



# COVID-19 Public Health Guidance for Homecare

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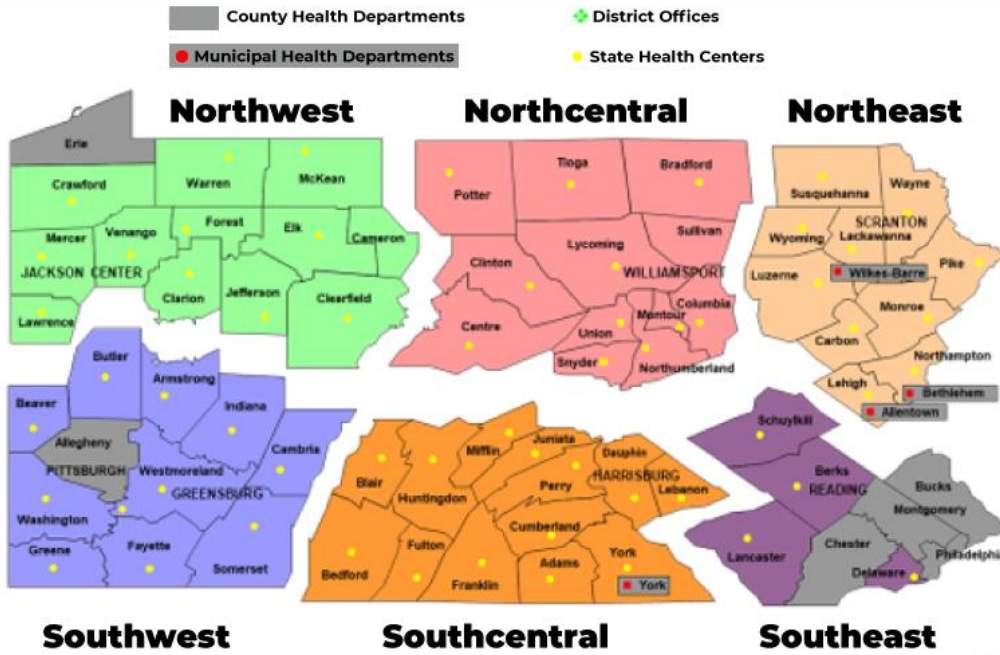




# Overview

- I. COVID impact on Home Health Agencies
- II. How ACHD has interacted with home health agencies in Allegheny County
- III. Current guidance
  - a. General principles
  - b. Contacts
  - c. Cases
- IV. Vaccination
- V. Outpatient treatment – Monoclonal antibodies
- VI. Questions

# Bureau of Community Health Systems





## Contact Tracing

- Healthcare organizations identify close contacts at the workplace
  - ACHD investigator discusses exposure with facility
  - Agency identifies close contacts (staff and patients)
    - People who were within 6 feet of a confirmed, symptomatic case for >15 min beginning 48 hours before symptoms began
- OR
  - People who were within 6 feet of a confirmed, asymptomatic case for >15 min beginning 48 hours before the (positive) sample was taken



## PA-HAN

- 607 - 10/25/21 - UPD - Public Health Recommendations Given New Evidence on the SARS-CoV-2 Delta Variant
- 597 - 9/21/21 - UPD - Interim Infection Prevention and Control Recommendations for Healthcare Settings during the COVID-19 Pandemic
- 596 - 9/16/21 - UPD - Work Restrictions for Healthcare Personnel with Exposure to COVID-19
- 595 - 9/16/21 - UPD - Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19

<https://www.health.pa.gov/topics/prep/PA-HAN/Pages/HAN.aspx>



## General principles

- Symptomatic colleagues should refrain from work
  - Regardless of COVID-19 test result
  - Regardless of vaccination status
- Testing
  - Test\*
    - Symptomatic colleagues (and clients)
    - Asymptomatic close contacts (regardless of vaccination status)
  - Do not retest to determine whether a colleague can return to work (or a client can be taken out of isolation), unless directed by their clinical team.

\*Unless within 90 days of a prior positive result



## Source Control & PPE [PA HAN 597]

- Source control and physical distancing (when feasible and will not interfere with provision of care) are recommended for everyone.
- Low to moderate transmission
  - **Fully vaccinated HCP** could choose to not wear source control or physically distance when in well-defined areas that are restricted from patient access, if consistent with policies.
- Substantial or high transmission
  - Universal Use of Personal Protective Equipment for HCP
    - NIOSH-approved N95 or equivalent or higher-level respirators should be used instead of a facemask for:
      - Aerosol-generating procedures
      - Procedures that might pose higher risk for transmission if the patient has COVID-19
    - Consider NIOSH-approved N95 or equivalent or higher-level respirators when working in other situations where risk factors for transmission are present.
    - Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters.



## Source Control & PPE [PA HAN 597]

- Caring for a patient with suspected or confirmed SARS-CoV-2 infection
  - Standard Precautions\*
  - Transmission-based Precautions for COVID-19.
    - NIOSH-approved N95 or equivalent or higher-level respirator
    - Gown
    - Gloves,
    - Eye protection (i.e., goggles or a face shield that covers the front and sides of the face).

\*Standard Precautions are the basic practices that apply to all patient care, regardless of the patient's suspected or confirmed infectious state, and apply to all settings where care is delivered: Hand hygiene; Environmental cleaning and disinfection; Injection and medication safety; Risk assessment with use of appropriate PPE based on activities being performed; Minimizing potential exposures (e.g. respiratory hygiene and cough etiquette); Reprocessing reusable medical equipment between each patient and when soiled





## Higher Risk Exposure Criteria for HCP [PA HAN 596]

- Community-related exposure
- Household exposure
- Exposure in a healthcare setting while at work
  - Includes any HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19 while also meeting one or more of the following criteria:
    - HCP not wearing a respirator or facemask;
    - HCP wearing a respirator or facemask, but not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask; or
    - HCP not wearing all recommended PPE (i.e. gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure.



