

ASPR TRACIE Training and Technical Assistance

Requestor: Numerous home-based healthcare personnel

Requestor Phone: Redacted

Requestor Email: Redacted

Request Receipt Date (by ASPR TRACIE): March 4, 2020

Response Date: March 13, 2020

Type of TTA Request: Complex

Request:

ASPR TRACIE received numerous requests for resources and information related to home-based and community healthcare infectious disease preparedness best practices.

Response:

ASPR TRACIE reviewed existing resources and gathered best and promising practices and compiled them into a series of considerations below. These considerations were reviewed by ASPR TRACIE home-based healthcare subject matter experts and have been broken into the following headings:

[Emergency Planning](#)

[Communication](#)

[Staff](#)

[Infrastructure](#)

[Consumables/Supply Chain](#)

[Infection Control/Patient Care](#)

[Lab](#)

[Behavioral Health](#)

[Additional Resources](#)

Note: If planning for or responding to the COVID-19 outbreak, please refer to the [Centers for Disease Control and Prevention's COVID-19 Website](#) for the most current information.

Emergency Planning

- Review your agency's emergency operations plan and continuity of operations, and/or business continuity plans for operational steps that need updating or to be readied for activation, if necessary.
- Are your employees and volunteers (if applicable) trained in your agency's emergency program/plan?
- Update plans as necessary to reflect changes based on the review and current situation.
- Ensure your emergency plan includes succession planning and a clear chain of command, if leadership are unavailable.
- Plan for virtual meeting and virtual operations to the extent possible.
- Read daily/regular updates on the emerging situation from local and state authorities, CDC, WHO and others. Sign up for federal and state health alert messages.
- Do you know your local, state and federal process for moving from conventional to contingency to crisis standards of care?
- Review your agency's emergency staffing strategies.

Communication

- Update all workforce/volunteer contact information.
- Update all patient/client contact information, including emergency points of contact.
- Update all contact information for local community agencies, such as emergency management, first responders/emergency medical services, public health agencies/departments, and local healthcare coalitions.
- Create emergency lists with contact information for other facilities (e.g., other home care and hospice agencies, nursing facilities, hospitals, long term care facilities) with which you coordinate patient care.
- Review or develop guidance for contacting staff and other facilities during an emergency incident and off hours when your agency is closed.
- Develop and document a plan of care for each patient and family that provides instructions if COVID-19 disrupts care. Base the plan on the patient's assessed needs, use of medical equipment/ devices (especially those reliant upon electricity), and availability of caregiver support.
- Provide frequently asked questions and homecare instructions for patients and family for COVID-19. These can be found on [CDC](#) and state health department websites.
- Have providers engage in daily communication "huddles" for staff and patient updates.

Staff

- Review policies for use of personal time, sick time, and overtime. Develop contingency strategies and communicate current and updated policies with all staff.
- Develop a furlough policy for exposed staff as well as a policy on return to work during and after COVID-19 illness (e.g., may continue to work with other COVID-19 patients if

well enough to do so during mild illness, etc.). Seek guidance from state and local health departments on return to work policies (e.g., requirement to test negative or be symptom free for a certain period to return to work).

- Review the requirements in the [Centers for Medicare & Medicaid Services Final Rule on Emergency Preparedness](#) section 484.102(b)(5) which covers the use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of state and federally designated healthcare professionals to address surge needs during an emergency
- Develop a process to track staff absences and wellness.
- Develop a policy to monitor and screen staff for illnesses. Encourage staff to perform daily self-monitoring.
- Develop a policy for staff who travel domestically and internationally.
- Develop a policy for telework for administrative, non-clinical staff.
- Do you have a process/system to track your workforce's availability for extra shifts or sudden schedule changes? Does this include night or weekend activation?
- Begin to develop plans for possible surge capacity based on staffing and patient classification levels. This means forecasting capability with a possible significantly reduced workforce.
- Do you have a policy in place to handle leave cancellations and to limit staff travel?
- Do you have a policy in place for handling staff quarantine, in the event of an exposure?
 - Identify risk levels for staff as per CDC guidelines.
 - Develop an occupational health plan and policies for any workforce members with an exposure to COVID-19.
- Plan to address workforce shortages. Do you have a contract with a staffing agency? Do you have connections to local volunteer entities, such as the [Medical Reserve Corps \(MRC\)](#)?
- Develop alternate staffing plans including longer shifts or changes to visit structure or staffing structure.
- Are you able to conduct just-in-time training to cross train your workforce for critical gaps, including operation of and maintenance of durable medical equipment (DME)/devices, medications, etc.?
- Have you provided guidance to your workforce on family emergency planning?
- Do you have a plan for rapid identification of workforce in the event of a quarantine or other travel restrictions? Do staff have ID badges or other identification that indicates their healthcare worker/emergency status?

Infrastructure

- Have you reviewed your access management and exclusion plans and trained staff on protocols for limiting access points, implementing triage protocols and source control measures for required providers, suppliers, vendors and non-required individuals to agency offices or hubs (e.g., visitors)?

