pandemic Infectious Disease

Policy No.

PURPOSE

To reduce the risk of further spreading the COVID-19 virus in cases of a pandemic outbreak.

POLICY

Patients with the COVID-19 virus will be identified, actions will be taken to limit the further transmission, while adhering to local, state, and federal guidelines in cases of a pandemic.

Note: Many patients with illnesses such as COVID-19 are able to remain in their homes during the course of their illness. The role of the Pandemic Infectious Disease plan is to take measures to protect home care staff members and prevent further spread of the illness (Also see your organizations Emergency Management Plan).

COVID-19 is transmitted mostly through airborne droplets (sneezing or coughing), but indirect contact through hand transfer from contaminated surfaces to mucosal surfaces (such as the nose or mouth) can occur. The virus can transfer between people who are in close contact with one another (approximately within 6 feet). Symptoms of COVID-19 ranges from mild disease to non-specific signs and symptoms of acute respiratory illness, to severe pneumonia with respiratory failure and septic shock. There have also been reports of patients with asymptomatic infections.

***Definition:***

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.

PROCEDURE

1. Organization’s Name will coordinate with the state Division of Epidemiology in the event of a pandemic for reporting protocols, securing testing and medical supplies, including vaccine.
2. During a Pandemic “alert” period, Organization’s Name will assure adequate supplies and equipment so that cross contamination from patient to patient will not occur.
   1. Organizations will ensure all staff have access to an appropriate amount of personal protective equipment for each patient seen on a daily basis.
   2. Supplies and personal protective equipment should include
      1. Surgical masks,
      2. N95 face mask/respirator
      3. Gloves,
      4. Goggles,
      5. Disposable gowns,
      6. Antimicrobial Soaps
      7. Alcohol based hand hygiene products, and
      8. Other disposables.

**Note**: See Personal Protective Equipment Policy.

1. When making a home visit, organizations will identify patients at risk for having COVID-19 infections before or immediately upon arrival to the home. Organizations will ask the patients the following:
   1. Has the patient traveled internationally within the last fourteen (14) days to countries with sustained community transmission? For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
   2. Does the patient have signs or symptoms of a respiratory infection? Clinical criteria for identifying patients with COVID-19 include:
      1. Fever
      2. Cough
      3. Dyspnea
      4. Sore throat
      5. Other symptoms as recognized by the government on: <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>
   3. In the last fourteen 14 days, has the patient had contact with someone who or is under investigation for COVID-19, or are ill with a respiratory illness?
   4. Does the patient reside in a community where community-based spread of COVID-19 is occurring?
2. Patients require emergency medical attention if the following occur:
   1. Difficulty breathing or shortness of breath
   2. Persistent pain or pressure in the chest
   3. New confusion or inability to arouse
   4. Bluish lips or face
   5. Other concerning signs and symptoms
3. Management of patients who have symptoms indicating possible COVID-19 infection during a pandemic will be handled by:
   1. Following any local, state, or federal guidelines during the pandemic
   2. Implement source control measures, (i.e., placing a facemask over the patient’s nose and mouth)
   3. Inform your organization’s Clinical Manager, and state and local public health authorities.
   4. Obtaining any clinical specimens as ordered, using proper bio-containment protocols
   5. Separating patients with suspected infection from others in household
   6. Instructions patient 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.
   7. Instruct patient on cleaning all “high-touch” surfaces everyday such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.
4. Staff should follow the organization’s standard precautions, including:
   1. Hand hygiene: Wash hands before and after patient contact, after contact with any potentially infectious material, and before and after donning protective equipment, including gloves and masks. This applies to patients and caregivers as well.
   2. Gloves: Wear gloves for any contact with potentially infectious material (e. g., secretions, tissues, dirty linens).
   3. Gowns: Gowns should be worn with patient care activity when contact with body fluids is likely, including respiratory excretions.
   4. Staff should follow droplet precautions for patients 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 in separate room away from other residents or family members, if possible.
      3. Instruct 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. Instruct patient to call ahead prior to visiting a health care facility.
      6. Instruct patient to wear mask, if possible, when leaving the home for appointments and to limit visitors to home.
      7. Instruct the patient on self-quarantine and self-isolation procedures.
5. Staff with signs and symptoms of a respiratory infection should not report to work.
6. If staff develop signs and symptoms of a respiratory infection with on-the-job should:
   1. Immediately stop work, put on a facemask, and self-isolate at home.
   2. Inform the organization’s Clinical Manager of information on individuals, equipment and locations the staff member came in contact with; and
   3. Contact and follow the local health departments recommendations for next steps (e.g., testing, locations for treatment)

Resources:

CDC: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

CMS: <https://www.cms.gov/files/document/qso-20-18-hha.pdf>