



EDUCATIONAL RESOURCES



HOME HEALTH



HOSPICE

# INFECTION CONTROL POLICIES & PROCEDURES IN HOME HEALTH & HOSPICE



EDUCATIONAL RESOURCES



HOME HEALTH



HOSPICE

## Presented by:

**Sharon M. Litwin, RN, BSHS, MHA, HCS-D**  
Senior Manager - Coding and Clinical Consulting  
5 Star Consultants / Healthcare Provider Solutions

**Mary McGoldrick, MS, RN, CRNI**  
Home Care and Hospice Consultant  
Home Health Systems, Inc.



# DISCLAIMER

---

- The nature of the healthcare industry is, "*The Only Constant is Change!*" The information presented is intended to be an accurate and authoritative source of information. All information is believed reliable at the time of presentation. However, absolute accuracy cannot be guaranteed. Any attendees must realize that as regulations, laws, etc., change, the readers must check the most current information available and follow as indicated. It is always the responsibility of the healthcare provider to assure that the information is current.

# INTRODUCTION

---

- Infection Control Practices have been front and center during the COVID-19 pandemic.
  - PPE specifics
- Is your agency compliant with the Infection Control CoPs?
- What have you done to ensure your staff are knowledgeable and competent in providing Infection Control during visits?

# OBJECTIVES

---

At the conclusion of this webinar, the participant will be able to:

- Understand the CoPs for Infection Control
- Review CDC guidance for Infection Control and Prevention concerning COVID-19 in Home Health Agencies
- Describe best practice recommendations for managing PPE when supplies are limited.
- More effectively prepare for caring for a patient suspected or confirmed of having COVID-19 in the home.



EDUCATIONAL RESOURCES

# 418.60 HOSPICE 484.70 – HOME HEALTH CONDITION OF PARTICIPATION: INFECTION PREVENTION AND CONTROL

# 418.60 HOSPICE/484.70 HOME HEALTH- INFECTION PREVENTION AND CONTROL

- §418.60 - The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.
- §484.70 The HHA must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases.

# 418.60 HOSPICE/484.70 HOME HEALTH- INFECTION PREVENTION AND CONTROL

- 3 Standards in the Condition:
  - Prevention
  - Control
  - Education

# 418.60(A) HOSPICE – INFECTION CONTROL STANDARD: PREVENTION

## *Standard: Prevention*

The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions

### *L579 – Interpretive Guidelines 418.60(a)*

- Accepted standards of practice for health care providers are typically developed by government agencies, professional organizations and associations.
- Examples would include, but not be limited to, the Centers for Disease Control and Prevention (CDC), the Agency for Healthcare Research and Quality, State Practice Acts, and commonly accepted health standards established by national organizations, boards, and councils (e.g., Association for Professionals in Infection Control and Epidemiology (APIC), American Nurses' Association etc.)

# 418.60(A) HOSPICE – INFECTION CONTROL STANDARD: PREVENTION

## L579 – Interpretive Guidelines 418.60(a)

Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents.

Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered.

These include:

- hand hygiene;
- use of gloves;
- gown,
- mask,
- eye protection, or face shield, depending on the anticipated exposure;
- and safe injection practices.

Equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents (e.g., wearing gloves for direct contact, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient). (Excerpt from CDC “Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007.”)

# 484.70(A) – INFECTION PREVENTION AND CONTROL STANDARD: PREVENTION

## *Standard: Prevention*

The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.

## *G682 – Interpretive Guidelines 484.70(a)*

Standard precautions must be used to prevent transmission of infectious agents. “Standard precautions” are a group of infection practices that apply to all patients regardless of suspected or confirmed infection status at the time health care is delivered. Standard precautions are based on the principle that all blood, body fluids, secretions, excretions, may contain transmissible infectious agents.

# 484.70(A) – INFECTION PREVENTION AND CONTROL STANDARD: PREVENTION

## G682 – Interpretive Guidelines 484.70(a) - continued

- The following are six (6) standard precautions, identified by the Center for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Committee (HICPAC), which apply during any episode of patient care:
  1. Hand Hygiene;
  2. Environmental Cleaning and Disinfection;
  3. Injection and Medication Safety;
  4. Appropriate Use of Personal Protective Equipment;
  5. Minimizing Potential Exposures; and
  6. Reprocessing of reusable medical equipment between each patient and when soiled.

# 484.70(A) – INFECTION PREVENTION AND CONTROL STANDARD: PREVENTION

*G682 – Interpretive Guidelines 484.70(a) - continued*

## 1. Hand Hygiene

- Hand Hygiene should be performed at a minimum:
  - Before contact with a patient;
  - Before performing an aseptic task (e.g., insertion of IV, preparing an injection, performing wound care);
  - After contact with the patient or objects in the immediate vicinity of the patient;
  - After contact with blood, body fluids or contaminated surfaces;
  - Moving from a contaminated body site to a clean body site during patient care; and
  - After removal of personal protective equipment (PPE).

