

March 19, 2020

To: Home Nursing Agencies Serving Children in the DSCC Home Care Program  
Re: COVID-19 Preparations

To Whom it May Concern,

DSCC would like to help ensure that home nursing agencies serving medically complex children in Illinois are prepared for the challenges associated with providing care during the COVID-19 outbreak. We have heard many questions coming from nursing agencies, families receiving nursing care in the home, and providers working with medically complex patients. Through collaboration with some nursing agencies and medical providers familiar with this patient population, we have pulled together some information we hope may be of use. Please also know we have been actively communicating with IDPH about the unique needs of both the patients and nurses in the home setting.

Here are some preparational items we have identified so far:

- Nursing agencies should work to develop a screening process for nurses prior to the start of shift to ensure they do not have any risk factors for working.
- Ensure that nurses working in the home environment have access to disinfectants.
- Instruct nurses to make sure they are practicing strict hand hygiene methods. Please make sure nurses working in the homes have access to hand sanitizer and soap.
- Agencies should communicate with families to let them know if their nurse does work in a hospital environment in addition to the home, so the family can make an educated choice about whether they want that particular nurse to continue working in their home. It should be noted that those nurses, would continue to work in the hospital, but again during these usual times, it is best to be transparent and let families weigh in.
- A caregiver, household member, or patient in self-quarantine or testing positive does not automatically exclude nursing care from being provided in the home setting. PPE must be worn during care and your agency should discuss protocols for how to handle these circumstances if you have not already. Nurses do have the right to refuse to work in the home, but if the family needs the support, it is best to try to find alternative coverage.
- Try to conserve on PPE (only where appropriate). IDPH issued guidance yesterday on PPE supplies and use. Home nursing agencies fall under #6. We have communicated with IDPH the need to help nursing agencies identify additional sources of PPE. IDPH suggested nursing agencies attempt reaching out to local Regional Health Coalitions. It was also suggested that contacting local ambulatory surgery centers, dental offices, or other healthcare places not operating at this time, as they may have supplies that they won't need during this interim time.
- Attached are 2 documents from Federal CMS with guidance on home health care that may be helpful to you.
- Please make sure to follow the SIREN alerts coming from IDPH.

Additionally, here are some ways nursing agencies and nurses working in the home can help families of medically complex individuals be proactive:

- Reinforce the importance of social distancing. For families who have household members who must leave for work or other reasons should try as best as possible to maintain social distancing even within the home.
- Make sure families have spoken with their providers about ways to conserve use of medical supplies. Stories of supplies on backorder are beginning to emerge. DSCC care coordinators will be encouraging family on this same topic.
- Talk with families about their backup plans for their child including how to handle if a caregiver becomes ill. Hospitalization is the normal back up for children receiving in-home nursing services. It would be good for families to proactively talk to their child's primary care provider about plans.

DSCC has already communicated with all of you about the importance on suspending in-person supervisory visits during this interim time, unless there is a health and safety concern that needs to be addressed. We would still like supervisory summaries submitted with information collected through telephonic or electronic contact. DSCC will communicate when we think it is safe to resume this in-person practice.

We also know during this time that 2352 processing may experience delays. DO NOT discontinue care due to an expired 2352, unless DSCC specifically asks you too.

Illinois nursing licenses expire in the end of May. At this time no nurse should stop working in their license has not been renewed in time. IDPFR is already communicating that there will be delays. A similar message has been communicated regarding CPR certifications that may expire during this time.

Thank you for the continued great care your agencies are continuing to provide. Please let us know if DSCC can support you in any way as we all navigate our way through this pandemic. We will be continuing our efforts to make sure the medically complex individuals and their families have access to the care they need.

Molly Hofmann, APRN, PCNS-BC  
Associate Director Care Coordination



**Center for Clinical Standards and Quality/Quality, Safety & Oversight Group**

**Ref: QSO-20-18-HHA**

**DATE:** March 10, 2020

**TO:** State Survey Agency Directors

**FROM:** Director  
Quality, Safety & Oversight Group

**SUBJECT:** Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs)

**Memorandum Summary**

CMS is committed to protecting American patients and residents by ensuring health care facilities have up-to-date information to adequately respond to COVID-19 concerns.

- ***Coordination with the Centers for Disease Control and Prevention (CDC) and local public health departments*** - We encourage all Home Health Agencies to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>).
- ***Home Health Guidance and Actions*** - CMS regulations and guidance support Home Health Agencies taking appropriate action to address potential and confirmed COVID cases and mitigate transmission including screening, treatment, and transfer to higher level care (when appropriate). This guidance applies to both Medicare and Medicaid providers.

