

# **RESPONDING TO COVID-19**

**HCLA UPDATE MARCH 24, 2020**

# TIMELINE OF EVENTS

January 20, 2020: First case of confirmed coronavirus in United States in Everest, California.

January 29, 2020: The White House Coronavirus Task Force was established.

January 31, 2020: The Trump Administration closes travel from China to the United States.

March 11, 2020: WHO official deems the Coronavirus a pandemic event.

March 14, 2020: Government restricts public gatherings to 50 persons or less.

March 19, 2020; The Trump Administration advises against all international travel.

March 19, 2020: The government advises against gatherings of more than 10 people.

March 19, 2020. United States and Canada agree to restrict travel between borders.

March 19, 2020: Trump Enacts Families First Coronavirus Act.

March 20, 2020: United States and Mexico agree to restrict travel between borders.

March 15, 2020: Government announces closing of restaurants and bars.

March 22, 2020: Governor of Louisiana announces mandatory Shelter In Place initiative.

# ACTIVATING EMERGENCY PREPAREDNESS

By the first week of March Home Health and Hospice providers around the country began to update and activate their emergency preparedness plans in response to the coronavirus threat. Initially the only guidelines provided by the Centers for Disease Control were to begin preventative measures.

- Handwashing
- Screening for potentially infected persons
- Education of Medical Personnel
- Education of Patients and their Caregivers
- Social distancing
- Wearing Protective Equipment if exposed or encountering patients with symptoms.

\*\*Ensure the Emergency Preparedness Plan includes agency efforts to include screening of both employees and patients and actions to take when persons potentially infected are identified.

# EMERGENCY PREPAREDNESS PROGRAM PLANNING

- Review all Infection Control Policies to ensure they are in line with CDC guidance
- Review the EMP to ensure it includes steps for monitoring both employees and patients.
- Establish protocols for employees to respond to patients who have no symptoms verses those who are symptomatic.
- Document everything you are doing. Include in this documentation the dates and the names of individuals or organizations you have coordinated with. At the conclusion of this emergency the federal government may be requiring a response analysis from each provider organization.
- Rest assured that state surveyors will be assessing the agency response to this emergency. Are you prepared to demonstrate how you activated your plan, step by step by step.



# **BEGIN WITH THE BASICS**

# RECOGNITION OF SYMPTOMS

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

These symptoms may appear **2-14 days after exposure** (based on the incubation period of MERS-CoV viruses).

- Fever
- Cough
- Shortness of breath

**Emergency warning signs** for COVID-19 requiring **medical attention immediately**. Emergency warning signs include\*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

\*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

# BEGIN WITH THE BASICS: PREVENTION

SCREEN ALL EMPLOYEES PRIOR TO BEGINNING THEIR DAY

**\*NOTE\*** If Temp  $\geq$  100.0F, Instruct employee to go home and contact Primary Care Practitioner; If symptoms present with fever of  $>$  99.5F, remove all patients from employee's schedule and instruct the employee to go home, self-quarantine and notify their Primary Care Practitioner.

DATE	EMPLOYEE NAME	TEMP	SIGNS AND SYMPTOMS Check all that are present	DATE OF ONSET OF SYMPTOMS	PUI Form Completed
			<input type="checkbox"/> Cough <input type="checkbox"/> SOB <input type="checkbox"/> Pain/Chest pressure <input type="checkbox"/> Sore throat <input type="checkbox"/> Body Aches <input type="checkbox"/> N/V <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC

Patient first name \_\_\_\_\_ Patient last name \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC



## Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form

Reporting jurisdiction: \_\_\_\_\_  
Reporting health department: \_\_\_\_\_  
Contact ID #: \_\_\_\_\_

Case state/local ID: \_\_\_\_\_  
CDC 2019-nCoV ID: \_\_\_\_\_  
NNDSS loc. rec. ID/Case ID #: \_\_\_\_\_

\* Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567-01 and CA102034567-02. \*For NNDSS reporters, use GenV2 or NETSS patient identifier.