# 484.70(A) – INFECTION PREVENTION AND CONTROL STANDARD: PREVENTION

- The term “hand hygiene” includes both handwashing with either plain or antiseptic-containing soap and water, and use of alcohol-based products (gels, rinses, foams) that do not require the use of water. In the absence of visible soiling of hands, approved alcohol-based products for hand disinfection are preferred over antimicrobial or plain soap and water because of their superior microbiocidal activity, reduced drying of the skin, and convenience. The HHA must ensure that supplies necessary for adherence to hand hygiene are provided.

# 484.70(A) – INFECTION PREVENTION AND CONTROL STANDARD: PREVENTION

*G682 – Interpretive Guidelines 484.70(a) - continued*

## 2. Environmental cleaning and disinfection

- Environmental cleaning and disinfection presents a unique challenge for HHA personnel. The HHA staff have little control over the home environment but must maintain clean equipment and supplies during the home visit, during transport of reusable patient care items in a carrying case in the staff vehicle, and for use in multiple patients' homes.

# 484.70(A) – INFECTION PREVENTION AND CONTROL STANDARD: PREVENTION

*G682 – Interpretive Guidelines 484.70(a) – continued*

## 3. Injection and Medication Safety

- Safe injection practices, to which all HHA staff must adhere, include but are not limited to:
  - Use of aseptic technique when preparing and administering medications;
  - Not reusing needles, lancets, or syringes for more than one use on one patient; using single-dose vials for parenteral medications whenever possible;
  - Not administering medications from a single-dose vial or ampule to multiple patients;
  - Use of fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and disposal appropriately after use;

# 484.70(A) – INFECTION PREVENTION AND CONTROL STANDARD: PREVENTION

*G682 – Interpretive Guidelines 484.70(a) – continued*

## 3. Injection and Medication Safety

- Safe injection practices, to which all HHA staff must adhere, include but are not limited to:
  - Considering a syringe or needle/cannula contaminated once it has been used to enter or connect to patient's intravenous infusion bag or administration set;
  - Entering medication containers with a new needle and a new syringe even when obtaining additional doses for the same patient;
  - Insulin pens must be dedicated for a single patient and never shared even if the needle is changed; and,
  - Sharps disposal is in compliance with applicable state and local laws and regulations.

# 484.70(A) – INFECTION PREVENTION AND CONTROL STANDARD: PREVENTION

## G682 – Interpretive Guidelines 484.70(a) - continued

### 4. Appropriate Use of Personal Protective Equipment

- PPE is the use of specialized clothing or equipment worn for protection and as a barrier against infectious materials or any potential infectious disease exposure. PPE protects the caregiver's skin, hands, face, respiratory tract, and/or clothing from exposure.
- The selection of PPE is determined by the expected amount of exposure to the infectious materials, durability of the PPE, and suitability of the PPE for the task.

# 484.70(A) – INFECTION PREVENTION AND CONTROL STANDARD: PREVENTION

*G682 – Interpretive Guidelines 484.70(a) - continued*

## 5. Minimizing Potential Exposures

- Minimizing Potential Exposures focuses in the home health setting on prevention of exposure for other family members and visitors and the prevention of transmission by the HHA staff while transporting medical specimens and medical waste, such as sharps.

# 484.70(A) – INFECTION PREVENTION AND CONTROL STANDARD: PREVENTION

## *G682 – Interpretive Guidelines 484.70(a) - continued*

6. Reprocessing of Reusable Medical Equipment Between Each Patient and When Soiled
  - Cleaning and disinfecting of reusable medical equipment is essential. Reusable medical equipment (e.g., blood glucose meters and other devices such as, blood pressure cuffs, oximeter probes) must be cleaned/disinfected prior to use on another patient and when soiled. The HHA must ensure that HHA staff are trained to:
    - (1) maintain separation between clean and soiled equipment to prevent cross contamination; and
    - (2) follow the manufacturer's instructions for use and current standards of practice for patient care equipment transport, storage, and cleaning/disinfecting.

# 418.60(B) HOSPICE-INFECTION CONTROL STANDARD: CONTROL

- The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that—
- (1) Is an integral part of the hospice's quality assessment and performance improvement program; and

## L580 Interpretive Guidelines §418.60(b)(1)

- Examples of infection control practices that the hospice may use include monitoring work related employee illness and infections, analyzing them in relation to patient infections, and taking appropriate actions when an infection or communicable disease is present to prevent its spread among staff, patients, family and visitors. Surveillance data should be routinely reviewed and monitored. Appropriate corrective actions need to be taken based on the data analysis. The hospice must use this information as a part of its QAPI program.