**Background**

The Centers for Medicare & Medicaid Services (CMS) is committed to the protection of patients in the home care setting from the spread of infectious disease. This memorandum responds to questions we have received and provides important guidance for all Medicare and Medicaid participating Home Health Agencies (HHAs) in addressing the COVID-19 outbreak and minimizing transmission to other individuals.

**Guidance**

HHAs should monitor the CDC website (see links below) for information and resources and contact their local health department when needed. Also, HHAs should be monitoring the health status of everyone (patients/residents/visitors/staff/etc.) in the homecare setting for signs or

symptoms of COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors.

In addition to the overarching regulations and guidance, we have provided the following information (Frequently Asked Questions) about some specific areas related to COVID-19. This guidance is applicable to all Medicare and Medicaid HHA providers.

### **HHA Guidance for Admitting and Treating Patients with known or suspected COVID-19**

#### **Which patients are at risk for severe disease for COVID-19?**

Based upon CDC data, older adults or those with underlying chronic medical conditions may be most at risk for severe outcomes.

#### **How should HHAs screen patients for COVID-19?**

When making a home visit, HHAs should identify patients at risk for having COVID-19 infection before or immediately upon arrival to the home. They should ask patients about the following:

1. International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
3. In the last 14 days, has had contact with someone with or under investigation for COVID-19, or are ill with respiratory illness.
4. Residing in a community where community-based spread of COVID-19 is occurring.

For ill patients, implement source control measures (i.e., placing a facemask over the patient's nose and mouth if that has not already been done).

Inform the HHA clinical manager, local and state public health authorities about the presence of a person under investigation (PUI) for COVID-19. Additional guidance for evaluating patients in U.S. for COVID-19 infection can be found on the CDC COVID-19 website.

CMS regulations requires that home health agencies provide the types of services, supplies and equipment required by the individualized plan of care. HHA's are normally expected to provide supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer (ABHS). State and Federal surveyors should not cite home health agencies for not providing certain supplies (e.g., personal protective equipment (PPE) such as gowns, respirators, surgical masks and alcohol-based hand rubs (ABHR)) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect providers/suppliers to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible.

#### **How should HHAs monitor or restrict home visits for health care staff?**

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:

- Immediately stop work, put on a facemask, and self-isolate at home;
- Inform the HHA clinical manager of information on individuals, equipment, and locations the person came in contact with; and
- Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>)

HHAs should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals:

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

### **Do all patients with known or suspected COVID-19 infection require hospitalization?**

Patients may not require hospitalization and can be managed at home if they are able to comply with monitoring requests. More information is available here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>

### **What are the considerations for determining when patients *confirmed* with COVID-19 are safe to be treated at home?**

Although COVID-19 patients with mild symptoms may be managed at home, the decision to remain in the home should consider the patient's ability to adhere to isolation recommendations, as well as the potential risk of secondary transmission to household members with immunocompromising conditions. More information is available here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>

### **When should patients *confirmed* with COVID-19 who are receiving HHA services be considered for transfer to a hospital?**

Initially, symptoms maybe mild and not require transfer to a hospital as long as the individual with support of the HHA can follow the infection prevention and control practices recommended by CDC. (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>)

The patient 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's diagnosis, and precautions to be taken including placing a facemask on the patient during transfer. If the patient 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.

### **What are the implications of the Medicare HHA Discharge Planning Regulations for Patients with COVID-19?**

Medicare's Discharge Planning Regulations (which were updated in November 2019)

requires that HHA assess the patient's needs for post-HHA services, and the availability of such services. When a patient 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.

**What are recommended infection prevention and control practices, including considerations for family member exposure, when evaluating and caring for patients with known or suspected COVID-19?**

The CDC advises the patient to stay home except to get medical care, separate yourself from other people and animals in the home as much as possible (in a separate room with the door closed), call ahead before visiting your doctor, and wear a facemask in the presence of others when out of the patient room.

For everyone in the home, CDC advises covering coughs and sneezes followed by hand washing or using an alcohol-based hand rub, not sharing personal items (dishes, eating utensils, bedding) with individuals with known or suspected COVID-19, cleaning all "high-touch" surfaces daily, and monitoring for symptoms. We would ask that HHA's share additional information with families. Please see <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html> and <https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html>.