# Higher Risk Exposures for HCP and Outbreak Response [PA HAN 596 & 597]

- Test
  - Asymptomatic HCP with a higher-risk exposure, regardless of vaccination status (unless within 90 days of a prior positive result):
    - Immediately (but not earlier than 2 days after the exposure if the date of a discrete exposure is known)
    - If the first test is negative, test again 5-7 days after exposure, or 5-7 days after first test if a discrete exposure is not identified.
  - Symptomatic HCP with a higher-risk exposure, regardless of vaccination status
    - Immediately
    - If the first test is negative, test again 5-7 days after exposure, or 5-7 days after first test if a discrete exposure is not identified.
  - If healthcare-associated transmission is suspected or identified, consider expanded testing of staff and patients as determined by the distribution and number of cases throughout the facility and ability to identify close contacts
- Quarantine
  - Unvaccinated HCP (asymptomatic and symptomatic) with higher risk exposure x 14 days
  - Symptomatic, fully vaccinated HCP for duration of symptoms and 24 hours without fever
- Source Control
  - Asymptomatic, fully vaccinated HCP should wear face masks when in public, indoor settings x 14 days



# Close contact criteria for clients

## [PA HAN 597]

- When an HCP is identified as infected with COVID-19, anyone who had prolonged close contact should be considered potentially exposed.
  - The use of a facemask for source control and adherence to other recommended IPC measures by the HCP help to reduce, but not eliminate, the risk of transmission.
  - Patients not wearing a facemask would likely be at higher risk for infection compared to those that were wearing a facemask.
  - An interaction involving manipulation or prolonged close contact with the patient's eyes, nose, or mouth (e.g., intubation, dental cleaning) likely poses higher risk of transmission to the patient compared to other interactions (e.g., blood pressure check).
  - HCP wearing a facemask (or respirator) and face shield that extends below the chin might have had better source control than wearing only a facemask.



# Close contact for clients: Response

## [PA HAN 597 & 607]

- Test
  - Asymptomatic clients with close contact, regardless of vaccination status (unless within 90 days of a prior positive result):
    - Immediately (but not earlier than 2 days after the exposure if the date of a discrete exposure is known)
    - If the first test is negative, test again 5-7 days after exposure, or 5-7 days after first test if a discrete exposure is not identified.
  - Symptomatic client with close contact, regardless of vaccination status
    - Immediately
    - If the first test is negative, test again 5-7 days after exposure, or 5-7 days after first test if a discrete exposure is not identified.
  - If healthcare-associated transmission is suspected or identified, consider expanded testing of staff and patients as determined by the distribution and number of cases throughout the facility and ability to identify close contacts
- Quarantine
  - Unvaccinated client (asymptomatic and symptomatic) with close contact x 14 days
  - Symptomatic, vaccinated client for duration of symptoms
- Source Control
  - Asymptomatic, fully vaccinated clients should wear face masks when in public, indoor settings x 14 days



## Cases [PA HAN 595]

- A symptom-based strategy for discontinuing Transmission-Based Precautions is recommended for those with symptoms.
  - Patients with mild to moderate illness who are not moderately to severely immunocompromised:
    - At least 10 days have passed since symptoms first appeared
    - At least 24 hours have passed since last fever without the use of fever-reducing medications,
    - Symptoms (e.g., cough, shortness of breath) have improved.
- Patients who were asymptomatic throughout their infection and are not moderately to severely immunocompromised:
  - At least 10 days have passed since the date of their first positive viral diagnostic test.
- Patients with severe to critical illness or who are moderately to severely immunocompromised:
  - At least 10 days and up to 20 days have passed since symptoms first appeared
  - At least 24 hours have passed since last fever without the use of fever-reducing medications
  - Symptoms (e.g., cough, shortness of breath) have improved.
  - Consider consultation with infection control experts.



# COVID-19 Health Care Staff Vaccination Interim Final Rule

## Eligibility – Who is included?

Requirements apply to **facilities** regulated under the Medicare Conditions of Participation (CoPs)

This Includes:

- Ambulatory Surgery Centers
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
- Community Mental Health Centers
- Comprehensive Outpatient Rehabilitation Facilities
- Critical Access Hospitals
- End-Stage Renal Disease Facilities
- Home Health Agencies
- Home Infusion Therapy Suppliers
- Hospices
- Hospitals
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Long Term Care Facilities
- Programs for All-Inclusive Care for the Elderly Organizations (PACE)
- Psychiatric Residential Treatment Facilities
- Rural Health Clinics/Federally Qualified Health Centers

**So What?** – If you are one of the above providers or suppliers, this regulation applies to you and you must abide by the requirements

# COVID-19 Health Care Staff Vaccination Interim Final Rule

## Requirements – When must my facility do it?

- You must have your process or plan in place for vaccinating staff, providing exemptions and accommodations, and tracking and documenting staff vaccinations within 30-days (by December 5, 2021)
- Additionally, your process or plan for vaccinating staff must ensure that all eligible staff receive:
  - 1st Dose or One-Dose Vaccine by December 5, 2021
  - Received all shots for full vaccination by January 4, 2022





## Outpatient COVID treatment: Monoclonal Antibody

- Treatment of mild to moderate COVID-19 in nonhospitalized patients with laboratory-confirmed SARS-CoV-2 infection who are at high risk for progressing to severe disease and/or hospitalization
- Age  $\geq$  65 years
- Obesity or overweight
- Pregnancy
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease or immunosuppressive treatment
- Heart or circulatory conditions
- Chronic lung diseases
- Sickle cell disease
- Neurodevelopmental disorders such as cerebral palsy
- Having a medical device