# 484.70(B) - INFECTION PREVENTION AND CONTROL STANDARD: CONTROL

- The HHA must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA's quality assessment and performance improvement (QAPI) program.

# 484.70(B) - INFECTION PREVENTION AND CONTROL STANDARD: CONTROL

## G684 – Interpretive Guidelines 484.70(b)

- The HHA should have a program for the surveillance, identification, prevention, control and investigation of infectious and communicable diseases specific to care and services provided in the home setting. The CDC defines surveillance as “the ongoing, systematic collection, analysis, interpretation and evaluation of health data closely integrated with the timely dissemination of this data to those who need it.”
- As part of its infection control program the HHA should: (1) observe and evaluate services from all disciplines to identify sources or causative factors of infection, track patterns and trends of infections; and (2) establish a corrective plan for infection control (if appropriate) and monitor the effectiveness of the corrective plan.
- Cross Reference to §484.65(a), QAPI Program Scope.

# 418.60(B)(2) HOSPICE/484.70(B) HOME HEALTH-IC STANDARD: CONTROL

Hospice (i)/Home Health (1) A method for identifying infectious and communicable disease problems; and  
*G684 – Interpretive Guidelines 484.70(b)(1) – (L581 - no IGs for Hospice)*

- The HHA must develop a procedure for the identification of infections or risk of infections among patients. It is the prerogative of the HHA to determine the methodology to be used for such identification. Example methodologies include, but are not limited to:
  - Clinical record review;
  - Staff reporting procedures;
  - Review of laboratory results;
  - Data analysis of physician and emergency room visits for symptoms of infection; and
  - Identification of root cause of infection through evaluation of HHA personnel technique and self-care technique by patients or caregivers.
- Analysis of surveillance data should be used to improve care practices and control infections and transmission of communicable diseases.

# 484.70(B) - INFECTION PREVENTION AND CONTROL STANDARD: CONTROL

- Hospice (ii)/Home Health (2) A plan for the appropriate actions that are expected to result in improvement and disease prevention.

## G684 – Interpretive Guidelines 484.70(b)(2) – (L581 - No IGs for Hospice)

- Develop a corrective action plan to address or prevent infections or transmission of communicable diseases. Such plan should be based on surveillance findings, any identified root cause of infection or disease transmission, tracking data and analysis of data findings.
- Actions to facilitate improvements and disease prevention may include the following:
  - Policy, procedure or practice changes to improve care;
  - Education for patients, caregivers, and HHA personnel to prevent infections and transmission of communicable diseases; and
  - The development of process or outcome measures which could be used to monitor and address identified issues (e.g., infection prevention and control observations for technique).
- The HHA must evaluate and revise the plan as needed.

# 418.60(C) HOSPICE/484.70(C) HOME HEALTH-IC STANDARD: EDUCATION

- The hospice must provide infection control education to employees, contracted providers, patients, and family members and other caregivers.
- The HHA must provide infection control education to staff, patients, and caregiver(s).
- G686 - Interpretive Guidelines 484.70(c) – (L582- No IGs for Hospice)
- HHA staff infection control education should, at a minimum, include the following:
  - Information on appropriate use, transport, storage, and cleaning methods of patient care equipment according to manufacturer guidelines;
  - Job-specific, infection prevention education and training to all health care personnel for all of their respective tasks;
  - Processes to ensure that all health care personnel understand and are competent to adhere to infection prevention requirements as they perform their roles and responsibilities;
  - Written infection prevention policies and procedures that are widely available, current, and based on current standards of practice;
  - Training before individuals are allowed to perform their duties and periodic refresher training as designated by HHA policy;

# 484.70(C) - INFECTION PREVENTION AND CONTROL STANDARD: EDUCATION

## G686 - *Interpretive Guidelines 484.70(c) – Continued*

- Additional training in response to recognized lapses in adherence and to address newly recognized infection transmission threats (e.g., introduction of new equipment or procedures);
- Infection control education provided to staff at periodic intervals consistent with accepted standards of practice. Education must be provided at orientation, annually, and as needed to meet the staff's learning needs to provide adequate care; identify infection signs and symptoms; identify routes of infection transmission; appropriately disinfect/sanitize/transport equipment and devices used for patient care; and use proper medical waste disposal techniques. Such education must include instructions on how to implement current infection prevention/treatment practices in the home setting.
- The education provided to patients and caregivers should be specific to a patient's plan of care, health conditions, and individual learning needs. The HHA should review training information with the patient and his or her representative (if any), including information on how to clean and care for equipment (e.g., blood glucose meters or reusable catheters), at sufficient intervals to reinforce comprehension of the training.