### Interviewer information

Name of interviewer: Last \_\_\_\_\_ First \_\_\_\_\_

Affiliation/Organization: \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

### Basic information

<p>What is the current status of this person?</p> <input type="checkbox"/> PUI, testing pending* <input type="checkbox"/> PUI, tested negative* <input type="checkbox"/> Presumptive case (positive local test), confirmatory testing pending* <input type="checkbox"/> Presumptive case (positive local test), confirmatory tested negative* <input type="checkbox"/> Laboratory-confirmed case* <small>*Testing performed by state, local, or CDC lab.                  *At this time, all confirmatory testing occurs at CDC</small> Report date of PUI to CDC (MM/DD/YYYY): ____/____/____ Report date of case to CDC (MM/DD/YYYY): ____/____/____ County of residence: _____ State of residence: _____	<p>Ethnicity:</p> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Not specified Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other	<p>Date of first positive specimen collection (MM/DD/YYYY): ____/____/____  <input type="checkbox"/> Unknown <input type="checkbox"/> N/A</p> <p>Did the patient develop pneumonia?  <input type="checkbox"/> Yes <input type="checkbox"/> Unknown  <input type="checkbox"/> No</p> <p>Did the patient have acute respiratory distress syndrome?  <input type="checkbox"/> Yes <input type="checkbox"/> Unknown  <input type="checkbox"/> No</p> <p>Did the patient have another diagnosis/etiology for their illness?  <input type="checkbox"/> Yes <input type="checkbox"/> Unknown  <input type="checkbox"/> No</p> <p>Did the patient have an abnormal chest X-ray?  <input type="checkbox"/> Yes <input type="checkbox"/> Unknown  <input type="checkbox"/> No</p>	<p>Was the patient hospitalized?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                  If yes, admission date 1 ____/____/____ (MM/DD/YYYY)                  If yes, discharge date 1 ____/____/____ (MM/DD/YYYY)</p> <p>Was the patient admitted to an intensive care unit (ICU)?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Did the patient receive mechanical ventilation (MV)/intubation?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                  If yes, total days with MV (days) _____</p> <p>Did the patient receive ECMO?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Did the patient die as a result of this illness?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                  Date of death (MM/DD/YYYY): ____/____/____  <input type="checkbox"/> Unknown date of death             </p>															
<p>Race (check all that apply):</p> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____																		
<p>Date of birth (MM/DD/YYYY): ____/____/____                  Age: _____                  Age units (yr/mo/day): _____</p>																		
<p>Symptoms present during course of illness:</p> <input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Unknown	<p>If symptomatic, onset date (MM/DD/YYYY): ____/____/____  <input type="checkbox"/> Unknown</p>	<p>If symptomatic, date of symptom resolution (MM/DD/YYYY): ____/____/____  <input type="checkbox"/> Still symptomatic <input type="checkbox"/> Unknown symptom status  <input type="checkbox"/> Symptoms resolved, unknown date</p>																
<p>Is the patient a health care worker in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Travel to Wuhan</td> <td><input type="checkbox"/> Community contact with another lab-confirmed COVID-19 case-patient</td> <td><input type="checkbox"/> Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology</td> </tr> <tr> <td><input type="checkbox"/> Travel to Hubei</td> <td><input type="checkbox"/> Any healthcare contact with another lab-confirmed COVID-19 case-patient</td> <td><input type="checkbox"/> Other, specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Travel to mainland China</td> <td><input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> HCW</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Travel to other non-US country specify: _____</td> <td><input type="checkbox"/> Animal exposure</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Household contact with another lab-confirmed COVID-19 case-patient</td> <td></td> <td></td> </tr> </table> <p>If the patient had contact with another COVID-19 case, was this person a U.S. case? <input type="checkbox"/> Yes, nCoV ID of source case: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A</p>				<input type="checkbox"/> Travel to Wuhan	<input type="checkbox"/> Community contact with another lab-confirmed COVID-19 case-patient	<input type="checkbox"/> Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology	<input type="checkbox"/> Travel to Hubei	<input type="checkbox"/> Any healthcare contact with another lab-confirmed COVID-19 case-patient	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Travel to mainland China	<input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> HCW	<input type="checkbox"/> Unknown	<input type="checkbox"/> Travel to other non-US country specify: _____	<input type="checkbox"/> Animal exposure		<input type="checkbox"/> Household contact with another lab-confirmed COVID-19 case-patient		
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<p>Under what process was the PUI or case first identified? (check all that apply): <input type="checkbox"/> Clinical evaluation leading to PUI determination  <input type="checkbox"/> Contact tracing of case patient <input type="checkbox"/> Routine surveillance <input type="checkbox"/> EpiX notification of travelers; if checked, DGMQID _____  <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____</p>																		

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333, ATTN: PRA (2020-1011).



