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Area:	Environment of Care Management
Policy:	<b>259A-Contingency &amp; Crisis Infection Control Guidelines during National or State Emergencies</b>
Effective Date:	March 16, 2020
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Policy:

In addition to our company infection control policies, HealthPRO® Heritage personnel must observe & be up-to-date on the Center for Disease Control (CDC) Standard Precautions when there is a National, State or Public Health Emergency. All staff must comply with additional isolation and/or other standards ordered by the physician or per facility and/or company policy. It is the responsibility of each clinician to ensure that a clean and sanitary environment is provided to the patient within the treatment area, and to have a clear understanding of updated guidelines during any crisis.

**\*\* The CDC makes updates often (sometimes daily). Associates should ensure they are following the most current guidelines.**

**Procedure for ALL Service Lines:**

1. All standard precautions will be followed, while observing and following these contingency methods, where applicable.
2. As with any other acute illness or disease that patients experience, it may affect their ability to participate in their Plan of Treatment. Therefore, if a patient has active signs and symptoms of medical conditions directly related to a public health emergency, the patient will be placed on hold. The patient may not resume services until the physician has medically cleared the patient to resume treatment. The physician should assess for s/s and then make the decision on the clinical needs of the patient.
3. Associates will refer to and utilize the Documentation Guidance for National or State Health Emergency Scenarios, specific to their respective service line (Home Health, SNF, AL, IL)
4. Associates should reach out to a member of the Task Force for questions regarding any state specific guidelines or restrictions and be aware that these may change daily based on CDC and/or state updates. If facility guidance is *less than* CDC guidance, please reach out to your Regional and Compliance Lead.
5. PPE Directives:
  - PPE should be donned as needed based on expectation of possible exposure to infectious material and when clinically indicated by CDC guidance.
    - Barrier precautions (e.g., masks, gowns, gloves) may change as CDC updates their guidance throughout a National or State health emergency, additional written guidance will be provided.
  - PPE should ideally be put on outside of a patient's room or home prior to entry and prior to exit, and disposed in an external trash receptacle. If this is not possible PPE should be donned while patient and any caregivers are in a different room and maintain 6 foot distance
    - Perform Hand Hygiene before and after don/doff of all PPE.
      - Perform hand hygiene between all steps if hands become contaminated.
    - Gown
      - Don
        - Fully cover torso from neck to knees, arms to end of wrists and wrap around the back
        - Fasten in the back of neck and wait
      - Doff
        - Gown front and sleeves are contaminated!

- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
  - Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
  - Pull gown away from neck and shoulders, touching inside of gown only
  - Turn gown inside out
  - Fold or roll into a bundle and discard in a waste container
- Face Mask
  - Don
    - Secure ties or elastic bands at middle of head and neck
    - Fit flexible band to nose bridge
    - Fit snug to face and below chin
    - Fit-check respirator
  - Doff
    - Do not touch the front of your mask or respirator
    - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
    - Discard in a waste container
- N95 Respirator
  - Don following the completed fit-testing (see OSHA Protocols in Additional Resources)
    - Hold respirator in the palm of your hand with straps facing floor
    - Place N95 respirator on your face covering your nose and mouth
    - Pull the bottom strap up and over top of your head, and put it behind your head below your ears
    - Take the upper strap and put it behind your head towards the crown of your head.
    - Mold the nose piece of the respirator over the bridge of your nose to obtain a tight seal.
  - Doff
    - Do NOT touch the front of the respirator
    - Tilt your head forward, then use 2 hands to grab the bottom strap, pull to the sides, then over your head next
    - Use both hands to grab the upper strap, pull to the sides, then over your head
    - Keep tension on the upper strap as you remove it, which will let the mask fall forward
    - Dispose of it
- Goggles or face shield
  - Don
    - Place over face and eyes and adjust to fit
  - Doff
    - Do not touch the front of your goggles or face shield.
    - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
    - Remove goggles or face shield from the back by lifting head band or ear pieces
    - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

- Gloves
  - Don
    - Extend to cover wrist of isolation gown
  - Doff
    - Do not touch outside of gloves.
    - Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
    - Hold removed glove in gloved hand
    - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
    - Discard gloves in a waste container

#### 6. Contingency Strategy for preserving PPE

- Extended use of facemasks – This is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters
- The same facemask would be used by one provider for multiple encounters with different patients. It would only be removed and discarded sooner if soiled, damaged or hard to breathe through
- Associates must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene.
- Associate should leave the patient care area if they need to remove the facemask
  - Steps to remove the mask include:
  - When you remove your mask, Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.
- Face masks should only be used by associates, rather than patients, for source control.