Detailed infection prevention and control recommendations are available in the CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons under Investigation for COVID-19 in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

**Are there specific considerations for patients requiring therapeutic interventions?**

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: 1) HCP should wear all recommended PPE, 2) the number of HCP present should be limited to essential personnel, and 3) any supplies brought into, used, and removed from the home must be cleaned and disinfected in accordance with environmental infection control guidelines.

**What Personal Protective Equipment should home care staff routinely use when visiting the home of a patient suspected of COVID-19 exposure or confirmed exposure?**

If care to patients with respiratory or gastrointestinal symptoms who are confirmed or presumed to be COVID-19 positive is anticipated, then HHAs should refer to the Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings: <https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html>

Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer that contains 60 to 95% alcohol.

PPE should ideally be put on outside of the home prior to entry into the home. If unable to put on all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be put on before entering the home. Alert persons within the home that the public health personnel will be entering the home and ask them to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.

Ask person being tested if an external trash can is present at the home, or if one can be left outside for the disposal of PPE. PPE should ideally be removed outside of the home and discarded by placing in external trash can before departing location. PPE should not be taken from the home of the person being tested in public health personnel's vehicle.

If unable to remove all PPE outside of the home, it is still preferred that face protection (i.e., 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 PPE by placing in external trash can before departing location. Perform hand hygiene again.

#### **When is it safe to discontinue Transmission-based Precautions for home care patients with COVID-19?**

The decision to discontinue Transmission-Based Precautions for home care patients with COVID-19 should be made in consultation with clinicians, infection prevention and control specialists, and public health officials. This decision should consider disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens. For more details, please refer to: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.

Considerations to discontinue in-home isolation include all of the following:

- Resolution of fever, without use of antipyretic medication
- Improvement in illness signs and symptoms
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive sets of paired nasopharyngeal and throat swabs specimens collected  $\geq 24$  hours apart\* (total of four negative specimens—two nasopharyngeal and two throat). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation \(PUIs\) for 2019 Novel Coronavirus \(2019-nCoV\)](#) for specimen collection guidance.

\*Initial guidance is based upon limited information and is subject to change as more information becomes available. In persons with a persistent productive cough, SARS-CoV-2-RNA might be detected for longer periods in sputum specimens than in upper respiratory tract (nasopharyngeal swab and throat swab) specimens.

## **Protocols for Coordination and Investigation of Home Health Agencies with Actual or Suspected COVID-19 Cases**

During a home health agency survey, when a COVID-19 confirmed case or suspected case (including PUI) is identified, the surveyors will confirm that the agency has reported the case to public health officials as required by state law and will work with the agency to review infection prevention and education practices. Confirm that the HHA has the most recent information provided by the CDC.

- The State should notify the appropriate CMS Regional Office of the HHA who has been identified as providing services to a person with confirmed or suspected COVID-19 (including persons under investigation) who do not need to be hospitalized;
- The State should notify the appropriate CMS Regional Office of the HHA who has been identified as providing services to a person with confirmed COVID-19 who were hospitalized and determined to be medically stable to go home.

CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite providers/suppliers for not having certain supplies (e.g., personal protective equipment (PPE) such as gowns, respirators, surgical masks and alcohol-based hand rubs (ABHR)) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect providers/suppliers to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the appropriate local authorities notifying them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for patients. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Regional Office.

### **Important CDC Resources:**

#### **CDC Resources for Health Care Facilities and Home and Community Based Settings:**

- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- CDC Guidance for Preventing Spread in Home and Community Settings <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
- Strategies for Optimizing the Supply of N95 Respirators: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html)



- CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Resources for Households <https://www.cdc.gov/coronavirus/2019-ncov/community/home/index.html>

**FDA Resources:**

Emergency Use Authorizations: <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>

**CMS Resources:**

Home Health Agency Infection Control and Prevention regulations and guidance: 42 CFR 484.70, Infection Prevention and Control, Appendix B of the State Operations Manual, Infection Prevention and Control. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_b\\_hha.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_b_hha.pdf)

**CDC Updates:**

<https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>

Sign up for the newsletter to receive weekly emails about the coronavirus disease 2019 (COVID-19) [https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic\\_id=USCDC\\_2067](https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx?topic_id=USCDC_2067)

**Contact:** Questions about this memorandum should be addressed to [QSOG\\_EmergencyPrep@cms.hhs.gov](mailto:QSOG_EmergencyPrep@cms.hhs.gov). Questions about COVID-19 guidance/screening criteria should be addressed to the State Epidemiologist or other responsible state or local public health officials in your state.