# INFECTION CONTROL/HH AIDES

- Due to the COVID-19 PHE, as part of the 1135 waiver, CMS is waiving the requirements at 42 CFR 418.76(h) for hospice and 42 CFR 484.80(h) for home health which require a nurse or other qualified professional to conduct an onsite aide supervisory visit every two weeks to evaluate if aides are providing care consistent with the care plan.
- This same waiver also temporarily suspends the 2-week aide supervision by a registered nurse for home health agencies requirement at 484.80(h)(1), but virtual supervision is encouraged.
- For both hospice and home health the annual onsite supervisory visit (direct observation) of each aide by an RN or other appropriate skilled professional (PTs, OTs and SLPs) is also postponed.
  - Postponed annual onsite Aide supervisory visits must be completed by a skilled professional no later than 60 days after the expiration of the public health emergency (PHE).
- If an agency doesn't do every two week aide supervisory visits and the annual onsite joint visit during the PHE, then it's more difficult to ensure the aide is following all of the policies, procedures and guidelines.

# INFECTION CONTROL/HH AIDES

- Aides are often the one discipline that has the longest and most physical contact with the patient.
- Therefore, this is a time when aides require even more supervision and training to ensure infection control compliance.
- Agencies must ensure that aides have proper and frequent training and supervision on use of, donning and doffing of personal protective equipment (PPE) and cleaning surfaces and equipment.
- It's more important than ever to conduct frequent competency testing, in-services and virtual communication with aides every 14 days to ensure aides are complying with infection control practices.

# BEST PRACTICES FOR OPTIMUM INFECTION CONTROL AND PREVENTION

- Educate, Educate, Educate
- Patients
  - COVID-19 symptom screening prior to visit
  - Every Visit educate and/or reinforce Infection Control Practices
  - Give Frequent Infection Control Handouts, not just at admission
- Staff
  - Frequent Supervisory visits with focus on Infection Control Practices
  - Frequent In-services
    - To all policies and procedures including all that have been updated due to COVID-19
    - To results of supervisory visits
    - To infection surveillance reports and when to complete
  - Competency at least Annually
  - QAPI –Infection control surveillance and tracking



EDUCATIONAL RESOURCES

# CMS GUIDANCE FOR INFECTION CONTROL & PREVENTION OF COVID-19

# INFECTION CONTROL AND PREVENTION FOR COVID-19

- CMS Center for Clinical Standards and Quality, Safety & Oversight Group issued QSO-20-16-Hospice/ QSO-20-18-HHA - Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Hospice and Home Health Agencies.
- The regulations and guidance support Hospice and Home Health Agencies taking appropriate action to address potential and confirmed COVID cases and mitigate transmission including screening, treatment, and transfer to higher level care (when appropriate).
- <https://www.cms.gov/files/document/qso-20-16-hospice.pdf>
- <https://www.cms.gov/files/document/qso-20-18-hha-revised.pdf>

# INFECTION CONTROL AND PREVENTION FOR COVID-19

- Quality, Safety & Oversight Group issued QSO-20-20-all -Prioritization of Survey Activities. This prioritization applies to home health as well as many other health care facilities.
- Contains Survey tool/checklist for focused infection control survey for acute and continuing care
  - Content within this tool may be applied to any setting
  - Depending upon the setting, not all information will be applicable on every survey - all items will not apply to Home Health
  - Agencies should review checklist to ensure compliance in applicable areas
    - HHAs should have policies/procedures for all applicable areas
    - Ex: screening patients, screening staff, transmission-based precautions, hand hygiene, PPE, staff education r/t COVID, etc.
- <https://www.cms.gov/files/document/qso-20-20-all.pdf>

# COVID-19 SCREENING – HOSPICE INPATIENT

- Hospice providing short-term inpatient care directly or in an inpatient unit of another facility
  - Hospices should identify volunteers, visitors and patients at risk for having COVID-19 infection before or immediately upon arrival to the inpatient unit. They should be asked about the following:
    1. International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
    2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
    3. In the last 14 days, has had contact with someone with or under investigation for COVID19, or are ill with respiratory illness.
    4. Residing in a community where community-based spread of COVID-19 is occurring

# COVID-19 SCREENING – HOSPICE INPATIENT

- Hospice providing short-term inpatient care directly or in an inpatient unit of another facility
  - For patients with respiratory symptoms, implement respiratory hygiene and cough etiquette (i.e., placing a facemask over the patient's nose and mouth) and isolate the patient in a private room with the door closed.
  - If the patient cannot be immediately moved to a private location, ensure they are not allowed to wait among other patients who reside in the inpatient unit. Identify a separate, well-ventilated space that allows patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.
  - Medicare requires Hospice Agencies to provide appropriate medical supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer (ABHS), tissues, no touch receptacles for disposal, facemasks, and tissues at healthcare facility entrances.

