedroom and bathroom for the client and minimizing the number of caregivers.

Personal Protective Equipment for client with signs and symptoms of COVID- 19 or with positive test or pending results:

- Home Care personnel should put on PPE and take off outside of the home
- If the client has symptoms, a surgical mask should be placed on them if tolerated. Household members do not need to mask unless they are symptomatic
- Home health provider should attempt to stay at least 6 feet away from client if possible, with understanding closer contact is necessary during assessments
- Hand hygiene should be performed before putting on and after removing PPE with a 20 second scrub with soap and water or using alcohol-based sanitizer containing 60-95% alcohol.
- Gown, gloves, and face shield or goggles should be worn if the client or household members are experiencing symptoms of COVID-19. Surgical masks are recommended for blocking droplet and splashes, the most likely form of transmission.
- Airborne protection (N95 respirator masks or other respirators) should be used during aerosolizing procedures such as suction and nebulizer treatments

When to discontinue Transmission based isolation precautions

- **When testing is available:** resolution of fever without use of fever reducing medications; and improvement in respiratory symptoms; and
- Negative test results from at least two consecutive nasopharyngeal swab specimens collected 24 hours apart in 72-hour period
- **When testing not available:** at least 24 hours have passed since recovery defined as absence of fever without the fever reducing medications and improvement in respiratory symptoms; and
- At least 7 days since symptoms first appeared or longer as specified by physician

Accepting clients from hospitals or with known COVID-19 must be determined by the agency's ability to provide the necessary services safely and have adequate staff to meet the needs.

Resources used for this policy were CDC, OSHA, National Association for Home Care, and the Minnesota Department of Health. This is not intended to be all inclusive and all state, local and organization requirements must be added based on your location.

Tips for Care at Home with Suspected or Confirmed COVID-19

This is a CORONAVIRUS resource from the National Home Care and Hospice website.

Information for Patients and Caregivers

- **Separate yourself from other people and animals in your home**
 - Prohibit visitors who do not have an essential need to be in the home.
- **Use a tissue to cover your nose and mouth when around others**
 - Masks are preferred but are in short supply and may not be available for consumers
- **Cover your coughs and sneezes with a tissue and dispose immediately in a lined trashcan**
- **Stay home except to get medical care**
- **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains 60% to 95% alcohol
- **Avoid sharing personal household items**
 - use plastic utensils and paper plates
- **Cleanse and disinfect high touch areas frequently**
 - High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.
 - Clean any surfaces that may have blood, stool, or body fluids on them immediately.
- **How to clean and disinfect:**

Surfaces

 - Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer's instructions for cleaning and disinfection products used. Clean hands immediately after gloves are removed.
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.

- o Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
 - Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water
 - o Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
- **Wash laundry thoroughly.**
 - o Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
 - o Wear disposable gloves while handling soiled items and keep soiled items away from your body.
- Read and follow directions on labels of laundry or clothing items and detergent. In general, use a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.
- **Monitor your symptoms**
 - o Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing).
 - o Before seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19.

For additional information, see this resource from the American Association of Retired Persons (AARP):

<https://www.aarp.org/health/conditions-treatments/info-2020/coronavirus-facts.html?intcmp=AE-HP-BB-LL4>