

Emergency Preparedness & Infection Control

Planning for the Worst While Protecting Patients, Clinicians and the Community

03.18.2020

Objectives

- Define Emergency Preparedness and Infection Control
- Explore challenges faced and the impact of COVID-19 on the industry
- List best practices for Emergency Preparedness and Infection Control to prevent survey deficiencies
- Discuss technology solutions for the challenges presented
- Provide resources for continued learning and training

Definitions

Emergency Preparedness Program

Emergency Preparedness Rule requires adequate planning for both natural and man-made disasters and coordination with federal, state, tribal, regional, and local emergency preparedness systems.

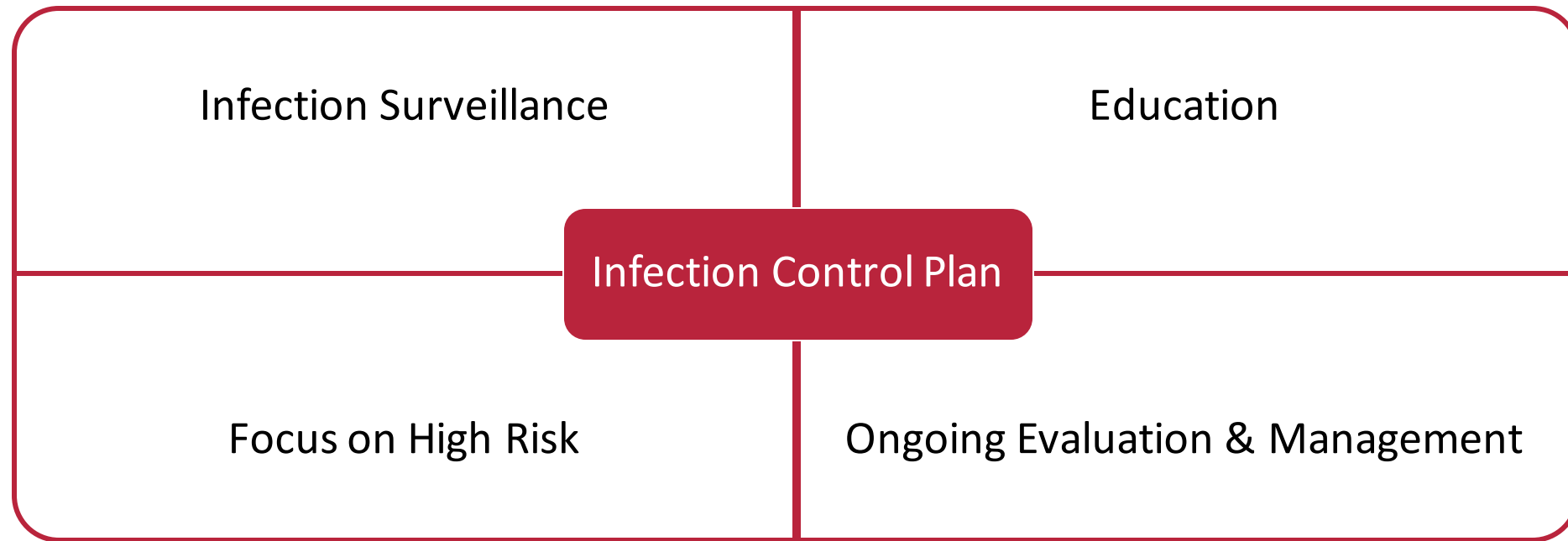


Emergency Preparedness Plan

- Conditions of Participation
 - 484.22 - Home Health
 - 418.113 - Hospice
- The Emergency Preparedness Plan must:
 - Specify population served
 - Ensure continuity of services during/after the emergency
 - Plan for each patient per Emergency Triage Level
 - Identify those needing assistance to evacuate
 - Include a “succession plan”
 - Plan to re-establish services when the emergency resolves

Infection Control

- Infection control prevents or stops the spread of infections in healthcare settings