# COVID-19 SCREENING – HOSPICE INPATIENT

- Hospice providing short-term inpatient care directly or in an inpatient unit of another facility
  - Inform infection prevention and control services, local and state public health authorities, and other healthcare facility staff as appropriate about the presence of a person under investigation (PUI) for COVID-19.
  - For hospice patients with symptoms, determination about whether or not to conduct diagnostic testing versus presuming a positive COVID-19 diagnosis (based on his/her symptoms and exposure) should be a decision among the patient, patient representative, hospice agency and state and local public health authority.
  - Additional guidance for evaluating patients in U.S. for COVID-19 infection can be found on the CDC COVID-19 website.

# COVID-19 PATIENT SCREENING – HOSPICE & HOME HEALTH

- Hospice's & HHAs should identify patients at risk for having COVID-19 infection before or immediately upon arrival to the home.
- Ask patients about the following:
  - International travel within the last 14 days to countries with sustained community transmission.
  - Signs or symptoms of a respiratory infection, such as a fever, cough, and shortness of breath.
  - In the last 14 days, has had contact with someone with or under investigation for COVID-19, or who is ill with respiratory illness.
  - Residing in a community where widespread community-based transmission of COVID-19 is occurring.

# COVID-19 PATIENT SCREENING – HOSPICE & HOME HEALTH

- Determine how/where you are documenting information, be sure staff know and are compliant.
- For ill patients, agencies should implement source control measures (i.e., placing a facemask over the patient's nose and mouth if that has not already been done).
- Inform the Hospice infection control manager/ HHA clinical manager and local and state public health authorities about the presence of a person under investigation (PUI) for COVID-19.

# COVID-19 STAFF SCREENING – HOSPICE & HOME HEALTH

---

- Monitoring Staff
  - Daily monitoring prior to visits
    - Who
    - How
    - Documentation
  
- Staff who have signs and symptoms of a respiratory infection should not report to work, notify supervisor of s/s.

# COVID-19 STAFF SCREENING – HOSPICE & HOME HEALTH

- Any HH or Hospice staff and Hospice volunteers that develop signs and symptoms of a respiratory infection while on-the-job, should:
  - Immediately stop work, put on a facemask, and self-isolate at home;
  - Inform the Hospice 's infection control manager/team or HHA clinical manager of information on individuals, equipment, and locations the person came in contact with
  - Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic health care personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>)

# COVID-19 & PATIENT HOSPITALIZATION – HOSPICE

- Hospice patients and/or their families should carefully discuss care options with the hospice team to ensure the goals and wishes of hospice patient are respected consistent with patient rights requirements.
- Patients can be managed at home if the patient is stable, the environmental exposure to COVID-19 to others in the household can be minimized, and if there are appropriate infection control precautions made and PPE available.
- Patients whose symptoms are exacerbated by COVID-19 and cannot be adequately managed in the home setting, should be transferred to a hospice inpatient unit.
- More information is available here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>.

# COVID-19 & PATIENT HOSPITALIZATION – HOME HEALTH

- Symptoms may be mild and not require transfer to a hospital as long as the individual with support of the HHA can follow the infection prevention and control practices recommended by CDC .
- The patient may develop more severe symptoms and require transfer to a hospital for a higher level of care.
  - Pending transfer or discharge, place a facemask on the patient and isolate him/her in a room with the door closed.
  - Prior to transfer, emergency medical services and the receiving hospital should be alerted to the patient's diagnosis, and precautions should be taken including placing a facemask on the patient during transfer.

# COVID-19 & DISCHARGE PLANNING – HOME HEALTH

- Discharge Planning Regulations require that the HHA assess the patient's needs for post-HHA services, and the availability of such services.
- When a patient is discharged, all necessary medical information (including communicable diseases) must be provided to any other service provider.
- For COVID-19 patients, this must be communicated to the receiving service provider prior to the discharge/transfer and to the healthcare transport personnel.

# COVID-19 & DISCHARGE TO SUBSEQUENT CARE LOCATION – HOSPICE

- The decision should be made based on the clinical condition of the patient including careful consultation with the patient, patient representatives and/or their family, and understanding their individual needs and goals of care.
- If Transmission-Based Precautions must be continued in the subsequent setting, the receiving facility must be able to implement all recommended infection prevention and control recommendations.
- Be sure the transportation team is aware that the patient has confirmed COVID-19.
- Although COVID-19 patients with mild symptoms may be managed at home, the decision to discharge to home should consider the patient's ability to adhere to isolation recommendations, as well as the potential risk of secondary transmission to household members with immunocompromising conditions.
- More information is available here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>.

