



PERSPECTIVE HOME HEALTH, INC.

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Memorandum

To: ALL PERSPECTIVE HOME HEALTH INC STAFF
From: Christopher Estiandan
Date: 03/10/2020
Effective: Immediately
Subject: SARS-CoC-2 virus and COVID-19 home health response

The following memorandum is in response to the emerging SARS-CoC-2 virus that causes COVID-19 disease. The following will discuss our home health guidelines to adhere in order to protect pertinent staff, clinicians, and patients alike. The following memorandum takes into account recent information from the Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS).

For staff

Per the Nevada Department of Health and Human Services (DHHS), providers of healthcare must report all suspect, probable, and confirmed cases to the Division of Public and Behavioral Health (DPBH) or local health district/ department (Southern Nevada Health District, Washoe County Health District, and Carson City Health and Human Services) using Nevada's Confidential Morbidity Report Form, located online: http://dpbh.nv.gov/Programs/OPHIE/Public_Health_Informatics_and_Epidemiology_-_Home/

Health care professions who develop symptoms should not report to work and/ or provide direct patient care. It is recommended to self-isolate at home and contact home health agency to report on individuals, equipment, and locations the person has come into contact with. Contact and follow the local health department for recommendations of next steps. The Department of Health and Human Services recommends calling the following phone number: **800-860-0620**.

Screening of patients

Based on CDC data, older adults with underlying chronic medical conditions are at risk for more severe outcomes. Prior to a visit, all clinicians should call their patients to screen the patient and household members for possible symptoms. Clinicians should provide active monitoring of patients. The following questions have been recommended from the Centers for Medicare and Medicaid Services (CMS).

1. International travel with the last 14 days to countries with sustained community transmission (level 3 travel health notice countries).
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>
 - a. China, Iran, South Korea
 - b. Europe (Schengen Area): Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City
 - c. United Kingdom and Ireland: England, Scotland, Wales, Northern Ireland, Republic of Ireland
2. Signs or symptoms such as fever, cough, sore throat, shortness of breath (Assess utilizing the whole clinical picture of the patient)
3. In the last 14 days, has had contact with someone with or under investigation for COVID-19, or are ill with respiratory illness

4. Residing in immediate vicinity where a community based transmission of COVID-10 has occurred.

Assessment/ Education for possible active, under investigative, and/ or confirmed patients/ household members

If the patient has answered yes and exhibits symptoms of COVID-19, the clinician should contact the agency and the local health department at **800-860-0620**. It is recommended the clinician determine prior to entry if the home visit is necessary, skilled, and immediate.

The clinician should assess the patient if residential setting for home care is appropriate versus inpatient setting:

1. Stability of the patient to receive care at home
2. Appropriate caregivers availability
3. Separate bedroom where the patient can recover without sharing immediate space with others
4. Resources for access to food and other necessities
5. Access to personal protect equipment (at a minimum, gloves and facemask)
6. Capability of adhering to precautions recommended for home care or isolation (respiratory/ cough/ hand hygiene),
7. Household members who may be at increased risk for complications from COVID-19 (>65 years of age (.e.g., people >65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions).

More information can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-home-care.pdf>

The following education is recommended for the patient and more information may be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

1. Isolate self at home leaving home only for medical needs
2. Source control measure (placing a facemask over the patient's nose and mouth if that has not already been done. Stay in an isolated room with the door closed. People who live with you should not stay in the same room with you and should wear face mask if they enter your room. If the patient/ house hold member cannot tolerate a facemask, utilize a tissue to contain respiratory secretions
3. Cover coughing and sneezing. Washing hands with soap and water for at least 20 seconds especially after especially after blowing your nose, coughing, or sneezing; going to the bathroom; before eating or preparing food; after contact with animals or pets; before and after providing routine care for another person who needs assistance
 - a. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water are the best option if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.
4. Avoid sharing personal household items and used items should be washed thoroughly with soap and water.
5. Clean high touch surfaces everyday
 - a. The CDC has provided more information here on cleaning and disinfecting. https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fhome%2Fcleaning-disinfection.html

6. Call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.
7. Monitor your symptoms and seek prompt medical attention if your illness is worsening
8. Provide DHHS number 800-860-0620
9. It is also recommended; patients call their healthcare organization's to be informed of possible telemedicine programs.

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

- Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy)
 - Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
 1. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
 2. At least 7 days have passed since symptoms first appeared.
- Test-based strategy (simplified from initial protocol) Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. For jurisdictions that choose to use a test-based strategy, the recommended protocol has been simplified so that only one swab is needed at every sampling.
- Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
 1. Resolution of fever without the use of fever-reducing medications and
 2. Improvement in respiratory symptoms (e.g., cough, shortness of breath) and
 3. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart** (total of two negative specimens). See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV) for specimen collection guidance.
- Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.

Caring for patients exhibiting symptoms or are under investigation

It is essential that staff utilize their clinical judgment to determine that skilled need is immediate. If skilled care is not needed, clinician must inform patient, provide pertinent education as aforementioned, and alert the appropriate entities such as the providers' office. If skilled need is required, it is important that the clinician provide the best practice for following standard and pertinent transmission based precautions (respiratory droplets). The following clinical factors should be included when providing care:

1. Practice proper hand hygiene especially after removing PPE.
2. Appropriate utilization (donning/ doffing) of personal protective equipment (PPE) prior/ after home health visit with more information from

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

- a. Gloves
 - b. Gowns
 - c. Respiratory Protection - utilize a respiratory or facemask (if a respiratory is not available before entry)
 - d. Eye Protection - Personal eyeglasses are not considered adequate eye protection.
3. Recommended proper PPE sequence from <https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf>
 4. Home health clean bag technique with a recommended read from <https://www.hopkinsmedicalproducts.com/service/a/home-health-bag-technique-best-practice/>
 5. Disinfecting medical equipment
 - Clean and disinfect items per manufacturer guidelines. If guidelines allow, then the CDC has recommended for disinfection diluted household bleach solutions, alcohol solutions with at least 7-% alcohol, and most common EPA registered household disinfectants.
 - The EPA has listed products that meet EPA's criteria for use against SARS-CoV-2, the case of COVID-19 found here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
 - 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

Major distributors in the United States have reported shortages of PPE, specifically N95 respirators, facemasks, and gowns. Due to the scarcity of medical equipment, it is recommended not to discard expired PPE. As much as possible, dedicated medical equipment should be utilized for home health care. Reusable medical equipment should be cleaned, decontaminated, and maintained according to manufacturer reprocessing instructions after and between uses.

If a clinician is unable to don PPE and a visit is necessary, the home health visit is not recommended to prevent the spread of COVID-19. Clinicians are instructed to call and notify their medical provider, await further instructions, and provide further instructions. Clinicians are urged to alert emergency medical services (EMS) and the emergency room regarding the patient's status of a possible COVID-19 case to allow pertinent receiving health care providers to take necessary standard and transmission based precautions.

If with further questions or clarification is needed, please contact the home health agency.