Infection Control Considerations

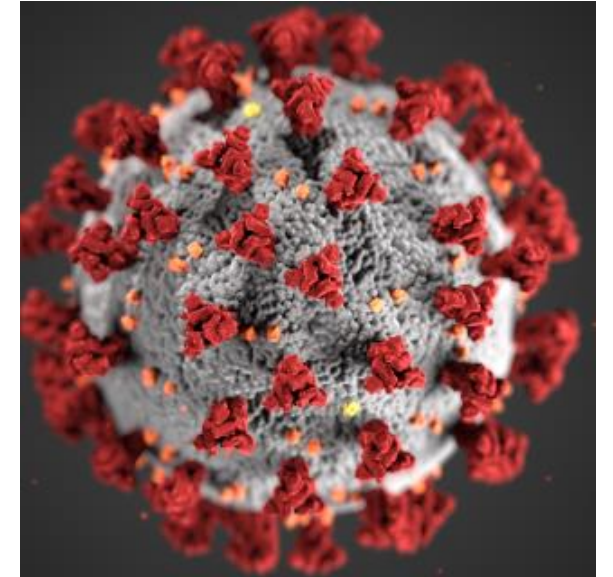
- Condition of Participation
 - 484.70 Home Health
 - 418.60 Hospice
- Components of Infection Control Program
 - Policies and Procedures
 - Identify patients at high risk of infection via Risk Stratification
 - Report known infections (patients/clients, staff, caregivers)
 - Implement Infection Control procedures to prevent spread of infection
 - Plans to deliver care to those in need
 - Educate staff and clinical partners

Infection Control Measures

- Avoid close contact with people who are sick
- Avoid touching eyes, nose, and mouth
- Stay home when you are sick
- Practice frequent hand washing
- Personal Protective Equipment
 - Gloves
 - Mask
 - Gown
 - Foot protectors
- Disinfect all surfaces, supplies, and equipment frequently
- Consider single use items
- Surface barriers
- Bag technique
- Disposal of home-generated waste

What is COVID-19

- New illness that affects your lungs and airway, caused by a novel coronavirus
- Symptoms of COVID-19:
 - ✓ Cough
 - ✓ High temperature – over 100.5 degrees Fahrenheit
 - ✓ Shortness of breath
 - ✓ Sore throat
- Spread in droplets when you cough/sneeze
- Treatment for COVID-19:
 - ✓ No specific treatment – yet
 - ✓ Symptom-based treatments



Challenges

Emergency Preparedness Challenges

- Communicating the Plan
 - Staff
 - Patients/Partners
 - Other Healthcare Providers
 - Federal, State, Local, Tribal, Regional and Emergency Personnel
- Evacuation Planning
 - Access to Resources
 - Transportation Interruption
 - Natural Disasters
- Business Continuity
- Safety Concerns
 - Staff, Patient/Client, Caregivers

Communicating in an Emergency

- Traditional communication may be limited
 - Decreased internet speeds
 - Limited/No cellular communication
 - Emergency conditions changing rapidly
- Alternate means of communication
 - Phone Triage
 - Text
 - Email
 - Radio Station
- Need for timely communication with appropriate authorities

Limited Resources – Personnel

Fewer nurses

- **3.8 million** registered nurses today
- Only **85%** are practicing nurses
- **53%** of registered nurses are 50+
- Estimated **70,000** will retire annually by 2020