# COVID-19 - CARING FOR PATIENT AT HOME – HOSPICE & HOME HEALTH

- Recommended infection prevention and control practices, including considerations for family member exposure, when evaluating and caring for patients with known or suspected COVID-19.
- CDC advises:
  - Patient to stay home except to get medical care
  - Separate patient from other people and animals in the home as much as possible (in a separate room with the door closed)
  - Call ahead before visiting doctor
  - Wear a facemask in the presence of others when out of the patient's room

# COVID-19 - CARING FOR PATIENT AT HOME – HOSPICE & HOME HEALTH

- For everyone in the home, CDC advises:
  - Limit Contact
  - Eat in separate areas
  - Avoid sharing personal items
  - Clean your hands often
  - Clean and then disinfect
- Agencies should share additional information with families
- Resources-
- <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html>

# COVID-19 CARING FOR PATIENT AT HOME

- CMS regulations require that hospice & home health agencies provide the types of services, supplies, and equipment required by the individualized plan of care. HHA's are normally expected to provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand sanitizer (ABHS).
- State and Federal surveyors should not cite home health agencies for not providing certain supplies (e.g., personal protective equipment (PPE) such as gowns, respirators, surgical masks, and alcohol-based hand rubs (ABHR)) if they are having difficulty obtaining these supplies for reasons outside of their control.
- CMS does expect providers/suppliers to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible.

# COVID-19 - CARING FOR PATIENT AT HOME – HOME HEALTH

- HHA patients with known or suspected COVID-19 should continue to receive the intervention appropriate for the severity of their illness and overall clinical condition.
- Because some procedures create high risks for transmission (close patient contact during care) precautions include:
  1. HHA staff should wear all recommended PPE.
  2. Number of visiting HHA staff should be limited to essential personnel.
  3. Any supplies brought into, used, and removed from the home must be cleaned and disinfected in accordance with environmental infection control guidelines.

# IC - TRANSMISSION BASED PRECAUTIONS

- Review Policy/Update as needed
- Ensure staff have been educated
- Second tier of basic infection control
  - Contact Precautions
  - Droplet Precautions
  - Airborne Precautions
    - Use appropriate PPE
    - Use disposable or dedicated patient-care equipment if possible
      - If use of equipment for multiple patients is unavoidable, clean and disinfect equipment, per guidelines/manufacturers' instructions, before use on another patient
    - Clean contaminated surfaces
- Provide Education to patients/caregivers



EDUCATIONAL RESOURCES

# COVID-19 INFECTION CONTROL & PREVENTION MEASURES

# COVID-19: MANAGEMENT RESPONSIBILITIES

- Provide equipment and supplies and monitor inventory
- Provide staff education
- Update policies and procedures:
  - Infection prevention and control
  - Occupational health
  - Emergency management
- Collect and monitor staff and patient surveillance data
- Prevent staff exposure to SARS-CoV-2

# OCCUPATIONAL EXPOSURE TO A PERSON WITH COVID-19

| Exposure  | Personal Protective Equipment   |
|---|---|
| <ul style="list-style-type: none"><li>■ Prolonged close contact with a patient, visitor, or staff with confirmed COVID-19</li></ul> | <ul style="list-style-type: none"><li>■ Staff not wearing a respirator or facemask</li><li>■ Staff not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure</li><li>■ Staff not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask</li></ul> |

Source: Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19. October 21, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

# PREVENTING OCCUPATIONAL EXPOSURES TO SARS-COV-2

- Reduce harm by proactively managing risk to both COVID-19 and non-COVID-19 patients
- Cases and death among healthcare workers
- Universal (Pandemic) precautions:
  - Face mask
  - Eye protection
- Airborne/droplet and contact precautions

# COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

## Preferred PPE – Use N95 or Higher Respirator



## Acceptable Alternative PPE – Use Facemask



CS 215838-C 03/23/2020

[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

# COVID-19: PPE USE AND OPTIONS FOR RE-USE IN THE HOME

| PPE            | Plan A   | Plan B   | Plan C<br>(Crisis Capacity Strategy)  |
|----------------|--|--|---|
| N95 Respirator | <ul style="list-style-type: none"> <li>▪ Routine, single-use</li> <li>▪ Aerosol-generating procedures</li> </ul> | <ul style="list-style-type: none"> <li>▪ Extended use</li> </ul> | <ul style="list-style-type: none"> <li>▪ New NIOSH-approved with exceeded expiration date</li> <li>▪ Non-clinical NIOSH-approved</li> <li>▪ Non-NIOSH-approved</li> <li>▪ Limited re-use with decontamination</li> <li>▪ Limited re-use without decontamination</li> <li>▪ Prioritize by activity type</li> </ul> |

# COVID-19: AEROSOL-GENERATING PROCEDURES

- Examples of aerosol-generating procedures performed in the home
- Personal protective equipment
- Limit individuals present
- Clean and disinfect patient care area promptly after performing