# SCREENING OF STAFF AND PATIENTS

How should HHAs screen patients for COVID-19?

When making a home visit, HHAs should identify patients at risk for having COVID-19 infection prior to or immediately upon arrival to the home.

They should ask patients about the following:

1. International travel within the last 14 days to countries with sustained community transmission or exposure to a person who has had recent travel to one of these countries.
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 COVID-19, or who are ill with respiratory illness.
4. Residing in a community where community-based spread of COVID-19 is occurring.



**TRANSMISSION  
BASED  
PRECAUTIONS**

**CONTACT  
PRECAUTIONS**

**AIRBORNE  
PRECAUTIONS**

# WE BEGAN WITH THE BASICS: PREVENTION

**Handwashing:** Follow these five steps every time.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean paper towel or air dry them. Turn off the faucet using a paper towel or another method not requiring touching the faucet handle.

# BEGIN WITH THE BASICS: PREVENTION

- Avoid touching their eyes, nose and mouth.
- Practice cough etiquette. Cough into a flexed elbow or tissue, discard the tissue in the trash, and wash hands.
- Practice Social Distancing. Avoid leaving home unless truly necessary. Keep a distance of 6 feet between yourself and others.
- Change clothes and wash clothes worn while out in the community each day using hot water.
- Cleanse counters and other heavy traffic surfaces with antibacterial cleansers frequently, e.g. kitchen counters, doorknobs. This virus “may” survive for up to 9 hours on a surface.

# **WE BEGAN WITH THE BASICS: PREVENTION**

## **Use Personal Protective Equipment**

1. If unable to wash hands under running water with soap, may use a hands sanitizer which should be at least 60% alcohol. Read the label for alcohol content and expiration date.
2. Check PPE supplies and dates. Move outdated to back and label as outdated but do not discard at this time.
3. Teach patients/caregivers the guidelines for when they should use surgical masks. The current recommendations regarding masks are that if you yourself are sick with fever and cough, you can wear a surgical mask to prevent transmission to other people. If you are healthy, there is not thought to be any additional benefit to wearing a mask yourself because the mask is not airtight and does not necessarily prevent breathing in of these viral particles.
4. Health Care professionals should wear surgical masks when they themselves are asymptomatic but are encountering a patient or caregiver who is presenting with symptoms of the COVID-19. The mask should be donned before entering the patients place of residence or immediately upon discovering the symptoms once in the patient's presence.
5. The use of N-95 masks should be reserved for use when caring for patients who have tested positive for the virus. Reserve these masks for care of actual cases rather than as a prevention strategy.

# ADDITIONAL GUIDANCE REGARDING PERSONAL PROTECTIVE EQUIPMENT

CMS regulations requires that 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 60%-95% 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. However, we do 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.

*Source: Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs) : March 10, 2020. CMS: Ref: QSO-20-18-HHA*

# WHERE TO FIND PPE

Many Louisiana providers have experienced great difficulties in securing PPE. HCLA has secured the following guidance on this resource.