Home-based care providers turnover rate

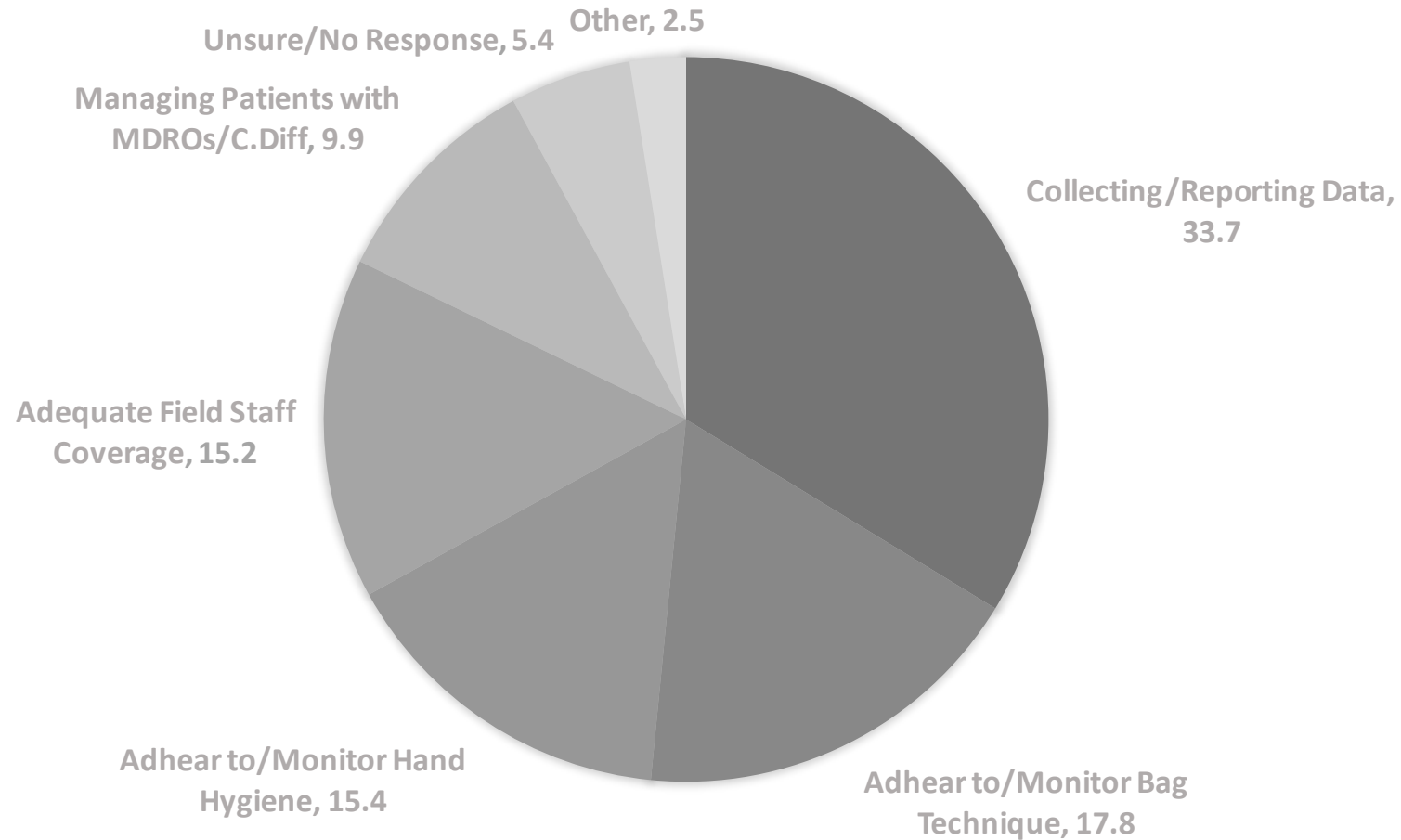
- 82%

Silver Tsunami - 10,000 Americans become Medicare-eligible daily

- By 2030
 - **1 in 5** Americans will be senior citizens
- By 2050
 - **88.5 MILLION** people will be 65+
- By 2060
 - Senior population in the US will **DOUBLE**

What Agencies Say About Infection Control

Most Challenging Aspect of Infection Control Program



Infection Risks of Working in the Community

- Nursing bag carrying germs
 - Outside of the bag – 83.6% positive for germs
 - Inside the bag – 48% positive for germs
 - Nurses' equipment - 43.7% positive for germs
- Not using a surface barrier in the home
- Inadequate personal protective equipment
- Improper Hand Hygiene



Challenges During COVID-19

- Defining/Implementing Emergency Preparedness and Infection Control Plans
- Limited Resources
 - Limited Supplies – gloves, masks, hand sanitizer, soap, paper towels
 - Limited Staff – calling in, childcare needs, illness
- Restricted Access to Patients
- Need for Social Distancing
- Increased LUPAs due to Missed Visits leading to Decreased Reimbursement

Emergency Preparedness & Infection Control Best Practices

Emergency Preparedness Best Practices

- Emergency Preparedness Planning
 - Define the plan
 - Communicate the plan
- Implementing the Emergency Preparedness Plan
- Business Continuity and Communication
 - Family portal
 - Virtual meetings
 - Secure messaging

Phased Plan for Responding to Emergencies

1. Readiness and Preparation

- Identify needs, including resources and equipment
- Identify patient risk-level classification
- Involve agency staff, patients, families, and caregivers

2. Activation and Relocation

- Transferring patients and/or staff, if needed
- Safeguarding of records and equipment

3. Continuity of Operations

- Continue to operate during and in the immediate aftermath of the emergency

4. Reconstitution

- When safe/able, resume normal operations

Document the Plan

- Identify the patient's Triage Code
- List needed equipment, medications and supplies
- Determine and document Emergency Evacuation Plan
- Identify an Emergency Contact

Emergency Triage

Emergency Triage _____

- 1. Life-threatening (or potential) and requires ongoing medical treatment. When necessary, appropriate arrangements for evacuation to an acute care facility will be made.
- 2. Not life-threatening but would suffer severe adverse effects from interruption of services (i.e., daily insulin, IV medications, sterile wound care of a wound with a large amount of drainage).
- 3. Visits could be postponed 24-48 hours without adverse effects (i.e., new insulin dependent diabetic able to self inject, sterile wound care with a minimal amount to no drainage).
- 4. Visits could be postponed 72-96 hours without adverse effects (i.e., post-op with no open wound, anticipated discharge within the next 10-14 days, routine catheter changes).