**\*\* The CDC makes updates often (sometimes daily). Associates should ensure they are following the most current guidelines.**

#### 7. Crisis Strategy for preserving PPE (when no masks are available)

- Limited re-use of masks (with specific instructions per CDC guidelines on how to remove-apply-store mask being re-used) - the same facemask would be used for multiple patient encounters by the same provider and is discarded sooner only if soiled, damaged or hard to breathe through
- Associate should leave the patient care area if they need to remove the facemask
  - Steps to remove the mask include:
  - When you remove your mask, Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.
- If no facemasks are available, you have 2 options to protect yourself:
  - Wear a face shield that covers the entire front
    - It should extend to the chin and sides of the face with no facemask.

- Wear homemade masks, bandana or scarf for care as a last resort.
  - Homemade masks are not considered PPE, their capability to protect is unknown.
  - Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

**\*\* The CDC makes updates often (sometimes daily). Associates should ensure they are following the most current guidelines.**

### **Procedure by Product Line:**

#### Pediatrics –School System and Early Intervention:

- HealthPRO-Heritage associates working in the schools and/or Early Intervention will not be entering homes during a pandemic, both for the safety of clients and staff, and to not use up valuable PPE resources. Teletherapy services will be utilized where applicable.

#### Skilled Nursing Facilities (SNFs):

- Associates will comply with facility procedures, if more stringent than CDC or HealthPRO-Heritage guidelines
- Conduct treatment sessions in permissible locations
  - Discontinue use of therapy gym. Recommend in-room or on the unit treatments only.
  - IF administrator allows use of the gym during the crisis, please obtain written permission in writing and submit to RVP.
- Discontinue group and concurrent modes of therapy delivery, unless patients are roommates and it is clinically indicated
- Outpatients should be scheduled 1 at a time or ensure the distance between patients is greater than 6 feet
- If home evaluations are needed at any point during the POC, then virtual home evals are recommended. Refer to procedures in the Clinical Strategies Box folder
- Used PPE should not be brought outside the room (see above PPE guidance)
- Avoid taking equipment into patient rooms. If absolutely needed, follow the infection control bag technique
- When necessary, and in states where permitted, Supervisory Visits should be completed as a virtual visit.

#### Home Health:

- Standard precautions and home health bag technique as outlined in Compliance 410-Infection Control Bag Technique, should be followed for all visits.
- Transmission-Based Precautions: follow home health agency guidelines about when to implement transmission-based precautions for patients with documented or suspected infection or colonization with highly transmissible or epidemiologically-important pathogens for while additional precautions are needed to prevent transmission
- Crisis Plan:
  - If unable to place bag in a clean area on a barrier in the home, the bag should remain in the car
  - If wipes are not available to clean the home health bag using germicidal wipes, this can be completed with soap and water

### Senior Living:

- Conduct treatment sessions in permissible locations
  - Discontinue use of therapy gym. Recommend in-room or on the unit treatments only.
  - IF administrator allows use of the gym during the crisis, please obtain written permission in writing and submit to RVP.
- Disposable linens: Disposable linens are currently used in all of the Senior Living locations. When treatments require use of the linen, it is disposed of after each use. However, given that treatments have shifted to in-apartment only, linens are not being utilized at this time.
- Soap and/or hand sanitizer: Per our company policy, when providing treatment within our leased spaces infection control policy outlines washing hands with soap and water prior to and following treatment sessions as well as during treatment when indicated. If a sink is not accessible within the leased space, hand sanitizer will be provided.
  - Given the limited availability of hand sanitizer and shift to in-apartment treatments, clinicians should use soap and water prior to and following treatments as well as during treatment as indicated. Bag technique policy should be utilized if any equipment is taken into patient's apartment during therapy treatment.
- Equipment: recommend only utilizing equipment that soap and water can be used to clean, given limited supply of sanitizer wipes
- Masks: masks are only utilized when clinically indicated within current CDC guidelines or in instances when state authorities have required mask use
- Gloves: process is consistent with our current policy, only to be used as part of Standard Precautions

### Additional Resources:

- Clinical Compliance 257- Safety Environment & Physical
- Clinical Compliance 259-Infection Control
- Clinical Compliance 259B-Contingency and Crisis Strategies for Mask Usage
- Clinical Compliance 260A – Exposure Control Plan
- Compliance 108D-Documentation Guidance for COVID-19 Scenarios
- Compliance 410-Infection Control Bag Technique
- <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>
- <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>
- <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA>