
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. **Vaccination against COVID-19 is the single most effective strategy to prevent viral spread. Homecare and Hospice agencies are strongly encouraged to promote widespread vaccination among agency staff and the clients they serve.**

Additionally, agencies are encouraged to adopt the following guidelines and practices:

General Recommendations

- Ensure patients are stable enough to receive homecare.
- Classify each household as low 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.
 - Low: Household where everyone is vaccinated, minimal outside visitors.
 - High: Anyone with high social risk behaviors, unvaccinated individuals, symptomatic individuals with signs of COVID-19, high household occupancy, multigenerational household members.
- Make a screening phone call prior to each visit to screen individuals in the household for symptoms, known exposure to COVID-19, or diagnosis of COVID-19 infection within the last 10 days.
- Agency staff must mask for all client encounters, regardless of vaccination status.
- Encourage mask use for clients and other individuals present during home 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 six 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. Vaccinated employees should be tested if symptomatic or following a higher risk exposure to COVID-19. Weekly surveillance testing of unvaccinated direct care staff is also encouraged.
- Providers with increased risk of severe illness of COVID-19 should not take care of COVID-19 patients.

- Unvaccinated employees should quarantine at home for 14 days following a higher risk exposure. Fully vaccinated employees do not need to quarantine, but should still get tested and monitor for symptoms following a higher risk exposure. Staff who are symptomatic or who tested positive for COVID-19 infection should not work until criteria for discontinuing isolation are met, regardless of vaccination status. For more information see Mitigating Staff Shortages, which can be found on the [Long-Term Care Facilities webpage](#) under the *Recommendations for How to Manage Staff During COVID* section.

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 minutes per visit. Exceptions may be hospice or pediatric patients which may require longer and more frequent visits. Please visit [Clinical staffing support resources](#) to view resources 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.

- Whenever possible, only fully vaccinated staff or those who are within 90 days of recovery from COVID-19 should visit households where one or more persons have confirmed or suspected COVID-19 infection.
- 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 Healthcare Worker Screening Tool, found on the [Long-Term Care Facilities webpage](#), 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 an outbreak.

- During an outbreak, facilities should consider whether they can supplement at least some of the services that homecare provides to minimize outside staff entering the facility. Whenever possible, prioritize fully vaccinated staff or within 90 days of recovery from COVID-19 to care for residents in congregate living settings. 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