CARING FOR COVID-19 SUSPECTED OR CONFIRMED INDIVIDUALS

PURPOSE:

The purpose of this policy is to follow the recommendation of the CDC by supplementing the Company's existing policies and procedures pertaining to infection prevention and control, and by providing guidance on effective and legally compliant responses to reports of potential COVID-19 exposure.

DEFINITIONS:

CDC	Centers for Disease Control
COVID-19:	An illness characterized by new onset of subjective or measured fever (≥100.4 F or ≥38.0 C) OR cough OR shortness of breath OR sore throat that cannot be attributed to an underlying or previously recognized condition (e.g., asthma or emphysema). A confirmed case of COVID-19 is defined as a person with COVID-19 like illness and a positive laboratory test. A possible case of COVID-19 is defined as a person with COVID-19 like illness for whom testing was not performed.
Fit Test	An OSHA requirement for any worker who is required to use a tight-fitting respirator (such as an N95) on the job to prevent exposure to airborne contaminants or disease.
OSHA	Occupational Safety and Health Administration
PPE	Personal protective equipment or PPE is "specialized clothing or equipment, worn by an employee for protection against infectious materials." For use with patients/clients who are suspected or known to have COVID-19, this may include a face mask or respirator, gloves, face shield, and disposable gown.

POLICY:

Following CDC guidelines, Addus and subsidiaries will provide care to clients/patients who are suspected of having or confirmed to have COVID-19.

PROCEDURE:

In order to safely care for individuals, the following procedures will be adhered to:

Market selection:

Approval

The COO must approve an office and line of service before agreeing to accept COVID-19 suspected or confirmed individuals. Factors considered prior to approval being granted includes, but is not limited to:

- Payer need
- Availability of appropriately trained staff
- Adequate administrative staff to oversee the program needs
- Availability of PPE for the safe provision of care

Payer Agreements

Due to the increased cost of training, PPE supplies, and possible required medical screenings and fit testing, all approvals will require an amended or new payer/contract for the provision of care to individuals where Medicare is not the payer.

- Payer will need to provide an update authorization and/or service plan reflecting the services to be provided, an authorization number or code and the duration of services
- If a payer requests COVID services, the payer will be made aware of our COVID protocols and need for client to move to the COVID team

Staff Requirements

COVID Caregiver Team

Each approved location will designate core members of a team who will be either solely or primarily responsible for the coordination of care for identified individuals being admitted into the COVID care model.

- RNs, LPNs, and direct care aides working with positive or suspected COVID-19 individuals will not be able to support individuals who are not positive or suspected to have COVID-19.
- Employees having direct care responsibilities volunteer to participate as a member of the COVID Caregiver Team (CCT).
    - Individuals selected must be in good standing with the Agency;
    - Must demonstrate a high degree of personal responsibility and compassion;
    - Must be able to communicate effectively with the individual served or their primary caregiver;
    - Must have completed the basic training for the position that they hold;
    - Must agree to sign the COVID Care Team (CCT) Acknowledgement
- The office must designate one office staff who will be responsible for the coordination of care for the individual being supported including but not limited to:
    - Scheduling including monitoring home isolation timeframes
    - Communication with authorized family, friends, or related parties
    - Communication with Case Manager or medical professionals involved in the individual's care.

Training

All employees accepted to the CCT will receive just-in-time training minimally covering the following topics:

- General information on COVID, course of disease and symptoms
- Treatment/management of COVID
- Signs and Symptoms of COVID exacerbation and when to contact EMS
- Appropriate use and management of PPE
    - Donning and Doffing
    - Reuse of ear loop mask
    - Reuse of respirator mask (if used)
    - Continuous use of face mask
- Documentation of service delivery and client conditions
- Communication with COVID team

All training will be competency based. An employee must pass the competency test.

Donning and doffing of PPE will require a return demonstration by non-clinical employees to a clinician before the employee may work with COVID-19 positive or suspected individuals.

PPE Use

Under current guidelines: If the patient and household members do not have signs or symptoms of COVID-19, and have not had contact with COVID-19 patient in the past 14 days, employees do not need PPE beyond the PPE normally used for that patient considering their underlying disease. Addus and subsidiaries is able to provide additional PPE to prevent the spread of COVID-19.

