

# COVID-19 Clinical Guidance Document

Coronaviruses are a large family of viruses that can cause illness in animals or humans. In humans, there are several known coronaviruses that cause respiratory infections. These coronaviruses range from the common cold to more severe diseases such as severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and COVID-19. COVID-19 was identified in Wuhan, China in December 2019. COVID-19 is caused by the virus severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a new virus in humans causing respiratory illness which can be spread from person-to-person.

COVID-19 is primarily transmitted from person-to-person through respiratory droplets. These droplets are released when someone with COVID-19 sneezes, coughs, or talks. Infectious droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Respiratory droplets can land on hands, objects or surfaces around the person when they cough or talk, and people can then become infected with COVID-19 from touching hands, objects or surfaces with droplets and then touching their eyes, nose, or mouth. Recent data suggest that there can be transmission of COVID-19 through droplets of those with mild symptoms or those who do not feel ill.

A wide range of symptoms for COVID-19 have been reported. These include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Headache
- Nasal congestion or runny nose
- Muscle or body aches
- Sore throat
- New loss of smell or taste
- Nausea or vomiting
- Diarrhea

The estimated incubation period is between 2 and 14 days with a median of 5 days. It is important to note that some people become infected and do not develop any symptoms or feel unwell.

## Prevention

There is currently no vaccine for the prevention of COVID-19. The best way to prevent illness is to try your best at avoiding exposure to it. The CDC has reinforced the use of everyday preventive actions to help prevent the spread of respiratory diseases and seasonal flu.

Please agree to follow the items listed below:

- Washing hands often with soap and water for at least 40-60 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty. (Source: CDC)
  - Be sure to wash your hands when entering a home or facility, whenever necessary while there, and again before you leave.
- Avoiding *close contact*\* with people who are sick.

- No handshaking/hugging etc. We realize you have close relationships with your clients/patients, this is for your safety and theirs.
- Avoiding touching your eyes, nose, and mouth.
- Wearing a mask when around others.
- If you remain home, please contact your branch as soon as possible so a replacement can be found if necessary. You should only return to work once you have been symptom-free for 24 hours. Close contact with your branch will ensure everyone is in the loop.
- Covering your cough or sneeze with a tissue, then immediately throw the tissue in the trash, and wash your hands. If you don't have a tissue handy, cough or sneeze into your inner elbow.
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Continuing to use proper nursing bag technique and barrier use is recommended.
- While always a good practice, staying home when you are sick is extremely important, and should always be followed especially if you are running a fever.
  - If you remain home, please contact your branch as soon as possible so a replacement can be found if necessary. You should only return to work once you have been symptom-free for 24 hours. Close contact with your branch will ensure everyone is in the loop.

*\* Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period\* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.*

As a provider organization, Addus' role is to do our best to prevent and control the spread of any disease while protecting our clients. Please help us educate clients by:

- Encouraging clients to get the flu shot.
- Instructing clients to wash hands often throughout the day. If warm running water and soap are not available, use alcohol-based hand gel. You should always wash or sanitize your hands on entering a client's residence and prior to leaving the client's residence.
- Reminding clients to cover their cough or sneeze with a tissue, then immediately throw the tissue in the trash, and wash their hands. If they do not have a tissue handy, cough or sneeze into their inner elbow.
- Reminding clients to avoid touching their eyes, nose, or mouth.
- Providing education about keeping surfaces (especially bedside tables, surfaces in the bathroom, and toys for children) clean by wiping them down with a household disinfectant.
- Wearing a mask when around others

### **Do you think you or your client may have been exposed to or has contracted the COVID-19 virus?**

As home care and hospice organizations provide care in the community, it is possible to be a first identifier of a COVID-19 suspected case. Please include a travel history during each clinical home visit. Ask the patient and family about friends/relatives travel and vacation plans. Assess the patient for flu-like symptoms. Again, remember we are in the middle of an active influenza season. However, if it is suspected that the patient may have COVID-19, the agency personnel should:

- Don PPE. Put on a gown if available, mask, (remember for the most part home health and hospice clinicians do not normally use particulate respirator masks and they need to be fit tested) goggles, and gloves.
- Put a mask on the patient, and then place patient in a room by him or herself. Keep the patient as isolated as possible including isolation from family pets. The room ideally should be one with a door but this is home health care/hospice and we may not always have that option.

- Staff should call the Sr. Director of Risk, who will contact the local health department explaining the situation and wait for guidance. No one should leave the home, including agency staff, until clear guidance and direction have been given by the local, state, or CDC representative.
- Staff with possible exposure to COVID-19 should be evaluated in consultation with state or local health department personnel to plan for home self-quarantine.

Home health and other health care agencies at some point may be asked to accompany local health department personnel or CDC personnel on home investigations for Persons Under Investigation (PUIs). Currently, visits to investigate home isolation and PUIs are done in tandem to observe donning and doffing of PPE. Airborne precautions are in place. Use of home health and hospice personnel in this role would require the applicable hospice personnel to receive training and fit testing. Situational awareness is paramount as is communication with local and state authorities. In an extreme situation, the industry may be asked to care for people in a cohorted environment.

As we continue to learn more about COVID-19 in the United States, the Addus corporate office will follow the CDC's recommendations for businesses and institute the necessary measures to keep employees and clients/patients as safe as possible.

Your best source for information is to contact your branch. We have also set up an email inbox for any questions that you may have at [CoronavirusQandA@addus.com](mailto:CoronavirusQandA@addus.com).