

## COVID-19 Guidance for Homecare and Hospice in Utah

Utah's Homecare and Hospice agencies, serving homebound seniors and medically fragile children and adults across the State of Utah, face unique risks as it relates to COVID-19. While patients themselves may have little outside contact, care by family members or professional caregivers who spend time in the community pose an increased exposure risk. This risk is amplified by the nature of care delivery and the outbreak potential associated with infected personnel unknowingly introducing COVID-19 into multiple long-term care facilities where they may serve their clients. Homecare and Hospice agencies are strongly encouraged to review and follow the following guidelines and recommendations.

### General Recommendations

- Ensure patients are stable enough to receive homecare.
- Classify each household as low, medium, or high-transmission risk and assign staff who visit facilities and/or especially fragile patients only low-risk household assignments. Use full personal protective equipment (PPE) for all high-transmission households.
- Use the Agency Intake Department to screen each new referral prior to admission, to ensure that no one in the household has symptoms or known exposure to COVID-19.
- Make a screening phone call to patients and to facilities on each day services are being provided, and prior to the first homecare or hospice personnel entering the home or facility, to ensure no one in the household has COVID-19 symptoms or a known exposure.
- Request all patients and family members who are in the room with the provider to mask during the visit.
- Make sure that a best-practice donning/doffing protocol is in place, and that full PPE changes are made for each visit.
- Recommend separate quarters, including bedrooms and bathrooms, be set-up for the patient, where possible, and encourage family members to maintain 6 feet physical distancing for most interactions.
- Ensure caregivers are educated on proper infection control and equipment sanitation as indicated by the manufacturer.
- Provide regular COVID-19 testing for homecare and hospice providers for symptomatic individuals as well as screening to identify asymptomatic individuals.
- Providers with increased risk of severe illness of COVID-19 should not take care of COVID-19 patients.

## Recommendations for Reducing Transmission Risk

Cohorting staff for COVID-19 positive patients may not be feasible for many agencies related to staffing shortages. In general, staff will not see a given patient more than 1–3 times per week for 30–60 min per visit. Exceptions may be hospice or pediatric patients which may require longer and more frequent visits. Please visit [Clinical staffing support resources](#) are available to help mitigate staffing shortages. Additional guidance is also available for [contingency and crisis staffing models](#) for use during the COVID-19 public health emergency. The following recommendations are intended to help reduce transmission risk during homecare and hospice visits.

- Try to reduce visit length so that time in the home is limited to essential care.
- Some visits such as those performed by a social worker or chaplain might reasonably be conducted via telehealth.
- Consider training family members to temporarily take over some of the cares, as appropriate.
- When an in-person visit with a COVID-19 positive patient or in a high-transmission risk household or facility is necessary, try to designate it as the final visit of the day. Staff should wear full PPE, including respirator level protection. Also, consider designating vital sign equipment and other supplies to stay in the patient’s residence, so that the staff does not need to bring in their own supply bag.
- Encourage all facilities to require use and review of the [Caregiver Passport](#) for all homecare and hospice staff entering the building.

## Recommendations for Reducing Cross-Contamination between Facilities

The potential for homecare and hospice personnel spreading COVID-19 between multiple facilities increases when personnel are working in a facility that is experiencing a wide-spread outbreak.

- During an outbreak, facilities should consider whether they can supplement at least some of the services that homecare provides. Skilled nursing facilities should be able to manage this in nearly all cases. In assisted living, there is often a skilled need that the facility cannot provide, but which likely could be supplemented with aide services provided by facility staff.
- Depending on how many residents an agency is seeing in a particular facility, they may be able to cohort one or a limited number of nurses and/or certified nursing assistants to that facility during the outbreak.
- When staff cohorting is not possible, staff caring for residents in a facility with a high-level outbreak should be diverted from performing visits in other facilities.

## Recommendations for Ensuring Proper PPE Use

Homecare and hospice staff usually work without direct on-site supervision, which makes ensuring proper PPE use/Infection control particularly difficult.

- Perform employee PPE use reviews in a controlled environment (e.g., office or via Zoom), with the employee modeling proper use and demonstrating knowledge of different scenarios.
- Consider performing audits of employee PPE use via client and facility phone surveys.
- Keep employees supplied with sufficient PPE and sterilization supplies at all times.

*Recommendations of the Long-Term Care Facility Subcommittee of the Utah Governor’s COVID-19 Community Task Force*