- See Policy 2.1 COVID-19 Face mask Addendum for additional information for the use/reuse of a face mask or face covering when not working with a COVID-19 positive or suspected individual.
- A surgical mask will be placed on the client/patient if tolerated, unless it impedes their breathing or if they utilize any breathing apparatus such as oxygen. This is referred to as source control
- Household members do not need to be masked unless they too are symptomatic.

All employees will follow the Respiratory Protection Program (RPP) regarding the proper use of PPE including respirators when working with individuals who are suspected or confirmed positive for COVID-19.

General guidelines for the use of PPE include:

- The employee should don and doff PPE outside the home.
- The employee should attempt to stay at least 6 feet away from the patient/client and household members to the extent possible, with the understanding that care will require closer contact during a portion of the visit.
- Hand hygiene will be performed before putting on and after removing PPE with a 20 second scrub with soap and water or using alcohol-based hand sanitizer that contains 60 to 95% alcohol.
- Single use PPE (gloves, face mask, gown) should ideally be removed outside of the home and discarded by placing in external trash can before departing location.
- Single use PPE should not be taken from the patient/client's home in the employee's vehicle.

- If unable to remove all PPE outside of the home, it is still preferred that face protection (i.e., mask/respirator and eye protection) be removed after exiting the home.
- If gown and gloves must be removed in the home, ask persons within the home to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, remove gown and gloves and exit the home. Once outside the home, perform hand hygiene with alcohol-based hand sanitizer that contains 60 to 95% alcohol, remove face protection and discard the PPE by placing in external trash can before departing location. Perform hand hygiene again.

Intake

All clients/patients considered for services by Addus HomeCare and subsidiaries must be agreeable to following the recommendation of their health care professional for home isolation through resolution of treatment for COVID-19.

Patients/client with a mild clinical presentation (absence of viral pneumonia and hypoxia) may not initially require hospitalization, and many patients will be able to manage their illness at home. The decision to monitor a patient in the outpatient setting will be made on a case-by-case basis. This decision will depend on the clinical presentation, requirement for supportive care, and potential risk factors for severe disease.

Patients with risk factors for severe illness (see People Who Are at Higher Risk for Severe Illness) should be monitored closely given the possible risk of progression to severe illness in the second week after symptom onset.

Refer to the COVID Positive Operational Workflow for further information.

Home Health/Hospice

Home health/Hospice can accept a patient diagnosed with COVID-19 and still under Transmission Based Precautions (as described by the CDC) for COVID-19 when:

- The agency has available PPE and staffing to be able to follow CDC infection prevention and control guidance.
    - It is recommended, if not available, that home health and hospice agencies request PPE to be sent home with the patient as a condition of admission.
- The patient and other household members have access to appropriate, recommended personal protective equipment per CDC and are capable of adhering to precautions recommended as part of home care and isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene and isolate the patient in a separate room from family).
- There is a separate bedroom/room, as well as bathroom, where the patient can recover without sharing immediate space with others.
- The patient meets eligibility requirements for home health or hospice services per agency policies and applicable regulatory and payer requirements.
- Appropriate caregivers are available at home.
- Resources for access to food and other necessities are available.

Personal Care

In addition to the requirements for consideration of admission for Home Health & Hospice, Personal Care locations will also ensure the following:

- Requests to support an individual will be reviewed by the COVID-19 Triage Team. Approval must be given prior to services being authorized by a location.
- Priority is given to clients with whom the agency has a current or previous relationship. New client admissions will be considered only after the current census needs are met.
- The tasks identified in the orders or plan of care (see below) are within the allowable services authorized by the payer, regulatory authority, or licensure entity.
- Clients will agree to be supported by a member of the COVID Caregiver Team, who may not be their regular or preferred caregiver.
- The use of mechanical or chemical restraint and/or seclusion is strictly prohibited.

Facility Staffing

All facility payers requesting supplemental staffing will be asked if COVID patients or suspected COVID patients have been admitted to the facility.

- If facility payer affirms COVID patients the following is required
    - Only COVID Staffing team members may be assigned to the facility
    - The COVID contract amendment will need to be signed by the facility
    - It is up to the contracted facility to ensure they have sufficient PPE

The same selection process noted above will be followed when identifying Facility staffing personnel.

Orders/Plan of Care

Orders and/or a plan of care must be established prior to the patient/client returning home. When possible this process should be initiated during the hospital discharge process in coordination with the physician, social worker, and involved natural supports.