- Try your usual supplier
- Try eBay and other sources
- Contact GOHSEP at (225) 325-5900. They will take your number. Within 24-hours, a National Guard member will contact you to take your order and obtain your information.
- Jamey Lopez of SOBO Promotional Products Indicated she still has steady sources and can assist in obtaining the products below.
- “Here is pricing and attached pics. I can have these in your hands in 7-10 days. Probably sooner. Below is a lot of info so please let me know if you have any questions. Also, I apologize in advance for the pricing. As you can imagine, it’s more difficult than normal for me to get this so I’m flying in everything via air freight. The cost below is DELIVERED cost. There will be no shipping added, with exception to the sanitizer. Below are also the minimums. If you need higher qty’s than what’s shown, that’s no problem.
- 160 qty N95 Mask (20 per case) \$800 Delivered pricing – no shipping added  
150 qty Shoe Covers \$80 Delivered pricing – no shipping added  
150 qty Face Shields \$772.50 Delivered pricing – no shipping added  
150 qty Non-woven Gowns \$862.50 Delivered pricing – no shipping added  
300 qty Non-woven Gowns (same as above but double the qty) \$1,629 – no shipping added  
25 qty Touchless Infrared Thermometers - \$1,835.00 Delivered pricing – no shipping added  
150 qty Surgical Masks - \$160 Delivered pricing – no shipping added
- Regarding hand sanitizers, I have 3.38 oz (personal size), as well as industrial sizes of 750 ml and 32 oz.
- For the personal size, the minimum is 240 qty – packaged 24 per box, and those are \$3.99 ea. 70% Ethyl Alcohol
- For the 750 ml and 32 oz, the minimum is a full pallet, which is 576 quantity. For a pallet of the 750 ml, the cost is \$4,188.69 (576 bottles). For a pallet of the 32 oz, the cost is \$4,396.05 (576 bottles)
- Due to the urgency, I am handling all PPE orders myself so please reach out to me directly on my cell, 318-652-1865, or my email.
- Jamie Lopez

# CDC GUIDANCE REGARDING PPE

The CDC also has specific information relating to:

- [Healthcare Supply of PPE / https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe-index.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe-index.html)
- [Strategies to Optimize PPE and Equipment / www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy)
- [Strategies to Optimize Eye Protection / https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html)
- [Strategies to Optimize Isolation Gowns / https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html)
- [Strategies to Optimize Face Masks / https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html)
- [Strategies to Optimize N-95 Respirators / https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html)
- [Crisis Alternate Strategies for N-95 Respirators / https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html)



# ACTIVATE PATIENT & EMPLOYEE EDUCATION

The CDC has free education tools and videos that may be used in the education of both personnel and patients. In addition to the CDC website you may also find education handouts on the [covid-19.gov](https://www.covid-19.gov) website.



## What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

## Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic>.

## Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

## How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

## What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath



CL174937-4 05/05/2020

## What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

## How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

## If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

## What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

## Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

## Is there a treatment?

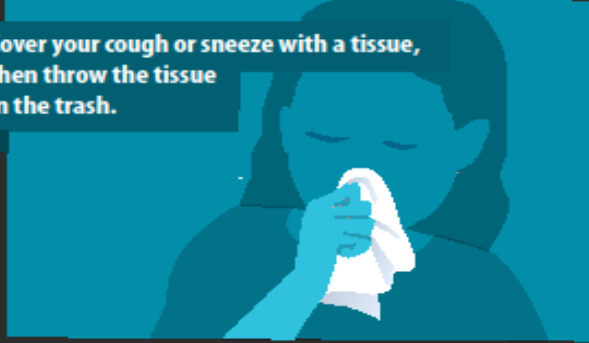
There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

Help prevent the spread of respiratory diseases like COVID-19.

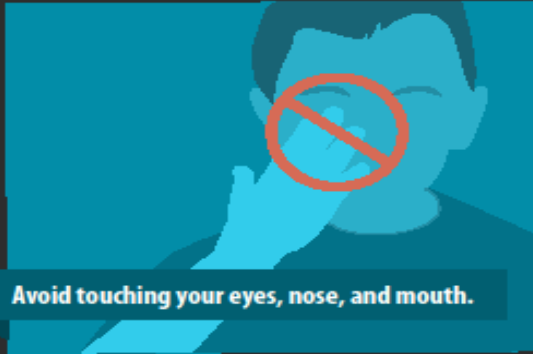
Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



# DOCUMENT STAFF TRAINING

- All staff will receive in-service education regarding the COVID-19 from agency management team or designated clinical staff.
- Training material presented to staff for education on COVID-19 will be taken from CDC resources and may be presented in written or digital/video form.
- <https://www.cdc.gov/coronavirus/2019-ncov/communication/videos.html>
- Staff will be trained in methods of prevention including, but not limited to, Infection Precaution strategies.
- Staff will be trained how to screen patients for risk identification.
- Staff will be trained how to education patients and their caregivers regarding COVID-19 using CDC teaching materials. This material is available in both English and Spanish.
- Staff will be trained to provide patient education without causing undue fear to the patients and caregivers



