

PURPOSE

To reduce the risk of further spreading the COVID-19, and any other similar virus, in cases of a pandemic outbreak.

DEFINITIONS

COVID-19: 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.

POLICY

The Agency will strive to improve patient/client health outcomes by promoting recovery, facilitating comfort and return to function, promoting healthy behavior, and involving the patient/client and their caregiver or representative (if any) in health care decisions. Patients/clients with the COVID-19, or any other similar virus, will be identified and appropriate actions will be taken to limit the further transmission, while adhering to local, state, and federal guidelines in cases of a pandemic.

PROCEDURE

- I. The Agency will coordinate with their state Division of Epidemiology in the event of a pandemic for reporting protocols and securing testing and medical supplies, including vaccine.
- II. The Agency will ensure adequate supplies and equipment, so that cross contamination from patient/client to patient/client will not occur.
- III. The Agency will ensure all staff have access to an appropriate amount of personal protective equipment for each patient/client seen on a daily basis.
- IV. The Agency will screen patients/clients and staff and incorporate screening documentation into the patient/client record at least every 14 days.
- V. The Agency will provide timely and appropriate follow-up and symptomatic responses will be addressed.

- VI. Supplies and personal protective equipment should include:
- A. Surgical masks
 - B. N95 face mask/respirator
 - C. Gloves
 - D. Goggles
 - E. Disposable gowns
 - F. Antimicrobial Soaps
 - G. Alcohol based hand hygiene products, and
 - H. Other disposables
- VII. The Agency will identify patients/clients at risk for having COVID-19 infection before or immediately upon arrival to the home. The Agency should ask the patient/client the following:
- A. Has the patient/client traveled internationally within the last fourteen (14) days to countries with sustained community transmission?
 - B. Does the patient/client have signs or symptoms of a respiratory infection?
 - 1. Criteria for screening/identifying patients/clients with COVID-19 include:
 - a. Fever or chills
 - b. Cough
 - c. Shortness of breath or dyspnea
 - d. Sore throat
 - e. Fatigue

- f. Muscle or body aches
 - g. Headache
 - h. New loss of taste or smell
 - i. Congestion or runny nose
 - j. Nausea or vomiting
 - k. Diarrhea
- C. In the last fourteen 14 days, has the patient/client had contact with someone who or is under investigation for COVID-19, or are ill with a respiratory illness?
- D. Does the patient/client reside in a community where community-based spread of COVID-19 is occurring?
- VIII. Patients/clients require emergency medical attention if any of the following occur:
- A. Difficulty breathing or shortness of breath
 - B. Persistent pain or pressure in the chest
 - C. New confusion or inability to arouse
 - D. Bluish lips or face
 - E. Other concerning signs and symptoms
- IX. Management of patients/clients who have symptoms indicating possible COVID-19 infection during a pandemic will be completed by:
- A. Following any local, state, or federal guidelines during the pandemic
 - B. Implementing source control measures, (i.e., placing a facemask over the patient's/client's nose and mouth)

- C. Informing the Agency's Clinical Manager/Supervising Nurse, and state and local public health authorities.
- D. Following the local health departments recommendations for next steps (e.g., testing, locations for treatment, etc)
- E. Obtaining any clinical specimens as ordered, using proper bio-containment protocols
- F. Separating patients/clients with suspected infection from others in the household
- G. Instructing patient/client and families on hand hygiene (including the how to wash hands, use of hand sanitizer, and avoid touching eyes, nose and mouth with unwashed hands), proper disposal of tissues, etc.
- H. Instructing patient/client on cleaning all "high-touch" surfaces everyday such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.
- I. Completing the Patient/Client Screening Assessment Prior to Visit
 - 1. If the visit requires non-essential services, the visit must be:
 - a. Conducted either by telephone, or video conference, if possible, or
 - b. Must be rescheduled for a later date. The Agency must document any missed visits in the plan of care, and notify the attending physician, if applicable.
 - 2. If the visit requires essential services, staff must conduct the visit in person and screen the patient/client and household members using the same criteria for staff.
- X. Staff should follow the Agency's standard precautions, including:
 - A. Hand hygiene: Wash hands before and after patient/client contact, after contact with any potentially infectious material, and before and after

donning protective equipment, including gloves and masks. This applies to patients/clients and caregivers as well.

- B. Gloves: Wear gloves for any contact with potentially infectious material (e. g., secretions, tissues, dirty linens).
- C. Gowns: Gowns should be worn with patient/client care activity when contact with body fluids is likely, including respiratory excretions.
- D. Staff should follow droplet precautions for patients/clients with suspected or confirmed COVID-19 for fourteen (14) days, or longer. Droplet precautions include:
 - 1. All of the standard precautions, plus
 - 2. Placing patient/client in separate room away from other patients/clients, caregivers, and/or family members, if possible.
 - 3. Instructions on using tissue when coughing or sneezing and to place used tissues immediately in plastic bag for disposal in regular trash.
 - 4. Wear mask (preferably N95) prior to entering room.
 - 5. Instructing patient/client to call ahead prior to visiting a health care facility.
 - 6. Instructing patient/client to wear mask, if possible, when leaving the home for appointments and to limit visitors to home.
 - 7. Instructing the patient/client on self-quarantine and self-isolation procedures.
 - 8. When possible, practice physical distancing (maintaining appropriate distance between people according to local, state, and federal guidelines) as much as possible.
- XI. Staff with signs and symptoms of a respiratory infection should not report to work. Staff should be screening/self-monitoring the following on a daily basis:

- A. Fever or chills
 - B. Cough
 - C. Diarrhea
 - D. Nausea or vomiting
 - E. Shortness of breath or dyspnea
 - F. Sore throat
 - G. Fatigue
 - H. Muscle or body aches
 - I. Headache
 - J. New loss of taste or smell
 - K. Congestion or runny nose
 - L. Exposure to COVID-19
- XII. If staff develop signs and symptoms of a respiratory infection while on-the-job they should:
- A. Immediately stop work, put on a facemask, and self-isolate at home.
 - B. Inform the Agency's Clinical Manager/Supervising Nurse of information on individuals, equipment and locations the staff member came in contact with; and
 - C. Follow the local health departments recommendations for next steps (e.g., testing, locations for treatment, etc.)