HOME CARE ALLIANCE of MASSACHUSETTS

Guidance for Home Health and Hospice Agencies on Admissions from and Discharges to Hospitals Related to COVID 19

March 31, 2020

This guidance has been prepared by the Home Care Alliance of MA based on federal, state and industry expert best practice guidance as of March 31, 2020. This guidance will be reviewed at least every seven days and subject to revision. Home Health and Hospice providers are encouraged to create policies and procedures that reflect their own agency operations, capabilities and community/patient needs.

I. Screening and acceptance of home health or hospice patients who have been diagnosed with COVID19 from a hospital

A home health/hospice agency can accept a patient diagnosed with COVID-19 and still under Transmission Based Precautions (as described by the CDC) for COVID-19 when:

- The home health agency has available PPE and staffing to be able to follow CDC infection prevention and control guidance.
    - **It is recommended, if not available, that home health and hospice agencies request PPE to be sent home with the patient as a condition of admission.**
- The patient and other household members have access to appropriate, recommended personal protective equipment per CDC and are capable of adhering to precautions recommended as part of home care and isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene and isolate the patient in a separate room from family).
- There is a separate bedroom/room, as well as bathroom, where the patient can recover without sharing immediate space with others.
- The patient meets eligibility requirements for home health or hospice services per agency policies and applicable regulatory and payer requirements.
- Appropriate caregivers are available at home.
- Resources for access to food and other necessities are available.

II. Denial of admission for a home health or hospice patient with known or suspected COVID-19

If any of the following conditions exist in the home health or hospice agency that would not allow for proper Transmission-Based Precautions to be implemented, a home health/hospice agency should not accept a patient with known COVID-19 for admission:

- No PPE for proper precautions in accordance with current CDC guidelines (facemask, isolation gown, gloves, goggles or disposable face shield) or limited to extent that PPE is not readily available. Consider N95 or other respirators where indicated if available.
- Unable to ensure patient with COVID-19 will wear facemask or cover mouth and nose with tissues during home visit by agency staff.
- Unable to separate patient from other household members (and pets).
- Insufficient availability of agency staff to provide home visits and/or telehealth visits.

This guidance is based on what is currently known about the transmission and severity of 2019 novel Coronavirus Disease (COVID-19). The Massachusetts Department of Public Health is working closely with the Federal Centers for Disease Control and Prevention (CDC) to provide updated information about the COVID-19 outbreak.

III. Pre-visit COVID 19 Screening/Assessment

Before making every home health or hospice visit, the clinician should call the patient's home to determine the patient's current COVID-19 clinical status, determine the necessary and appropriate type of PPE needed for the visit, and whether the patient has PPE (what type) in the home. The assessment should include questions about possible exposure and signs and symptoms in the patient, household members, recent travel and recent visitors.

Recommend screening household members before each visit using established screening questions.

Note: If there are household members who may be at increased risk of complications from COVID-19 infection (.e.g., people >65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions) may need further education regarding the importance of staying isolated from the infected person.

Staff should self-screen each day prior to beginning patient visits and should be removed immediately from patient visit schedules if symptoms are present. Staff

member should contact physician to report and obtain instructions for care in addition to self-quarantine and medical follow up/testing.

IV. In Home Visit Considerations for Known or Suspected COVID-19 Patients:

- **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
  - **Telehealth-if used, ensure telehealth visits are included on Plan of Care**

- **Limit general staff exposure**
  - Provide minimum necessary services in person to meet the patient's needs but ensure patient safety and appropriate visit utilization to address any status changes.
  - Utilize telehealth, telephone calls as appropriate to meet patient needs in accordance with the patient's updated Plan of Care.
  - Customize and adjust plan of care and visit frequencies for most essential members of clinical team to visit the patient (nursing, therapy, aides, social work, chaplains). For hospice, If social work or the chaplains are not being utilized due to refusals by patients and/or facilities, they may spend time calling the families and checking in on them, and also may be used to provide support to staff.
  - If Hospice Aides are not allowed in a facility, discontinue the Hospice Aide service, but document that the facility is providing those services.

- **Scheduling:**
  - Schedule COVID-19 patient visits at end of day, if possible, to minimize spread during subsequent visits.
  - Emphasize the need to use a separate bedroom and bathroom for the patient and minimizing the number of caregivers.

- **Other Considerations Related to Hospice Services and Care in Facilities (ALF/SNF):**
  - Follow the facility's lead on screening and PPE requirements.
  - DO NOT discharge patients as a reactive response if the facility is not letting staff see a patient. Make phone calls or arrange for facetime communication to stay connected with patient/family/facility staff.