# **PATIENT CARE AND PPE**

**CDC GUIDANCE**

# CDC GUIDANCE REGARDING USE OF PPE ON PATIENT VISITS

Screen your patients prior to arrival. (it is recommended this be done via phone)

- Patients who are WITHOUT symptoms may be visited as usual.
- Visits may be made in accordance with the frequency and orders on the Plan of Care.
- There is no requirement to decrease the visits of patients who have no symptoms or immediate exposure to the COVID-19 virus.
- **It is NOT required to wear a surgical mask, gloves or gown with these patients.**
- You do not have to make ONLY Essential Visits on these patients. The time may come that you are forced to make that decision but if you are staffed sufficiently to make all ordered visits, you may do so.

# CDC GUIDANCE REGARDING USE OF PPE ON PATIENT VISITS

- Screen your patients prior to arrival. If they are **symptomatic** (temperature, coughing, shortness of breath), the staff should wear a surgical mask and place one on the patient. The patient's MD should be called, and symptoms reported. The staff should make every effort to don the surgical mask prior to entering the home. It is also advised to wear gloves and a gown if available. If the symptoms are discovered after entering the home, don the mask as soon as discovering the symptoms.
- For patients who are **Symptomatic**, the agency should only make ESSENTIAL visits on these patients. Essential visits are those necessary for the safety of the patient. Wound care, administration of medications, IVs, physical therapy for hip or knee replacements, etc.

# CDC GUIDANCE REGARDING USE OF PPE ON PATIENT VISITS

For patients who are **DIAGNOSED** with the virus, the staff should only make these visits while wearing PPE to include the N95 mask, gloves and a gown. Also use a face shield to cover the eyes IF you have them. Limit the number of these visits to as few as is possible to ensure the safety of the patient. Make only essential visits to these patients.

Put on PPE in the following order:

1. Gown
2. Face Mask
3. Eye Wear (shield, goggles, glasses)
4. Gloves.



# CDC GUIDANCE ON REUSE OF SURGICAL MASKS

Question: May we re-use a surgical mask in an individual patient's home?

Yes: Surgical masks may be re-used on an individual patient basis. One mask – one home. Do not use the same surgical mask from home to home to home. When reusing a mask in an individual patient's home be cautious when putting the mask on. Put on the mask by the ties or earpieces avoiding touching the exterior or the facepiece.

Question: May we use cloth masks?

Yes: Cloth face masks may be used in this time of need. Be careful with the handling and washing of these masks. Address how you will store these masks in the patients home verses transporting them from the home. Consider how you will launder these mask. And bandanas may be used as cloth face masks.



# **CMS GUIDANCE AND REGULATORY CHANGES**

# F2F ENCOUNTERS: WAIVER TO 1135

- Telehealth can be used for home health F2F visits by the physician or allowed NPP. CMS is still reviewing the issue for hospice F2F visits. And neither home health nor hospice agencies can bill for telehealth "visits" as they are not considered to take the place of an in person visit.

Facetime is listed as an acceptable platform. Please see the details below from the HHS notice that expanded use of telehealth:

- Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.
- Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.
- Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products. The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA.
- Skype for Business
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet
- **Note:** OCR has not reviewed the BAAs offered by these vendors, and this list does not constitute an endorsement, certification, or recommendation of specific technology, software, applications, or products.

# USE OF TELEHEALTH IN HOME HEALTH

The Waiver 1135 DOES NOT allow the use of telehealth by home health providers as a substitution for billable in-person visits. It is perfectly acceptable to use telehealth or telephone calls as an adjunct to visits but NOT as a billable substitute.

The days ahead may find CMS coming to some type of compromise regarding home health's use of telehealth but as of today's date, March 24, 2020, this is not the case.



## **OFFICE OF CIVIL RIGHTS FACTS SHEET REGARDING TELEHEALTH**

<https://www.hhs.gov/sites/default/files/telehealth-facts-508.pdf>

# **CMS WAIVERS TO OASIS REGULATIONS**

During this COVID crisis CMS has authorized a delay in the OASIS transmission beyond the 30 days currently required.

