ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): March 4, 2020
Response Date: March 13, 2020; Updated June 11, 2020
Type of TA Request: Complex

Request:

ASPR TRACIE received numerous requests for resources and information related to home-based and community healthcare infectious disease preparedness best practices specific to COVID-19.

Response:

The ASPR TRACIE Team reviewed existing resources and gathered best practices to compile the series of considerations identified in this document. These considerations were reviewed by ASPR TRACIE home-based healthcare subject matter experts and have been categorized into the following sections:

Emergency Planning
Communication
Staff
Infrastructure
Consumables/Supply Chain
Infection Prevention/Patient Care
Laboratory
Behavioral Health
Additional Resources

Please refer to the Centers for Disease Control and Prevention's (CDC) Coronavirus Disease 2019 webpage for the most up-to-date clinical guidance on COVID-19 outbreak management.

Emergency Planning

- Review your agency's emergency operations plan, continuity of operations (COOP) plan, and/or business continuity plans to identify any courses of action that require planning or preparation for activation, as appropriate.
- Ensure your employees and volunteers (if applicable) are trained in your agency's emergency operations planning.
- Update plans as necessary to reflect changes based on lessons learned and the current situation.
- Ensure your plans include succession planning and a clear chain of command should leadership becomes unavailable.
- Plan for virtual meeting and operations to the extent possible.

- Be familiar with daily/regular updates on the emerging situation from local and state authorities, the CDC, the World Health Organization (WHO), and other reputable sources. Sign up for federal and state health alert messages.
- Know your local, state, and federal process to transition from conventional to contingency to crisis standards of care.
- Review and update (as appropriate) your agency's emergency staffing strategies.

Communication

- Update workforce/volunteer contact information, as appropriate.
- Update patient/client contact information, including emergency points of contact, as appropriate.
- Update contact information for local community agencies, such as emergency management, first responders/emergency medical services (EMS), public health agencies/departments, and local healthcare coalitions (HCCs), as appropriate.
- Create emergency lists with contact information for other facilities (e.g., other local/regional home care and hospice agencies, nursing facilities, hospitals, long-term care facilities) with which your agency may need to coordinate with.
- Review or develop guidance for contacting staff and other facilities during an emergency incident and off hours when your agency is closed.
- Develop/ maintain a plan of care for each patient and their loved ones 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 related to COVID-19 to patients and family members. These can be found on CDC and respective 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 hours. 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.

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- 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.
- Develop a process/system to track the availability of workforce for extra shifts or sudden schedule changes. Include night or weekend activation.
- Develop plans for possible surge capacity based on staffing and patient classification levels. This means forecasting capability with a possibly significantly reduced workforce.
- Develop/ maintain a policy to handle leave cancellations and to limit staff travel.
- Identify risk levels for staff as per CDC guidelines.
- Develop an occupational health plan and policies for any workforce members with a known 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.
- Conduct appropriate just-in-time training to train the workforce in any critical gaps, including operation of and maintenance of durable medical equipment/devices.
- Provide guidance to your workforce on family emergency planning.
- Plan for rapid identification of the workforce in the event of a quarantine or other travel restrictions. Ensure staff have identification badges or other forms of identification that indicates their healthcare worker/emergency status.

Infrastructure

- Review plans/ policies related to access management. Train 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 the agency, including electronic health records and web-based recordkeeping systems.
- Identify supplies essential to the agency's operations and consider stockpiling or backup vendor arrangements to minimize disruptions to supply chain.
- Identify any community sources of materials and make resource needs known to the local public health department and the HCC 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 COOP 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, and 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

- Connect with vendors and identify any issues with the supply chain. Ensure they have sufficient stock to make regular or just-in-time deliveries. Determine if there are any shortages of needed materials, equipment, and medications. Ensure there is a plan to address potential shortages.
- Know your personal protective equipment (PPE) needs and have enough on-hand. Ensure there are sufficient face masks available for patient use, if needed. Identify normal par levels and burn rate of PPE.
- 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 Prevention/Patient Care

- Assess your Patient Classification Levels for possible triage and keep a hard (paper) 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.
- Review your facility infection control protocols. Ensure 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.
- Have a phone screening process in place to check on patient status prior to scheduled appointments. Ensure the screening protocol includes questions about other sick people in the residence.
- Establish/ maintain a protocol to postpone non-urgent visits for symptomatic or quarantined patients.
- Identify elements of care that may be delivered via telemedicine or virtual medical care.
- Review infection control policies for "identify, isolate, and inform" procedures and ensure staff are trained on these procedures. 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.
- Train staff in donning and doffing appropriate PPE. Ensure staff keep PPE with them. Check integrity of PPE stored in a car or 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" 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.
- Contact your local HCC, local EMS providers, and hospitals to review transport and care coordination protocols for acute patients with suspected or confirmed COVID-19.
- Put in place plans to diagnose and treat COVID-19 patients at home, perhaps through telehealth resources, rather than transport to a medical facility. If transport is necessary, ensure plans in place to safely transport the patient.
- Prepare to coordinate potential transfers if a home-based patient needs to be moved to a different care setting.
- Prepare to 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, ensure plans are in place for the following:
  - Infection prevention
  - Limiting visitation
  - Monitoring volunteers, patients and visitors for signs and symptoms of COVID-19
  - Enhanced environmental cleaning

Laboratory

- Contact laboratories to determine protocols for testing of suspected COVID-19 cases and review protocols to ensure staff, patient(s), and transportation safety measures are implemented whether testing is performed on-site or at an outpatient facility.
- Include processes for packing, storing, and transporting samples according to health department directions when testing is conducted at home.

Behavioral Health

- Train staff to understand and address common emotional reactions to social distancing, isolation, and quarantine. The following resource is available for reference: Taking Care of Your Behavioral Health: Tips for Social Distancing, Quarantine and Isolation for an Infectious Disease Outbreak.

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- Have a plan for your facility to support mental well-being of patient(s)/resident(s) that include the steps outlined in [Caring for Patient's Mental Well-Being During Coronavirus and Other Emerging Infectious Diseases](#).
- Make your staff aware of [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](#)
- [North Carolina Area Health Education Centers Program COVID-19 Surge Planning: Considerations for the Home-based Care Population](#)
- [OSHA COVID-19 Website](#)
- [PHE.gov](#)
- [SAMSHA Disaster Distress Helpline](#)
- [Washington State Department of Health COVID-19 Guidance for Home Care, Home Health, and Hospice Agencies](#)