**Effective Date:** Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/

David R. Wright

cc: Survey and Operations Group Management

## COVID-19 Home Care and Hospice Guidance Document#1

Covid-19 is a newly emerging and evolving disease first identified in China December 2019. It has now been detected in almost 70 locations internationally including the United States. The Centers for Disease Control and Prevention (CDC) has taken the lead on this along with The White House. Community- acquired cases of COVID-19 have recently been identified. At the moment the risk for exposure in the United States is considered low. It is also important to remember that local, state and federal governmental agencies have been developing plans and protocols for such an event for a very long time.

A coronavirus is part of a family of viruses that are common in both people and animal species. Symptoms of COVID- 19 have ranged from mild symptoms to severe illness. There are reported deaths associated with the disease. (Source: CDC)

Symptoms of the virus may appear **2-14 days after exposure** and they include

- Fever
- Cough
- Shortness of breath
- Diarrhea (small percentage).

Not everyone initially presents with fever. According to the NYSDOH, in a conference call 2/11/20, 44% of people presented initially with fever but ultimately throughout the course of the disease 90% of the people had fever.

### Prevention

There is currently no vaccine for the prevention of coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. CDC has reinforced the use of everyday preventive actions to help prevent the spread of respiratory diseases and seasonal influenza. That includes:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.

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- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
  - Follow CDC's recommendations for using a facemask.

CDC does not recommend that people who are well wear a facemask.

Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are caring for someone in close environments.

- Wash hands often with soap and water for at least 20 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)

Close contact is defined as:

a) being within approximately 6 feet of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case, or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). (Source: CDC)

**At this moment in time, however, home care and hospice providers have not been involved with direct care of patients with a diagnosis of COVID-19 in the home environment. That may change as the situation is updated almost daily. In addition, should the situation significantly shift and be declared a pandemic, the home and hospice care industry is more likely to be impacted by a public health emergency than any other type of health care provider due to the very nature of its practice which is a one on-one health care delivery system. A shortage of personnel has the potential to affect continuity of care.**

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## **Home Care and Hospice –First Identifiers**

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 the professional 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 care and hospice 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 care/hospice and we may not always have that option.
- Staff should then call their agency to notify the 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 self home isolation
- The home care and hospice agency should develop their own policy for employee work restrictions, coordination of daily monitoring, use of paid time off and continuance of wages.

Home care and hospice 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 care and hospice personnel in this role would require home care and hospice personnel to receive training and fit testing. Situational awareness becomes paramount as does communication with local and state authorities. In an extreme situation, the industry may be asked to care for people in a cohorted environment.

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## **Infection Control and Prevention Education**

### **Proper Use of Personal Protective Equipment**

Agencies should begin a comprehensive infection prevention education program for all staff but especially for field staff. Training in the use of personal protective equipment (PPE) as well as standard precautions is paramount. Staff need to know how to don and doff PPE without contaminating themselves. This includes knowing the proper sequence of donning gloves, masks, gowns, and face shields. Hand washing still remains the first preventative measure. Agencies should bring staff into the office for demonstrations and re-demonstrations. Use appropriate PPE. Only use an N95 respirator mask if your patient has a diagnosis that requires airborne precautions. N95 respirator use requires individual fit testing on a regular basis.

**The CDC is asking for conservation of supplies. Use PPE as appropriate for patient care.**

**Alert: As of 3:47 P.M. 3/4/2020 Some State Health Departments are beginning to survey home care and hospice agencies on the status of agency PPE as supplies are becoming limited.**

### **Nursing Bag Use**

Reinforce and re-educate staff in the proper use of bag technique. There is much unknown about the virus but it does remain on surfaces. So barrier use is highly recommended.

### **Supply Stock**

**The CDC is asking for conservation of personal protective equipment. Please discuss with your staff the need to use PPE appropriately and please maintain control over your supplies. We know there have been thefts in agencies. Check your supplies and dates. If they are outdated- MOVE TO THE BACK OF YOUR SUPPLIES WITH A NOTE BUT**

**DO NOT THROW OUTDATED PPE AWAY AT THIS TIME.**

**We need to be prepared for potential supply chain issues and as such would await for guidance from local, state and federal government agencies as well as the Centers for Disease and Control (CDC) on possible use of outdated PPE.**

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### **State Health Departments**

Research your state health department's website. They all have the most recent information and may have some specifics for your state. Keep staff informed on a regular basis but be sure the information you share is accurate. People are anxious and inaccurate information can spread easily.