Additional Emergency Preparedness Information _____

- Needs assistance during an emergency
- Contact made with local/state emergency preparedness officials regarding patient in need of help during an evacuation
- Medical Needs/Equipment (i.e., bedbound, oxygen, vent, IV cardiac meds other DME)

Additional Emergency Preparedness Information

Templates
Select Template ▼

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Enter Additional Emergency Preparedness

[New! COVID-19: CDC Resource Page](#)

Basic Infection Prevention and Control Guidelines

- Disinfection
 - Clean surfaces and equipment as soon as practical after use
 - Clean with water and detergent before high-level disinfection or sterilization procedures
- Hand Hygiene
 - Before and after contact with patients/clients
 - After removing gloves
 - If hands become visibly soiled
 - Avoid artificial fingernails
- Isolation Precautions
 - Prevent transmission of infectious agents
 - Personal Protective Equipment
 - Disposal of Personal Protective Equipment

Hand Hygiene

The CDC recommends hand hygiene as paramount in preventing the transmission of pathogens

Hand Washing

- Wash hands often
- Lather with soap for 20 seconds prior to rinsing with water

Alcohol-Based Hand Sanitizer

- Containing greater than 60% ethanol or 70% isopropanol
- Cover all surfaces of your hands and rub them together until they feel dry

Personal Protective Equipment

- **Gloves**
 - Use when it can be reasonably anticipated that contact with skin or bodily fluids could occur
 - Wear gloves with fit and durability appropriate to the task
 - Remove gloves after contact with the patient/client and/or surrounding environment and perform hygiene
 - Do not reuse gloves
 - Change gloves during patient/client contact if hands will move from a contaminated body site to clean body site
- **Gown**
 - Wear gown to protect skin and clothing during direct patient contact
 - Remove gown and perform hand hygiene
 - Do not reuse gown
- **Mouth, Nose, Eye Protection**
 - Use to protect the mucous membranes of eyes, nose and mouth during patient contact
 - Masks, goggles, face shield

Bag Technique

- At least three compartments
 - Two clean and one dirty/reusable
- Hand hygiene supplies in an outside pocket
 - Wash **before** reaching into the bag for items
 - Wash **every time** you need to re-enter the bag
- **Never** place on the floor
- Place on a waterproof barrier
- Discard disposables in a sealed bag
- Wash your hands **before** repacking the bag
- Clean reusable items **before** returning them to the bag
- Clean and disinfect the bag **weekly** – always wash with soap/water **before** disinfecting



Documentation

- Assessment of environment and infection control practices
- Care Plan: Problems, Goals, and Interventions
 - Education
 - Standard Precautions
 - Isolation Precautions
- Teach patients/caregivers based on assessed need
- Document based on Infection Control Program
- Focus documentation on:
 - Equipment
 - Devices and Supplies
 - Ongoing Evaluation and Interventions

Infection Surveillance

[COVID-19: What You Need to Know](#) [Symptoms of COVID-19](#)

Infection Risk Factors

No Infection Risk Assessed

Infection Risk Assessed:

Infection Control

Standard Precautions Observed

Sharps Disposal Per Biohazard P & P

Soiled Waste Disposed Per Biohazard P & P

Patient/Caregiver Demonstrated Deficits Regarding Infection Control:

New Infection Suspected

New Infection Diagnosed

[Infection Surveillance Report](#)

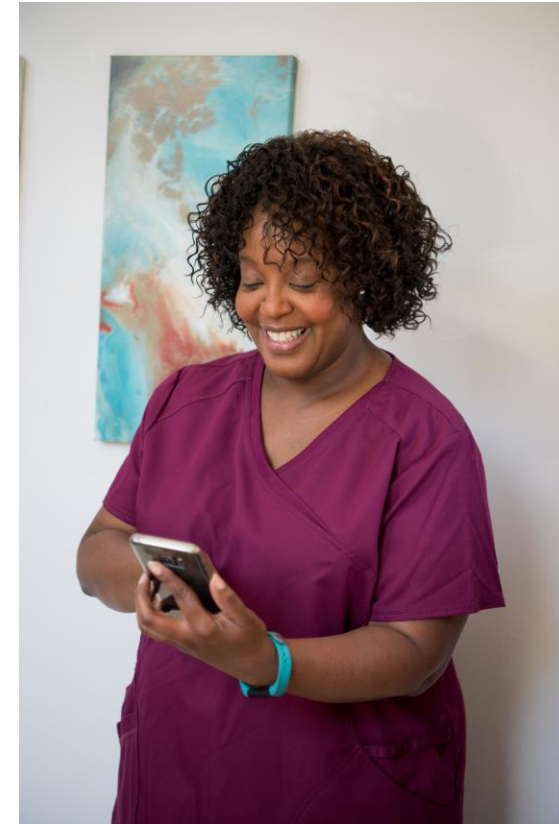
Hospice Patients in Facilities During COVID-19

