

SECTION 7B: PREVENTIVE EDUCATION AND CLINICAL SAFETY	POLICY: 7B.32
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PURPOSE:

- To ensure clinical staff providing in-home infusion care are educated on required infection prevention and control measures for the Coronavirus (COVID-19).
- To reduce transmission by promoting and encouraging additional measures to reduce the spread and potential harm from the Coronavirus.
- To appropriately communicate and manage exposure and exposure response.
- To maintain business operations as safely and efficiently as possible during a known national pandemic.

GENERAL:

COVID-19 is a respiratory disease caused by SARS-CoV-2; a new coronavirus discovered in 2019. The virus spreads mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks.

Helms Home Care will respond in a flexible manner to the varying and ever-changing levels of severity for this ongoing pandemic and be prepared to refine business response plans as needed.

Helms Home Care first and foremost refers to CDC guidelines and recommendations for all policy decisions, updates, clinical efficacy, and scientific backing. Secondary to the CDC, Helms Home Care will further implement policy decisions that support business operations and the contractual agreements and requirements of the Agency’s specialty pharmacy vendors.

POLICY:

- The Agency will serve COVID-positive patients so long as the required PPE is available through the Agency, or the Pharmacy and a willing nurse is available to provide care.
- Upon each New Referral request, it is the responsibility of the referring Pharmacy to notify the Agency if a patient is COVID-positive.
 - Additionally, the accepting Care Coordination team member(s) will review the referral information upon receipt to look for COVID status information as a secondary check.

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- Clinical staff are asked and expected to self-monitor for COVID-related symptoms as often as daily when patients are being served.
- Clinical staff with known COVID-related symptoms (regardless of known exposure or testing status) may not serve patients until they are free of fever, signs of a fever, and any other symptoms for at least 48 hours, without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants).
- Hand hygiene, respiratory etiquette and general infection control measures will continue to be in effect with emphasis on hand washing, hand sanitizing, and mask usage.
- **MASK MANDATE:** Clinical staff are required to properly don a mask prior to entering the client's residence and must ensure the mask maintains secure coverage of the nose and mouth throughout the duration of the visit. After exiting the home, clinical staff are permitted to remove the mask.
 - A KN95 mask and goggles are strongly recommended as standard PPE for all patients but **required** minimum PPE when providing care to a COVID-positive patient.
 - The Agency will ensure that clinical staff have access to KN95 masks and goggles as appropriate and necessary for providing patient care.
- **SCREENING:** Clinical staff will verbally screen each client prior to providing hands-on care.
 - Screening is completed in accordance with Form 5034d
 - Screening prior to travel (over the phone when confirming a visit), is highly recommended and encouraged for clinical staff with regular / ongoing patients.
 - Questions are asked verbally:
 - If all answers are "No," the screening is documented as *Negative* in the applicable section of the clinical visit record.
 - If any answer is "Yes," Form 5034d is completed and submitted in addition to the clinical visit record and indications are followed as noted on the form.
 - Patients scheduled for new or return admission to service are additionally screened prior to the visit (over the phone, during visit confirmation), by a member of the Care Coordination team.

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- **When a clinical staff member tests positive for COVID, he/she shall:** complete and submit a COVID report form and isolate at home for a minimum of 5 days post-test. Day 0 is the day the COVID test was taken. Then,
 - If asymptomatic during the 5-day isolation period, the nurse may return to servicing patients on Day 6 while wearing a KN95 mask throughout the duration of all clinical visits through Day 10.
 - If symptoms are present during the 5-day isolation period, the nurse may not return to providing patient care until they are symptom-free for at least 48 hours; this cannot be prior to Day 6. Upon return, the nurse must wear a KN95 mask throughout the duration of all clinical visits through Day 10.

- **POTENTIAL EXPOSURE** is defined as having un-masked close contact (within 6 feet for 5 or more minutes) with a COVID-positive individual.
 - Clinical staff following agency policy (Mask Mandate) should have no incidents in which potential exposure occurs while providing care as an agency nurse. Potential exposure for clinical staff should only occur in a personal setting/environment.
 - **When an agency nurse has a potential exposure event, he/she shall** complete and submit a COVID report form, then:
 - **Vaccinated, asymptomatic** staff are allowed to continue servicing patients, without interruption, while wearing a KN95 mask, for a minimum of 10 days, with Day 0 being the day of exposure.
 - The Agency encourages a COVID test 5-7 days after the exposure occurred as an added measure of safety and assurance.
 - Staff with high-risk patients scheduled and/or expressed concern for patients scheduled may choose to have those patients covered / re-assigned during the 5 to 7-day period until a negative COVID test can be obtained.
 - **Continued Exposure:** when exposure is daily / continuous due to a COVID-positive individual in the nurse's household, the vaccinated nurse **must** test 5-

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7 days following the positive test of the household member, and wear a KN95 mask when servicing patients, for a minimum of 10 days post-test of the family member and a minimum 10 days post-symptoms of the household member.

- **Unvaccinated, asymptomatic** staff are restricted from serving patients for a minimum of 5 days, with Day 0 being the day of exposure.
 - On Day 5, a negative COVID test (rapid or PCR) can be obtained, and the unvaccinated staff member can return to servicing patients while wearing a KN95 mask through Day 10 post-exposure.
 - If a negative COVID test is not obtained, the staff member is restricted from servicing patients for a minimum of 10 days post-exposure.
 - **Continued Exposure:** when exposure is daily / continuous due to a COVID-positive individual in the nurse's household, the unvaccinated nurse is restricted from servicing patients for a minimum of 10 days post-test of the family member with the day of testing being Day 0 and a minimum 10 days post-symptoms of the household member.
- **Symptomatic** (Vaccinated or Unvaccinated): Should COVID-related symptoms present at any time during the post-exposure period, clinical staff **must** obtain a negative COVID test and may not serve patients until they are free of fever, signs of a fever, and any other symptoms for at least 48 hours, without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants).
 - If an exposed, symptomatic clinical staff member does not obtain a negative COVID test, they may not serve patients until they are free of fever, signs of a fever, and any other symptoms for at least 5 days.

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VACCINATION:

COVID-19 vaccines are effective at preventing the spread of COVID-19, including the highly infectious Delta & Lambda variants. Additionally, vaccinated individuals that do become infected are shown to have less severe illness.

- The Agency does not, currently require, but strongly recommends and encourages clinical staff to receive the COVID vaccine.

Specialty pharmacy vendors have the authority to implement a vaccination requirement for nurses providing infusion care services to their patients. Due to the sub-contract nature of Agency services, it is the obligation of the Agency to track and disclose this information to vendors and staff as required to maintain compliance with these contractual agreements.

- Clinical staff will be required to disclose their vaccination status and provide documentation of vaccination, if received.
 - Vaccination records are securely stored in the employee's confidential medical record and shared in accordance with HIPAA and PHI policies.
 - Care Coordination staff members shall not have access to the employee's medical record but will have access to determine a nurse's ability to provide care to pharmacies and/or patients that require staff vaccination.
- Unvaccinated clinical staff may have established patients reassigned if those patients are with specialty pharmacies that require nurse vaccination.
 - Clinical staff unable to provide documentation for vaccination receipt are assumed to be unvaccinated and unable to serve patients of these vendors until a vaccination record is submitted.
 - If the Agency is unable to continue providing consistent and/or reliable nursing services due to a reassignment requirement, the attending specialty pharmacy will assume responsibility for nursing services for that patient and/or make an exception to their policy as they deem appropriate.
 - Unvaccinated clinical staff will not be permitted to accept patient referrals (new patient opportunities) from vendors with this requirement.