### **Disaster Preparedness Plan**

Review and update policies such as your pandemic plan, influenza protocols, monitoring staff for illnesses, patient classification system,

### **Reminders**

As home care and hospice providers, our role is to prevent and control the spread of any disease while protecting staff and patients. The basics still hold:

- Encourage employees and patients to get the flu shot,
- Wash hands often throughout the day. If warm running water and soap are not available, use alcohol-based hand gel.
- Remind employee and patients about cough etiquette.
- Avoid touching eyes, nose, or mouth.
- No handshaking/hugging etc (sometimes field personnel have close relationships with patients).
- Provide patient education about keeping surfaces (especially bedside tables, surfaces in the bathroom, and toys for children) clean by wiping them down with a household disinfectant.

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Home Care, Hospice and Community Providers

COVID-19 Guidance Document #1

3/4/2020 Prepared by Barbara B. Citarella RN, MS NHDP-BC

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For people at home, either under investigation or have a confirmed diagnosis that do not need hospitalization, CDC has issued guidance. This includes: symptom monitoring, dedicated household items, cleaning high touch surfaces, wearing gloves when handling soiled laundry, disposing of PPE, prohibiting non essential visitors. This document can be found at this link.

**<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>**

Please go to [www.cdc.gov](http://www.cdc.gov) for more resources.

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**JB Pritzker, Governor**

**Ngozi O. Ezike, MD, Director**

## **Recommended Guidance for requesting PPE during COVID-19 response**

This guidance provides recommendations for PPE resource requests related to COVID-19 response. This includes requests from both the Illinois Pharmaceutical Stockpile (IPS) and the Strategic National Stockpile (SNS).

1. **Local Health Departments:**
  - a. Request in IMATS
  - b. If no product(s) are available via IPS or SNS please check for regional supplies through hospital/RHCC
  - c. If no resources exist in the region: LHD requests resources via →EMA→IEMA→SEOC
2. **Hospitals** and other medical first responders including EMS providers, urgent care centers staff, EMTs (law enforcement see #3):
  - a. Request in IMATS
  - b. If no product(s) are available via IPS or SNS please check for regional supplies through hospital/RHCC
  - c. If no resources exist in the region: LHD requests resources via → EMA→IEMA→SEOC
3. **Law enforcement**, ILEAS, fire, police, all other non-medical first responders (EMS/EMTs see #2):
  - a. Local EMA requests resources via→IEMA→ SEOC
4. **Long-term care facilities (LTC):**
  - a. Encouraged to request resources through their local health department, (alternatively check with local hospitals and RHCCs).
  - b. If no resources exist in the region: LHD requests resources via→EMA→IEMA→SEOC
5. **Other governmental health care providers**, Veterans Affairs (VA) clinics, Federally Qualified Health Clinics (FQHCs), state university clinics:
  - a. Encouraged to request resources through their local health department, local hospitals, and RHCCs.
  - b. If no resources exist in the region: LHD requests resources via→EMA→IEMA→SEOC
6. All **non-governmental** free-standing clinics and non-hospital affiliated facilities (Ambulatory Surgical Treatment Centers (ASTCs), private Universities, dialysis centers, etc.) should follow their normal procedure for acquiring resources.



Region	Hospital Name	Name	Email
Rockford Region	ROCKFORD HEALTH SYSTEM	Stephanie Kuschel	skuschel@mhemail.org
Peoria Region	OSF SAINT FRANCIS MEDICAL CENTER	Troy Erbentraut	troy.w.erbentraut@osfhealthcare.org
Springfield Region	ST JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS	Brian Churchill	brian.churchill@hshs.org
Edwardsville Region	MEMORIAL HOSPITAL - BELLEVILLE	Philip Pugh	ppugh@memhosp.com
Marion Region	SOUTHERN ILLINOIS HOSPITAL SERVICES - Memorial Hospital of Carbondale	Terry Fulk	Terry.fulk@sih.net
Champaign Region	CARLE FOUNDATION HOSPITAL	Anita Guffey	anita.guffey@carle.com
7	ADVOCATE HEALTH & HOSPITALS CORP d/b/a ADVOCATE CHRIST MEDICAL CENTER	Sue Hecht	sue.hecht@advocatehealth.com
8	LOYOLA UNIVERSITY MEDICAL CENTER	Paul Banks	pabanks@lumc.edu
9	ADVOCATE HEALTH & HOSPITALS CORP D/B/A ADVOCATE SHERMAN HOSPITAL	Steve Baron	steve.baron@advocatehealth.com
10	NorthShore University HealthSystem Highland Park Hospital	Martha Pettineo	mpettineo@northshore.org
11	ILLINOIS MASONIC MEDICAL CENTER	Lisa Wax	lisa.wax@advocatehealth.com