During this COVID crisis CMS has authorized an abbreviated version of the oasis assessment visits to result in less time in the home.

# DELAY OF COST REPORTS

Palmetto GBA has agreed to an extension of filing Fiscal Year End (FYE) cost reports for 2019. Palmetto has pushed back the filing deadlines to June 30, 2020, for reports normally due in March and April, and extended the filing deadline to July 31 for December 2019

- **Question:** Will CMS delay the filing deadline of Fiscal Year End (FYE) December 31, 2019 cost reports due at the end of May due to the Covid-19 outbreak?

**Answer:** Yes, 42 CFR § 413.24 (f) (2) (ii) allows this flexibility. CMS is currently authorizing delay for the following FYE dates.

The filing deadline for the following cost reports are now June 30, 2020:

- FYE **October 31, 2019** due by March 31, 2020
- FYE **November 30, 2019** due by April 30, 2020
- The filing deadline for FYE December 31, 2019 is now July 31, 2020.

# SUSPENSION OF SURVEY ACTIVITY

Discussion Effective immediately, survey activity is limited to the following (in Priority Order):

- All immediate jeopardy complaints (cases that represents a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death or harm) and allegations of abuse and neglect;
- Complaints alleging infection control concerns, including facilities with potential COVID-19 or other respiratory illnesses;
  - Statutorily required recertification surveys (Nursing Home, Home Health, Hospice, and ICF/IID facilities);
- Any re-visits necessary to resolve current enforcement actions;
- Initial certifications;
- Surveys of facilities/hospitals that have a history of infection control deficiencies at the immediate jeopardy level in the last three years;
- Surveys of facilities/hospitals/dialysis centers that have a history of infection control deficiencies at lower levels than immediate jeopardy.



# CMS SUSPENDS QUALITY REPORTING REQUIREMENTS

CMS is releasing home health and hospice providers from quality reporting requirements for the first two quarters of 2020, and making it optional for agencies to report quality data from the last quarter of 2019.

Specifically, quality data reporting from Jan. 1, 2020, through June 30, 2020, will not be required. Submission of fourth quarter data from Oct. 1, 2019, through Dec. 31, 2019, will be optional for agencies.

Agencies will not be required to report Home Health and Hospice Consumer Assessment of Healthcare Providers and Systems (CAHPS) data from Jan. 1, 2020, through Sept. 30, 2020.

# HOPEFUL CHANGES YET TO COME

Home Health Lobbying organizations have made proposals to CMS for waiver of the following regulations during the COVID crisis. Be careful to understand that as of the time of this presentation (3-25-2020) these proposed regulation waivers are not yet authorized.

1. A lessening of the Homebound definition
2. Allowing telehealth visits by home health clinicians and allowing billing.
3. Elimination of the LUPA requirements for 30 day billing periods.



# PERSONNEL ISSUES

# **H.R. 6201 - FAMILIES FIRST CORONAVIRUS ACT**

Signed by the President on March 19, 2020 and becomes effective April 2, 2020 through December 31, 2020.

This Act responds to the coronavirus outbreak by making additional appropriations, providing paid sick leave and free coronavirus testing and expanding food assistance and unemployment benefits.

## Resources

Full Text of the Act: <https://www.congress.gov/bill/116th-congress/house-bill/6201/text/enr>

The National Law Review – H.R. 6201: <https://www.natlawreview.com/article/hr-6201-families-first-coronavirus-response-act>

The National Law Review – H.R. 6201 – What Employers Need to Know: <https://www.natlawreview.com/article/senate-passes-families-first-coronavirus-response-act-what-employers-need-to-know>

Alston & Bird - Labor & Employment Advisory: Employee Leave Requirements Under the Families First Coronavirus Response Act: <https://www.alston.com/en/insights/publications/2020/03/employee-leave-requirements>

# FAMILY FIRST CORONAVIRUS ACT

The Act establishes a federal emergency paid leave benefits program to provide payments to employees taking unpaid leave due to the coronavirus outbreak.

