Key Clinical Reminders COVID-19 – Optimal Care Inc. December 15, 2020



Incident Leadership

Incident Command/Infection Control, Staff/Pt testing/Vaccines:

Erik Wilson (517) 206-0559

*Direct all COVID or suspected concerns to Erik

*Direct all COVID transfers to the hospital to Erik

Supplies:

Ashleah Hargrove (ordering) (248) 723-9613 Kasia Dryja (curbside pick-up) (248) 250-3682

Business Continuity

Coleen Murphy-Deorsey (734) 560-5800, **Administrator** Chris Kissel (248) 723-9613

Clinical Manager

Phil Lougheed (810) 938-8201

Scheduling (includes COVID holds)

Michelle Pipper (248) 377-2750

Community Relationships (Facilities, physicians, etc)

Jenni Myrick (248) 915-0309

Social Work/Mental Health

Sue Probert (248) 794-3094

*If you ever have an infection control and/or COVID-19 policy/procedure question Contact Erik Wilson – **NEVER GUESS**, **ALWAYS ASK FOR GUIDANCE**

Standard Infection Control QUICK Reminders

- Handwashing 20 seconds soap and warm water; use Hand Sanitizer when available; always wash hands for CDIFF or when visibly soiled/dirty; avoid touching your face
- Masks Clinical staff must wear medical grade mask each visit. Encourage patients/cg to mask during visit if physically able; COVID +/suspected pt/cg should be masking; Exchange mask at least daily.
- iPADS no patient signature, do not take iPADS in COVID-19 positive or respiratory illness homes
- Bag/Equipment Technique Non-COVID/Non-Suspect separate single use items from multiuse items, wash hands prior to each bag entry, rolling bags stay on floor otherwise bags go on barrier or clean hard surface, disinfect all equipment after use
- Bag/Equipment Technique COVID/Suspect take only what is needed in home; if unable to use single use equipment disinfect all equipment; Cool ideas: fanny pack, fisherman coat, 2 plastic bags (1 to carry in, set equipment on, clean equipment, 1 to carry out your clean equipment); We do have limited single use equipment for COVID pts
- Waste COVID + PPE can go into general waste; soiled materials that are hazardous must be disposed of in spill kit and taken to office to be discarded in hazardous waste
- Swabs are available, please see Erik Wilson for testing/training
- Infections report positive infections or suspected infections to Erik Wilson
- Vaccinations keep up to date with vaccination status for HCP's and high-risk patients.
- PPE protocol summary chart for COVID/Non-COVID patients; DON/DOF PPE training upon request (next page)

ALL Staff Monitoring:

Must perform temperatures 2x's daily

- Document in each clinical visit note your previous temperature
- Document "no COVID related s/sx"; IF COVID RELATED S/SX
 DO NOT SEE PATIENTS, Report to Erik Wilson (517) 206-0559
- Healthcare providers are considered essential, if you have a COVID exposure you may continue to work pending no s/sx. ALL providers are required to mask for all visits.

ALL STAFF: IF YOU ARE SICK, STAY HOME!

For health care providers/essential employees, if you have any of the following symptoms:

- Unexplained cough
- Shortness of breath
- Fever greater than 100.0

If you have any symptoms DO NOT REPORT TO DUTY you must self-quarantine and do the following:

- Notify Erik Wilson
- Obtain a test for COVID-19
- If positive, follow current CDC/MDHHS guidance for isolation/return to work for health care providers (Erik will give you this information;
 - https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html
- If, negative COVID-19 test you may return to work once illness symptoms are resolving.

Routine Staff Testing is available every 5 days on the following schedule: Monday, Friday, Wednesday, Monday, Friday, Wednesday etc., exceptions around holidays. Contact Erik for testing. You may also obtain testing from other outside sources (CVS, Walgreens, urgent care etc). Routine testing is not required by Optimal Care but may be required by certain community partners.

Key Resources:

https://www.michigan.gov/coronavirus/

https://www.cdc.gov/coronavirus/2019-nCoV/index.html

COVID-19 Clinical Care and Documentation CTT screens all patient where contact is made prior to SOC

- Screening is found on CTT handoff
- If unable to reach patient, SOC clinicians MUST screen ASAP upon contact with patient
- Document screening w/in the COVID goal

ALL PATIENTS must have a COVID-19 goal

- The COVID-19 interventions and goal must be documented on each visit with findings
- DO NOT COMPLETE THE COVID-19 GOAL UNTIL DISCHARGE

ALL COVID positive or suspected positive patients will have:

- COVID handoff via communication note w/precautions and stepwise guide for infection control
- Purple sticky in COVID-19 information
- Requested testing results if coming from inpatient
- Infection monitoring/surveillance from IC and QA
- Education materials attached
- Respiratory/COVID goal

REMOVING COVID ENHANCED PPE PRECAUTIONS:

Follow guidance on the COVID-19 Communication handoff of isolation lift precautions; if there is any doubt, questions or concerns please case conference with Erik Wilson for further direction

Emergency/Disaster Plans

Please indicate if patient is COVID-19 \pm or suspected positive on EP plans and HCPT for EMS/Hospitals

COVID-19 PPE Protocol Summary Chart December 15, 2020



Protocol A Patient	Protocol A PPE
(positive, lower-risk, less PPE)	(Contact and Droplet Precautions)
 Must meet all criteria: At least 10-20 days based on severity of illness since onset of symptoms, if unknown onset symptoms, 10-20 days from positive test (day 1 starts day after symptom onset or day after positive test) (mild-moderate=10 days, severe to critical=10 to 20 days) 24 hours since fever is resolved w/out use of fever-reducing medications Overall improvement in health (improved cough, shortness of breath) 	 Surgical Mask (May wear N95 + face Shield) Gloves Shoe covers when available Head cover when available *Patient must mask
Protocol B Patient	Protocol B PPE
(positive, higher-risk, more PPE)	(Initial home care visit use contact, droplet, and N95 than follow CTT generated handoff precautions)
 Meets one of the following criteria: Evaluated and diagnosed and treated as COVID-19 in the ER, Clinic, Hospital and released home (Treat and Release) Patient reports symptoms on pre-visit screening, at initial assessment, and/or during any time on service with the agency Diagnosed with COVID-19, develops respiratory symptoms, or has suspected COVID-19 while on 	 N95 + Face Shield Gown Gloves Eye protection Shoe cover, when available Head cover, when available Move to protocol A once patient meets Protocol A criteria
service	*Patient must mask
Protocol C Patient (negative patient but positive household member)	Protocol C PPE (Contact and Droplet Precautions)
 Patients who may be negative but have household member/family/homecare companion living in the same home with lab confirmed COVID-19 OR COVID-19 symptoms (fever, cough, SOB) Clinicians should ask symptomatic household member to stay in a separate room away from the patient and the visiting professional; if the household member must be present they must keep a social distance of 6ft and have a mask on. 	 Surgical Mask (Recommend wear N95 + face shield) Gown Gloves Shoe covers when available Head cover when available *Patient must mask; Household member must socially distance and mask For subsequent visits, screen the patient for COVID-19 symptoms. If the screening is positive, follow protocol B.
Protocol D Patient (negative, lower-risk, less PPE)	Protocol D (General COVID Prevention Precautions)
COVID-19 negative patient and negative household member	Surgical Mask (recommend wear N95)Gloves
member	*Patient must mask For subsequent visits, screen the patient for COVID-19

CDC guidance for DON/DOF PPE can be accessed electronically at: https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf