**PANDEMIC POLICY FOR COVID 19**

***Definition: COVID -19 is a strain or type of coronavirus that was first detected in Wuhan, China. It is linked to the same family of coronaviruses that causes MERS-CoV and SARS-CoV. The virus is present around the world***

**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 during the pandemic.

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). Symptoms range from mild to severe pneumonia and septic shock. There have been reports of individuals who have no symptoms. Based on this information, the procedures the agency will put in place address, prevention, protection, and control.

**PROCEDURE:**

1. The agency will incorporate COVID-19 protections and procedures into the existing infection control plan for the agency. This will address training of all staff and clients to the steps needed for protection and prevention of spread of the disease.
2. Agencies will assure that staff have access to appropriate personal protective equipment for themselves and clients. Supplies and personal protective equipment include:
   1. Surgical masks
   2. N95 face mask/respirator (as needed)
   3. Gloves
   4. Goggles or face shield during all client contact
   5. Disposable Gowns as needed when dealing with clients who have the illness
   6. Antimicrobial soaps and alcohol-based hand hygiene products.
   7. Other disposables.
   8. Cloth masks may also be used and should be laundered after each use.
   9. Follow your Personal Protective Equipment or Universal Precautions policy for details
3. When making home visits, agencies will identify clients at risk of having the infections before or immediately upon arrival at the home. Agencies will ask clients the following:
   1. Has the client/family traveled internationally with in the past 14 days? *For information on affected countries visit:* [*https://www.cde.gov/coronavirus/2019-ncov/index.html*](https://www.cde.gov/coronavirus/2019-ncov/index.html)*.*
   2. 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.
   3. 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?
   4. Does the client reside in a community where community-based spread of COVID-19 is occurring?
4. Clients require emergency medical attention if the following occur:
   1. Difficulty breathing/shortness of breath
   2. Persistent pain or pressure in the chest
   3. New confusion or inability to arouse
   4. Bluish lips or face
   5. Any other concerning signs or symptoms
   6. **Note:** management of clients with symptoms will be addressed later in policy
5. Home Care agency staff should follow the standard precautions, including
   1. 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.**
   2. Gloves: wear gloves for any contact with potentially infectious material (secretions, tissues, linens)
   3. Gowns: should be worn with client cares where contact with body fluids is likely, including respiratory secretions
   4. **Note:** Attached handouts on sequence for putting on and taking off PPE. These references are from CDC
6. Staff members with signs and symptoms of a respiratory infection **should not** report for work.
7. If staff develop signs and symptoms of a respiratory infection while at work, they should:
   1. **Immediately stop work,** put on a face mask and isolate at home
   2. Inform the agency’s Clinical Manager of information on individuals, equipment and locations the staff member had contact with; and
   3. Contact and follow the local health departments recommendations for next steps (testing, and locations for treatment)
8. Criteria for Return to Work for personnel with suspected or confirmed COVID-10- based on CDC guidelines.
   1. Symptom based strategy- exclude from work until:
      1. At least 3 days (72 h ours) have passed- defined as resolution of fever without the use of fever reducing medications and improvement in respiratory symptoms.
      2. At least 10 days have passed since symptoms first appeared
   2. Test based strategy:
      1. Resolution of fever without the use of fever reducing medications and
      2. Improvement in respiratory symptoms, and
      3. Negative results of an FDA Emergency Use Authorized COVID-19from at least two consecutive respiratory specimens collected 24 hours apart.
   3. Health care personnel with laboratory confirmed COVID-19 who have not had any symptoms:
      1. 10 days have passed since the date of their first positive diagnostic test assuming they have not developed symptoms since their positive test
      2. Negative results from at least two consecutive respiratory specimens collected 24 hours apart.
   4. After returning to work, health care personnel should wear a facemask at all times while at work.
   5. Self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.
9. In Home Visit Considerations for known or suspected COVID-19 Clients
   1. Limit in home visits of staff to **essential** home visits only
      1. Required by regulation
      2. Ordered by the physician as a component of the plan of care
      3. Question the critical need of ancillary services such as therapy or aide
      4. If Telehealth is used, ensure the visits are included on the plan of care
   2. Limit Staff exposure
      1. Provide minimum necessary services in person to meet the client needs but ensure the safety of clients and appropriate visit utilization
      2. Utilize telehealth, telephone calls as appropriate to meet the need of the client.
      3. Customize and adjust plan of care and visit frequencies for most essential members of the clinical team to visit the client
      4. Schedule COVID-19 client visits at the end of the day, if possible, to minimize spread during other visits
      5. Emphasize the need to use separate bedroom and bathroom for the client and minimizing the number of caregivers.
   3. **Personal Protective Equipment for client with signs and symptoms of COVID-19 or with positive test or pending results:**
      1. Home Care personnel should put on PPE and take off outside of the home
      2. If the client has symptoms, a surgical mask should be placed on them if tolerated. Household members do not need mask unless they are symptomatic
      3. Home health provider should attempt to stay at least 6 feet away from client if possible, with understanding closer contact is necessary during assessments
      4. 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.
      5. 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.
      6. Airborne protection (N95 respirator masks or other respirators) should be used during aerosolizing procedures such as suction and nebulizer treatments
   4. When to discontinue Transmission based isolation precautions
      1. **When testing is available:** resolution of fever without use of fever reducing medications; and improvement in respiratory symptoms; and
      2. Negative test results from at least two consecutive nasophyaryngeal swab specimens collected 24 hours apart in 72-hour period
      3. **When testing not available:** at least 3 days have passed since recovery defined as absence of fever without the fever reducing medications and improvement in respiratory symptoms; and
      4. At least 7 days since symptoms first appeared or longer as specified by physician
   5. 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.
10. COVID -19 training should be added to the current infection control practices of the agency. Standard precautions are used for all clients. This infection is specific and very contagious but must be considered as part of a comprehensive infection control plan and a component of the Emergency Preparedness Plan.

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.