- Identify backup systems for critical utility and IT systems used by your agency, including electronic health records and web-based recordkeeping systems.
- Identify supplies essential to your operations and consider stockpiling or backup vendor arrangements to minimize disruptions to your supply chain.
- Identify any community sources of materials and make needs known to public health and the healthcare coalition early.
- Determine how patients will be prioritized if your operations are affected and develop continuity of care plans in the event your staff are unable to reach patients' residences. Prioritize current and new patients according to urgency and sophistication of needs in order to assign staff most appropriately (e.g., nurses to those with high-intensity needs such as intravenous infusions; assign potentially extended staff [such as MRC] for less complicated visits).
- Discuss your emergency and continuity of operations plans with local authorities, vendors and suppliers, facilities with which you coordinate patient care, and other healthcare providers and key partners to identify potential gaps and establish back-up contact information.
- Environment:
 - Advise staff not to use other people's desks, phones, etc.
 - Clean office more frequently including surface areas such as desktops, food areas, kitchen, common areas.
 - Place visible signs and reminders to wash hands and clean surfaces.
 - Ensure frequent cleaning of bathrooms and lactation areas.
 - Ensure staff have frequent handwashing reminders and, where no sinks are available, plenty of hand sanitizer locations.

Consumables/Supply Chain

- Check with your vendors on supply chain – do they have stock to make regular deliveries? Do they have stock to make just-in-time deliveries? Are there any shortages of needed materials, equipment, and medications? Is there a plan to address shortages?
- Does your facility know their personal protective equipment (PPE) needs and have sufficient on-hand supply of appropriate PPE? Are simple face masks available for patient use? Can you identify normal par levels and burn rate of PPE?
- Does your facility have back up sources of supplies, including other commercial suppliers, other community-based healthcare agencies, local HCCs, or other entities?
- Check PPE supply expiration dates. Label outdated supplies and set aside, but do not throw away, as they may need to be used later.

Infection Control/Patient Care

- Assess your Patient Classification Levels for possible triage and keep hard copy easily accessible. Do this on a regular basis during an outbreak. Include relevant illness

symptoms, test results, and dates. Review patient preferences and documentation for life support/end-of-life care.

- Include COVID-19 and infection control information for patients and families in patient admission packets.
- Have you reviewed your facility [infection control](#) protocols and ensured your staff are trained to complete an [infection control assessment](#) and understand the [CDC COVID-19 infection control and prevention guidance](#) and [CDC guidelines for environmental infection control in health-care facilities](#)?
 - This should be done now and not wait for cases in your area.
- Do you have a phone screening process in place to check on patient status prior to scheduled appointments? Does that screening protocol include questions about other sick people in the residence?
 - That screening should include questions about recent travel or recent exposure to patients with COVID-19 or other respiratory symptoms.
- Do you have a process in place to postpone non-urgent visits for symptomatic or quarantined patients?
- Review your infection control policies for “identify, isolate, and inform” procedures and ensure staff are trained.
 - Provide staff with a protocol to follow once a patient is identified.
- Identify patient family members who may be able to take on more care responsibility if necessary.
- Review patient home preparedness for emergencies and work with family or social services to ensure patients have consumable goods on hand or a way of obtaining them.
- Do you have staff trained in donning and doffing appropriate PPE and is the PPE with the staff? Check integrity of PPE in car trunk and nursing bag. Train staff and validate competency.
- Educate/re-educate and validate competency of workforce in the following:
 - Standard precautions.
 - Transmission-based precautions, such as contact, droplet, and airborne.
 - “Nursing bag technique” and other techniques for ensuring equipment and supplies that come into a patient’s home are cleaned and decontaminated upon leaving the home and entering a vehicle.
 - Proper hand hygiene including hand washing with soap and water and waterless hand sanitizers.
- Have you contacted your local healthcare coalition, local emergency medical services providers, and hospitals to review transport and care coordination protocols for acute patients with suspected or confirmed COVID-19?
- Do you have plans in place to diagnose and treat COVID-19 patients at home, perhaps through telehealth resources, rather than transport to a medical facility? If transport is necessary, do you have plans in place to safely move the patient?

- If a home-based patient needs to be moved to a different care setting, are agencies prepared to coordinate potential transfers?
- Can you manage minor medical issues in the patient's home, rather than transport to a hospital where the patient could risk exposure to COVID-19?
- For in-patient facilities:
 - Do you have a plan in place for:
 - Limiting visitation?
 - Monitoring volunteers, patients and visitors for signs and symptoms of COVID-19?
 - Enhanced environmental cleaning?

Lab

- Have you contacted laboratories to determine protocols for testing of suspected COVID-19 cases and reviewed protocols to ensure staff, patient(s), and transportation safety measures are implemented whether testing is performed on-site or at an outpatient facility? Does this include processes for packing, storing, and transporting samples according to health department directions, when testing is conducted at home?

Behavioral Health

- Are your staff trained to understand and address common emotional reactions to social distancing, isolation, and quarantine and have they reviewed [Taking Care of Your Behavioral Health: Tips for Social Distancing, Quarantine and Isolation for an Infectious Disease Outbreak](#)?
- Does your facility have a plan to support mental well-being of patient(s)/resident(s) that include the steps outlined in [Caring for Patient's Mental Well-Being During Corona Virus and Other Emerging Infectious Diseases](#)?
- Are your staff knowledgeable about [self-care and stress management actions](#), [assisting family members](#) and other [24/7](#) resources available to [support self-care](#) and support care for their patient(s)/resident(s)?

Additional Resources

- [Agency for Healthcare Research and Quality: Home Health Care During an Influenza Pandemic: Issues and Resources](#)
- [ASPR TRACIE: Infectious Disease Resources](#)
- [CDC COVID-19 Website](#)
- [CMS Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 \(COVID-19\) in Home Health Agencies \(HHAs\)](#)
- [Home Health Care Services Pandemic Influenza Planning Checklist](#)
- [OSHA COVID-19 Website](#)
- [PHE.gov](#)
- [SAMSHA Disaster Distress Helpline](#)