In Home Health and Hospice, 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:

- Wearing all recommended PPE,
- The number of HCP present should be limited to essential personnel, and
- When possible, clinical equipment (stethoscopes, Pulse ox etc.) will remain in the client's room, in a facility, the client's room, while they are under Transmission Precautions. Once the Precautions are discontinued, non-disposable equipment will be bagged in a plastic bag and transported to the office or to facility management for proper cleaning.
- Any supplies brought into, used, and removed from the home must be cleaned and disinfected in accordance with environmental infection control guidelines and bag technique.

Limit in home visits of staff to essential home visits only:

- Required by regulation
- Ordered by the Physician or payer as a component of the Plan of Care
- Question the critical need of ancillary services such as therapy or aide

Telehealth- if used, ensure telehealth visits are included on Plan of Care

Limit general staff exposure

- Provide minimum necessary services in person to meet the patient's needs but ensure patient safety and appropriate visit utilization to address any status changes.
- Utilize telehealth, telephone calls as appropriate to meet patient needs in accordance with the patient's updated Plan of Care.
- Customize and adjust plan of care and visit frequencies for most essential members of clinical team to visit the patient (nursing, therapy, aides, social work, chaplains).
- If Hospice Aides are not allowed in a facility, discontinue the Hospice Aide service, but document that the facility is providing those services.

Education

Screen household members before each visit using established screening questions.

- Note: If there are household members who may be at increased risk of complications from COVID-19 infection (.e.g., people >65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions) may need further education regarding the importance of staying isolated from the infected person.

Patients/Clients and in-home caregivers should be advised to limit the number of in person visitors, and to use the phone and social media as an alternative.

Employees are required share additional information with individuals and their families. Please see https://www.cdc.gov/coronavirus/2019-ncov/downloads/10Things.pdf

Change in Condition

The patient/client may develop more severe symptoms and require transfer to a hospital for a higher level of care.

- Prior to transfer, emergency medical services and the receiving hospital should be alerted to the patient/client's diagnosis, and precautions to be taken including placing a facemask on the patient/client during transfer.
- If the patient/client does not require hospitalization they can be discharged back to home (in consultation with state or local public health authorities) if deemed medically and environmentally appropriate.
- Pending transfer or discharge, place a facemask on the patient and isolate him/her in a room with the door closed.

Discharge

Resolution criteria

The decision to discontinue home isolation should be made in the context of local circumstances.
For 3 days following discontinuation of isolation, these persons should continue to limit contact (stay 6 feet away from others) and limit potential of dispersal of respiratory secretions by wearing a covering for their nose and mouth whenever they are in settings where other people are present.

- In community settings, this covering may be a barrier mask, such as a bandana, scarf, or cloth mask. The covering does not refer to a medical mask or respirator.

Persons with COVID-19 Who Had Symptoms and are Under Isolation:
Options now include both: 1) A symptom-based (time-since-illness-onset and time-since-recovery strategy); or 2) A test-based strategy.

1) Symptom-based strategy

- **Persons with COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:
    - 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,**
    - At least 10 days have passed *since symptoms first appeared*.

2) Test-based strategy 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.

- **Persons who have COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:
    - Resolution of fever **without** the use of fever-reducing medications **and**
    - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
    - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)

Persons Who Have NOT Had COVID-19 Symptoms but Tested Positive and are Under Isolation:
Options now include both a 1) time-based strategy, and 2) test-based strategy.

1) Time-based strategy

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used.

2) Test-based strategy

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)

Employees will monitor the patient's recovery and resolution for each visit by completing the Symptom Tracker or through clinical documentation in HCHB (HH & HOS only).

Once the threshold is reached for the discontinuation of self-isolation, the authorizing entity will be notified. Standard precautions will resume.

Patients/clients no longer appropriate for continued services at the current level of care will be discharged or transferred according to existing program policies.

Discharge & Transfers While Symptomatic

A patient/client may be discharged or transferred while symptomatic under the following conditions:

- Death
- Non-compliance with the plan of care
- Refusal to follow self-isolation requirements placing the employee or community at risk
- Patient/Client has developed new or worsening symptoms requiring a higher level of care
- Lack of a physician order or authorization for continued care

When a patient/client 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.

EXHIBITS

COVID Caregiver Team Employee Acknowledgement
Respiratory Protection Program
COVID Positive Operational Workflow
Symptom Tracker