- Applies to employees with 500 employees or less
- Employee must have been employed for at least 30 days by the employer with respect to whom the leave is requested:
- The first 10 days of leave may be unpaid:
- The employee may elect to substitute any accrued vacation leave, personal leave, or medical or sick leave for unpaid leave;
- Employer must provide paid leave after the first 10 days of unpaid leave:
- Paid leave may not be less than 2/3 of the employee's regular rate of pay and must be based on the number of hours the employee would otherwise be normally scheduled to work;
- Paid leave may not exceed \$200 per day and \$10,000 in the aggregate:

Continues on the next slide

# FAMILY FIRST CORONAVIRUS ACT

- Employers of employees who are Healthcare Providers or Emergency Responders may elect to exclude such employees from this paid leave benefit.
  - The term “Healthcare Provider” means:
    - A doctor of medicine or osteopathy who is authorized to practice medicine or surgery as appropriate by the State in which the doctor practices: OR
    - Any other person determined by the Secretary to be capable of providing health care services.
- **The Act requires employers to provide paid sick leave to employees through December 31, 2020:**
- Employers with 500 employees or less must provide each employee paid sick time (80 hours for full time employees and for part time employees, a number of hours equal to the number of hours that such employee works, on average, over a 2-week period) to the extent that the employee is unable to work (or telework) due to a need for leave because:

# FAMILY FIRST CORONAVIRUS ACT

- (1) The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID–19.
- (2) The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID–19.
- (3) The employee is experiencing symptoms of COVID–19 and seeking a medical diagnosis.
- (4) The employee is caring for an individual who is subject to an order as described in subparagraph (1) or has been advised as described in paragraph (2).
- (5) The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID–19 precautions.
- (6) The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.



# FAMILY FIRST CORONAVIRUS ACT

- Paid sick time may not exceed \$511 per day and \$5,110 in the aggregate for reasons 1-3 above. Paid sick time may not exceed \$200 per day and \$2,000 in the aggregate for reasons 4-6 above.
- Employers of employees who are healthcare providers or emergency responders may elect to exclude such employees from this paid leave benefit.
  - The term "health care provider" means:
    - a doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices; or
    - any other person determined by the Secretary to be capable of providing health care services.
- **The Secretary of Labor may issue regulations to exempt small businesses with fewer than 50 employees from these requirements when the imposition of the requirements would jeopardize the viability of the business.**
- **The Act establishes payroll tax credits for employers for in amount equal to 100 percent of the qualified sick leave wages paid by such employer with respect to such calendar quarter and 100 percent of the qualified family leave wages paid by such employer with respect to such calendar quarter.**

# STRATEGIES TO DEAL WITH DIFFICULTIES CURRENTLY

- ❖ Attempt to persuade patients who are requesting discharge to allow you to place their services “on hold” rather than discharge. This will be with physician approval of course. On hold allows you the opportunity to continue to monitor them by telephone and resume services quickly should they develop symptoms or other problems.
- ❖ Educate physicians about utilizing telehealth in place of MD office visits to decrease patient exposure. Explain that face to face encounters may be conducted via telehealth at this time.
- ❖ Stay calm and attempt to alleviate fears of patients and staff. Work from authoritative Facts rather than myths and social media hysteria.
- ❖ Take inventory of available staff and prepare a contingency plan in the event of a staffing shortage.
- ❖ Begin to investigate your agencies availability to take on a surge of patients. How many admissions can you handle with the current staff? Home Health and Hospice has been identified as a Surge Management option by the Federal Government. Are you prepared? Are you capable?

# COVID-19 LINKS:

<https://www.nahc.org/resources-services/coronavirus-resources/> for NAHC resources.

CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 at <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

CDC guidance for those at higher risk. <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>.

Prevention of virus spread. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html>.

CDC guidance for exposures that might warrant restriction of asymptomatic healthcare workers from reporting to work. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>.

Recommendations for patient placement in a hospice inpatient unit. <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

Treatment of patients at home. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>.

Treatment of patients whose symptoms cannot be managed at home. <https://www.cdc.gov/coronavirus/2019-ncov-hcp/guidance-home-care.html>.

Discontinuation of transmission-based precautions. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.

Transmittal 186, Revisions to SOM Appendix Z: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R186SOMA.pdf> . For Emergency Preparedness updated information.

Revised Guidance for Infection Control and Prevention of COVID-19 in Nursing Homes: <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>



**THANK YOU  
ANY QUESTIONS**