V. Personal protective equipment during home healthcare visits to patients and households with no signs and symptoms of COVID-19, or with a negative test:

Under current guidelines: If the patient and household members do not have signs or symptoms of COVID-19, and have not had contact with COVID-19 patient in the past 14 days, home health care workers do not need PPE beyond the PPE normally used for that patient considering their underlying disease.

VI. PPE for a patient with signs and symptoms of COVID- 19, or with a positive COVID-19 test, or with pending test results:

- The home healthcare worker should don and doff PPE outside the home.
- If the patient has signs or symptoms, a surgical mask should be placed on them if tolerated, unless they are intubated. Household members do not need to be masked unless they too are symptomatic.
- The home health provider should attempt to stay at least 6 feet away from the patient and household members to the extent possible, with the understanding that care will require closer contact during a portion of the visit.
- 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 hand sanitizer that contains 60 to 95% alcohol.
- Gown, gloves, and face shield or goggles should be worn if the patient or household members are experiencing symptoms of COVID-19. Reading glasses are not adequate for PPE. Surgical masks are also recommended for blocking droplets and splashes, the most likely form of transmission. Airborne protection (N95 respirator masks or other respirators) should be reserved for use during aerosolizing procedures such as suction and nebulizer treatments.
- Expired respirators can be used but should be considered no more protective than surgical masks (i.e. droplet protection, but not aerosol protection).

VII. COVID-19: When to Discontinue Transmission-based Isolation Precautions

The decision to discontinue home isolation should be made in the context of local circumstances. Options now include both: 1) A time-since-illness-onset and time-since-recovery (non-test-based) strategy; and 2) A test-based strategy.

- **When COVID-19 testing is available:**
    - Resolution of fever without the use of fever-reducing medications; and
    - Improvement in respiratory symptoms (e.g., cough, shortness of breath); and

- Negative test results from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (i.e., total of two negative specimens in a 72-hour period of time).

- **When COVID-19 testing is not available:**
  - At least 3 days (72 hours) have passed since recovery (i.e., recovery is defined as resolution, or absence, of fever without the use of fever-reducing medications and improvement in respiratory symptoms [e.g., cough, shortness of breath]); and
  - At least 7 days have passed since symptoms first appeared or longer as specified by physician

VIII. Patient Education and Reassurance

Patients and in-home caregivers should be advised to limit the number of in-person visitors, and to use the phone and social media as an alternative. CDC has excellent educational materials online for health providers, patients and the public in several languages. This is an excellent resource for you to educate your patients and their caregivers.

If the patient has signs or symptoms, a surgical mask should be placed on them if tolerated, unless they are intubated. Household members do not need to be masked unless they too are symptomatic.

The home health provider should attempt to stay at least 6 feet away from the patient and household members to the extent possible, with the understanding that care will require closer contact during a portion of the visit.

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 hand sanitizer that contains 60 to 95% alcohol.

Gowns, gloves, and face shield or goggles should be worn if the patient or household members are experiencing symptoms of COVID-19. Reading glasses are not adequate for PPE. Surgical masks are also recommended for blocking droplets and splashes, the most likely form of transmission. Airborne protection (N95 respirator masks or other respirators) should be reserved for use during aerosolizing procedures such as suction and nebulizer treatments for patients positive with COVID-19.

Expired respirators can be used but should be considered no more protective than surgical masks (i.e. droplet protection, but not aerosol protection). Refer to CDC guidance on Reuse and Extended Use of PPE.

IX. Hospice Inpatient Unit Considerations:

Consider if the Hospice will provide care to COVID-19 patients in the In-patient Unit (IPU) and/or transfer to another facility. Patients receiving GIP services in another facility-encourage the patient remaining in the facility if the inpatient facility has the capacity.

Continue to follow state and CDC mandates.

Screen all visitors/personnel coming into facility and limit personnel to only required staff.

Limit visitors as per hospice policy (unless otherwise required by state/federal mandates).

Refer to any guidance issued to area hospitals about visitors.

Visitors must stay in the patient's room. If there is a limit (say 1 visitor at a time), family members may swap out but need to enter and exit the designated facility entrance and be tested each time.

In the case of an imminently dying patient, the hospice may choose to waive or modify the visitor limit, as long as all visitors are screened and can remain in the patient room.

All staff and visitors must maintain infection control practices in accordance with OSHA regulations and hospice policy (based on availability of PPE).

Refer to CMS Memo QSO 20-14 for further guidance.

X. References (CDC guidelines)

1. CDC Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19) https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html
2. CDC Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html
3. CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
4. CDC: COVID-19 Fact Sheets https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html

5. CDC: Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html
6. CDC Strategies for Optimizing the Supply of N95 Respirators: Conventional Capacity Strategies https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy

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