*Source: McGoldrick, M. (2020). Isolation Precautions. Home Care Infection Prevention and Control Program.*

# COVID-19: PPE USE AND OPTIONS FOR RE-USE IN THE HOME

| PPE       | Plan A  | Plan B   | Plan C<br>(Crisis Capacity Strategy)  |
|-----------|---|--|---|
| Face mask | <ul style="list-style-type: none"> <li>Alternative to N95 respirator</li> <li>Single use</li> </ul> | <ul style="list-style-type: none"> <li>Extended use</li> </ul> | <ul style="list-style-type: none"> <li>New face mask with exceeded expiration date</li> <li>Limited re-use</li> <li>Prioritized use</li> <li>Face covering from non-medical vendor</li> </ul> |

# COVID-19: PPE USE AND OPTIONS FOR RE-USE IN THE HOME

| PPE            | Plan A   | Plan B  | Plan C<br>(Crisis Capacity Strategy)  |
|----------------|--|---|---|
| Gown           | <ul style="list-style-type: none"> <li>Disposible</li> <li>Single-use</li> </ul> | <ul style="list-style-type: none"> <li>Cloth</li> </ul>           | <ul style="list-style-type: none"> <li>Re-use</li> <li>Extended use</li> <li>Prioritized use</li> <li>Alternatives</li> </ul> |
| Gloves         | <ul style="list-style-type: none"> <li>Single-use</li> </ul>                     | <ul style="list-style-type: none"> <li>Non-FDA-cleared</li> </ul> | <ul style="list-style-type: none"> <li>Prioritized use</li> <li>Alternatives</li> </ul>                                       |
| Eye protection | <ul style="list-style-type: none"> <li>Single-use</li> </ul>                     | <ul style="list-style-type: none"> <li>Re-use</li> </ul>          | <ul style="list-style-type: none"> <li>Homemade face shield</li> </ul>  |

# EYE PROTECTION OPTIONS

- OSHA:
  - Acceptable
  - Not acceptable

Source: McGoldrick, M. (2019). Personal protective equipment: Protecting the eyes. *Home Healthcare Now*, 37(4), 234-235.

**Glasses**



**Safety Glasses**



**Safety Goggles**



**Medical Face Shield**



Used with  
Permission.  
© The Regents of  
the University of CA

# PPE REMOVAL: PREVENTING SELF-CONTAMINATION

- Doffing errors
- Staff are required to know:
  - How to recognize tasks that may involve exposure to blood or other potentially infectious materials and when PPE must be used
  - What kind of PPE is to be used
  - How to don PPE, adjust it, wear it, take it off and dispose of it
  - The limitations of the PPE
  - How to care for the PPE, maintain it, and how long it can be used
- PPE disposal

*Source: McGoldrick, M. (2020). Personal Protective Equipment Removal: Preventing Self-contamination. Home Healthcare Now, 38(3), 170-171.*

# RESPIRATORY PROTECTION: POTENTIAL COMPLIANCE ISSUES



# RESPIRATORY PROTECTION STORAGE

## N95 Respirator and Face Mask

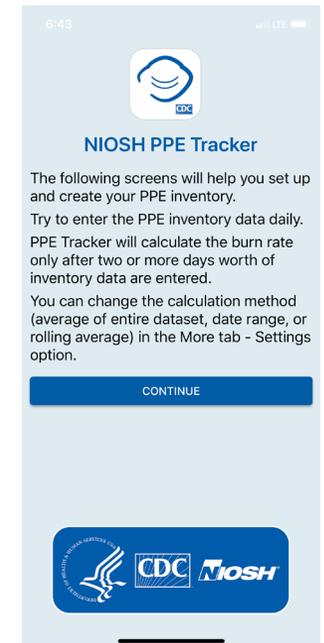
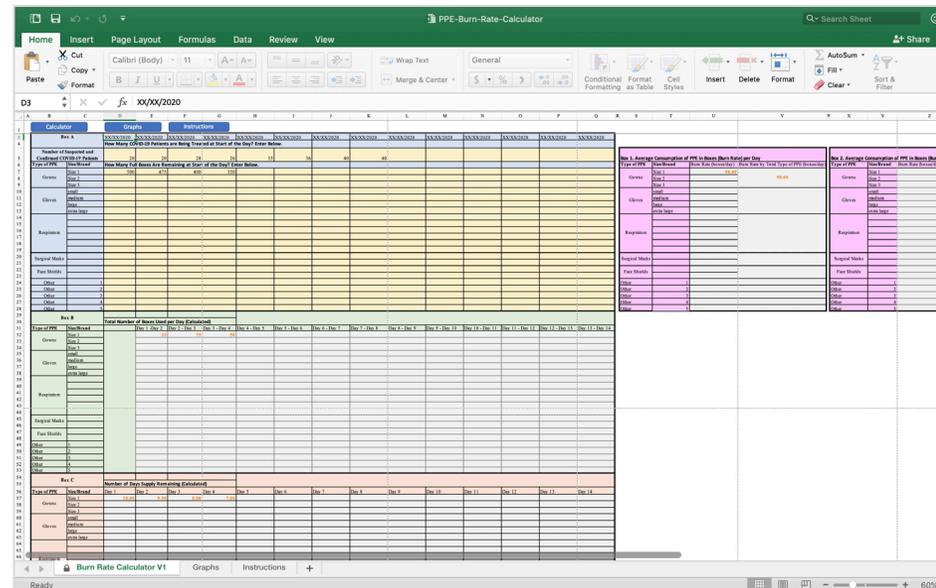
- “Never used” respirator storage
- Options for interim storage in “re-use mode”:
  - Storage container
  - Storage temperature
  - Storage location options