- CMS Guidance
 - For ALL facilities nationwide: Facilities should restrict visitation of all visitors and non-essential healthcare personnel, except for certain compassionate care situations, such as an end-of-life situation.
 - Case-by-case basis
 - Careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms.
 - Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility.
 - Visitors should frequently perform hand hygiene
 - For individuals that enter in compassionate situations (e.g., end-of-life care), facilities should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks.

Solving Challenges With Technology

Technology Advantages

- **Empowering the Remote Workforce**
 - Cloud-based with 100% uptime
 - Web & Mobile solutions
 - Online Resources & Training
- **Ensures Compliance Through Validations**
- **Reports at Your Fingertips to Inform Decisions**
- **Streamlined Operations**
 - Secure Messaging
 - Scheduling & Staffing
 - Orders Management
 - Clinical Intelligence
 - RCM / Billing Services
 - Dashboards & Reporting



Choosing the Right Technology Partner

- Easy to use for your entire team
- Cloud-based platform
- Mobile apps/solutions
- Enables point-of-care documentation
- Available offline



Choosing the Right Technology Partner

- Streamlines all aspects of your operations
- Automated workflows
- Facilitates team collaboration

IDG Summary/Comprehensive Assessment Update

Demo, Robert MRN: 123456 • Male • Continuous Care • Full Code • [View Patient Chart](#) • [View Patient Schedule](#)
16000 Dallas Parkway, Dallas, TX • (309) 789-4562 • 09/27/1990

Orders Updates Since Last IDG Meeting

03/10/2020	Abbott, Matthew	<p>Plan of Care Updates: Risk for infection as evidenced by decreased immune defense secondary to St IV Lung Cancer and recent visit from family who had traveled to Europe the week before.</p> <p>Patient will remain free from symptoms of infection. Patient/caregiver will state symptoms of Covid-19 infection (cough, fever, sore throat, difficulty breathing), appropriate interventions, and when to contact hospice.</p> <p>Monitor and report symptoms of infection such as fever over 100.5F, shortness of breath, cough, sore throat. Follow Standard Precautions and wear proper PPE, when indicated.</p> <p>Educate patient/caregiver about the use of proper hand-washing, Standard Precautions, and other appropriate infection control interventions.</p>	Remove
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Choosing the Right Technology Partner

- Clinical Intelligence
- Proven Track Record
- Innovation Leader
- Built-in Training and Education

Infection Control

New! [COVID-19 What You Need to Know](#)

[Symptoms of COVID-19](#)

- Universal precautions observed
- Sharps disposed per biohazard P&P
- Soiled waste disposed per biohazard
- Patient demonstrates knowledge deficits regarding infection control:

Infection Control Surveillance

- New infection suspected:
- New infection diagnosed:

Comment

Hello, Matthew Abbott!

News/Updates

Communicating During A Crisis Is Critical - 3/17/2020
With the home healthcare community serving the population most vulnerable to the coronavirus (COVID-19), it is understandable that organizations would focus immediately and primarily on patient care. But

Preparing For The Impact Of The Coronavirus (COVID-19) - 3/16/2020
The novel coronavirus (COVID-19) is a global pandemic that has affected thousands of people worldwide. In the United States, the virus has helped propel the term 'social distancing' into the public consciousness and

[More »](#)

Resources For Continued Learning And Training

Resources

- [National Association for Home Care and Hospice Coronavirus Resources for Home Care and Hospice](#)
- [National Hospice and Palliative Care Organization Emergency Preparedness COVID-19](#)
- [CMS Issues Guidance for Home Health and Hospice](#)
- [Coronavirus COVID-19 Home Care and Hospice Checklist](#)
- [Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 \(COVID-19\) in Home Health Agencies \(HHAs\)](#)
- [Preventing the Spread of Coronavirus Disease in Homes and Residential Communities](#)
- [Red Cross Coronavirus Safety and Readiness Tips](#)
- [CDC: Coronavirus Disease 2019 \(COVID-19\)](#)
- [WHO: Coronavirus Disease Technical Guidance](#)
- [OSHA: Guidelines for Workers and Employers](#)
- [American Nurses Association Coronavirus Disease Resources](#)

Final Thoughts



...in the middle of difficulty, lies opportunity...

Let us come together in support of our clients and the patients they serve.

Thank You

Questions or Feedback?