HOME HEALTH  
SYSTEMS, INC.

# EQUIPMENT AND SUPPLIES INVENTORY MANAGEMENT

- Monitor inventory and determine PPE needs and burn rate
  - CDCs Burn rate calculator
  - NIOSH PPE tracker app
  - EMS PPE supply estimator
  - PPE preservation planning tool
- Monitor hand hygiene and disinfectants



# IN-HOME WEARING OF RESPIRATORY PROTECTION BY PATIENT/FAMILY

---

- Who should wear respiratory protection, when, and what kind
- Mask exemptions
- Staff's respiratory protection

# SUMMARY

---

- Infection Control – The CoPs have not changed
- Focus on Infection Control is Crucial
- Best practice recommendations for managing PPE when supplies are limited.
- Preparing for caring for a patient suspected or confirmed of having COVID-19 in the home.

# QUESTIONS?

**Mary McGoldrick, MS, RN, CRNI®**  
Home Care and Hospice Consultant

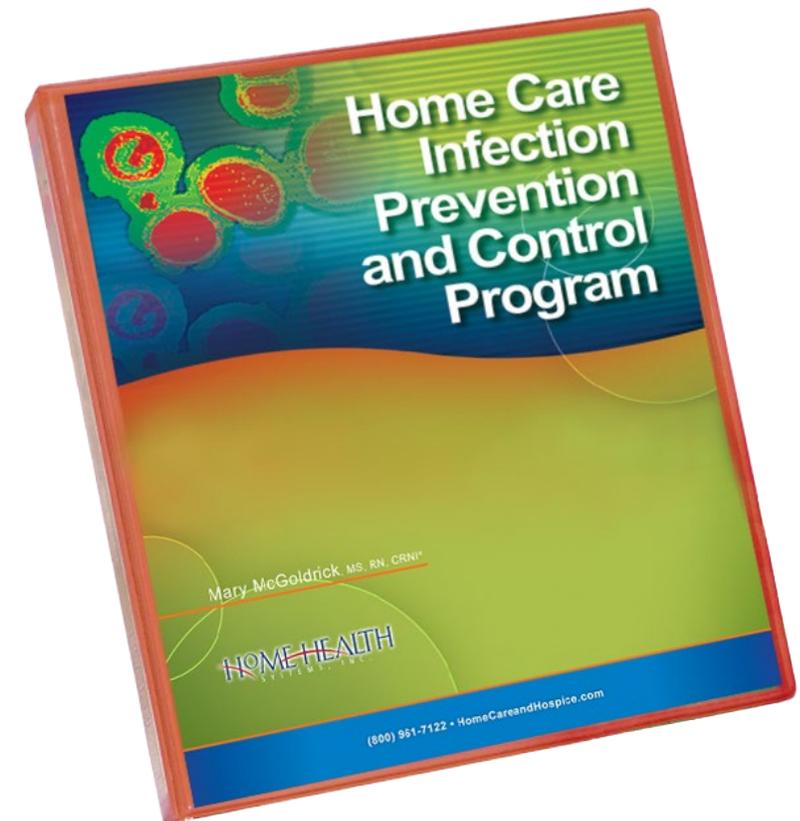


Phone: (800) 961-7122

Fax: (800) 649-0017

E-mail: [mary@homecareandhospice.com](mailto:mary@homecareandhospice.com)

Web: [HomeCareandHospice.com](http://HomeCareandHospice.com)





EDUCATIONAL RESOURCES



HOME HEALTH



HOSPICE

# THANK YOU

**Sharon M. Litwin, RN, BSHS, MHA, HCS-D**

Senior Manager - Coding and Clinical Consulting

5 Star Consultants / Healthcare Provider Solutions

[info@5starconsultants.net](mailto:info@5starconsultants.net)

