



**BRIGHTSPRING™**  
HEALTH SERVICES

**SCREENING REFERRALS FOR HOME  
HEALTH & HOSPICE**

**INFECTION CONTROL/COVID-19**

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Clean Hands  
Save Lives



"I use so much alcohol-based hand sanitizer,  
my hands had to join a 12-step program!"



"The patient in the next bed is highly infectious. Thank God for these curtains."

# OBJECTIVES



**Basic facts about COVID-19**



**Identify information we need to know from the referral source**



**Prepare Field Clinicians with the proper information and PPE**



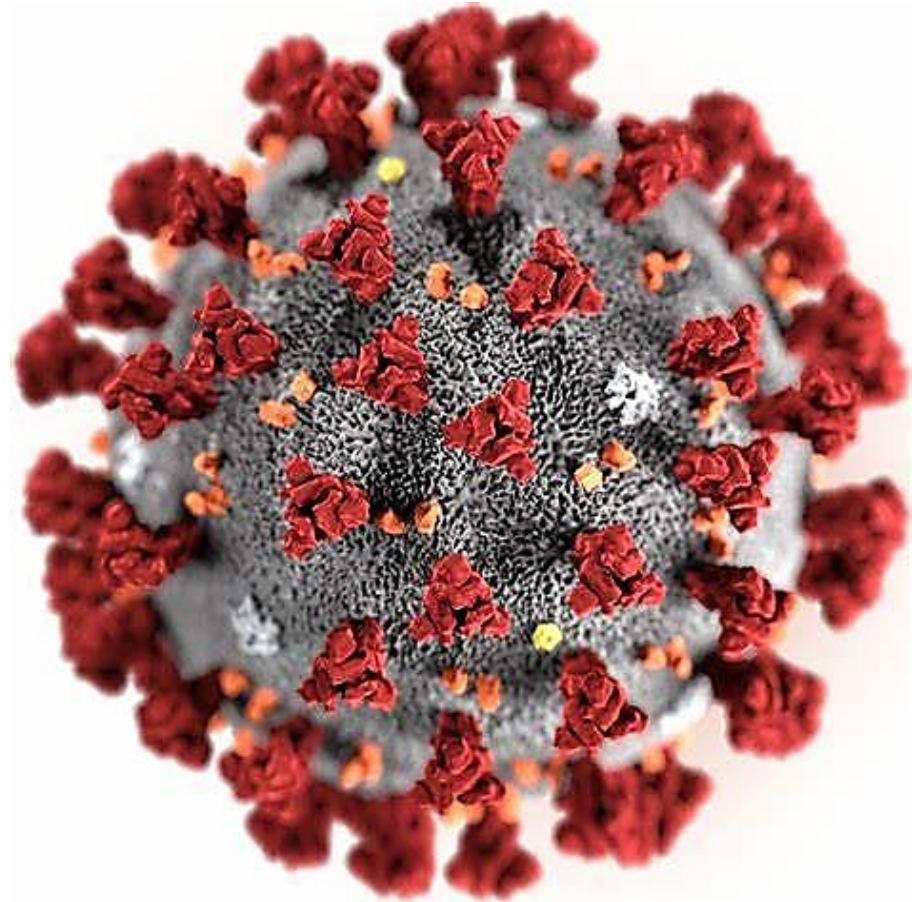
**Provide Contacts and Resources to assist**

# WHAT IS A CORONAVIRUS?

Coronaviruses are a large family of viruses and were first identified in the mid 1960s.

Some cause illness in humans, and others, such as canine and feline coronaviruses, only infect animals.

Rarely, animal coronaviruses have emerged to infect people or can be spread between humans.



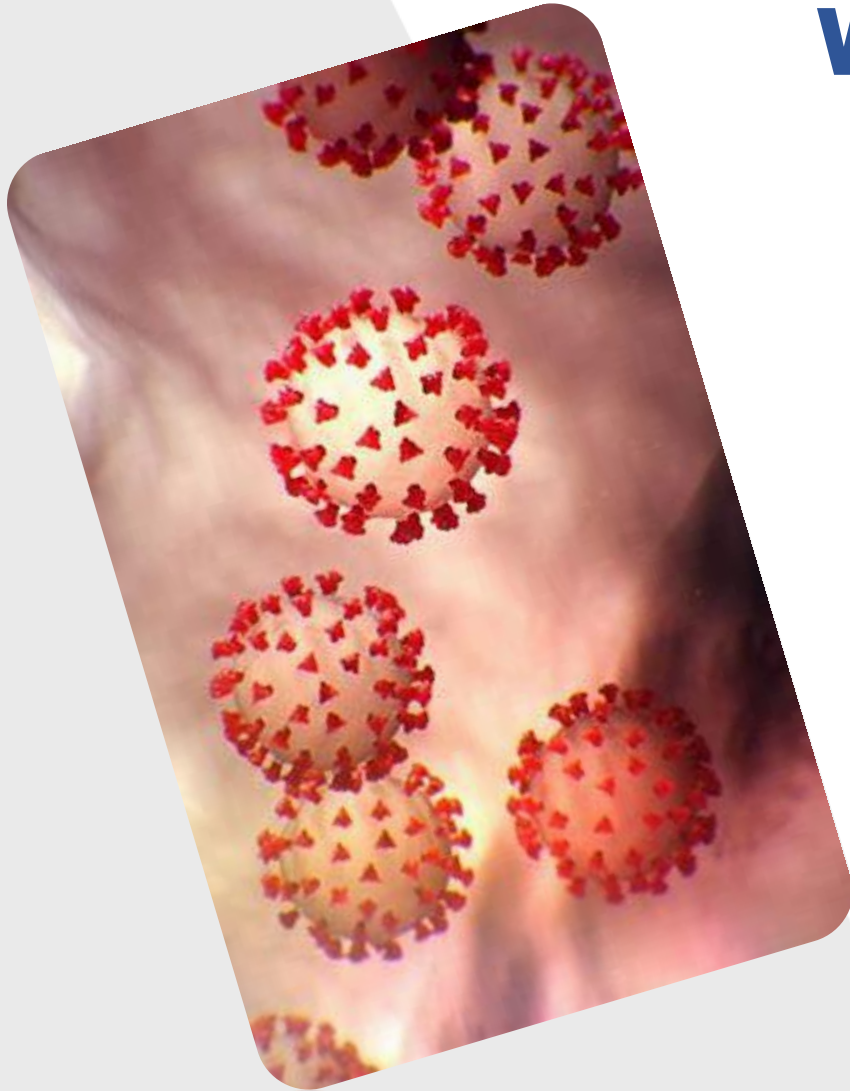


# WHAT IS A CORONAVIRUS?

There are many types of human coronaviruses that commonly cause mild upper-respiratory tract illnesses and cold like symptoms.

Recent historical examples of past Coronaviruses are SARS and MERS.

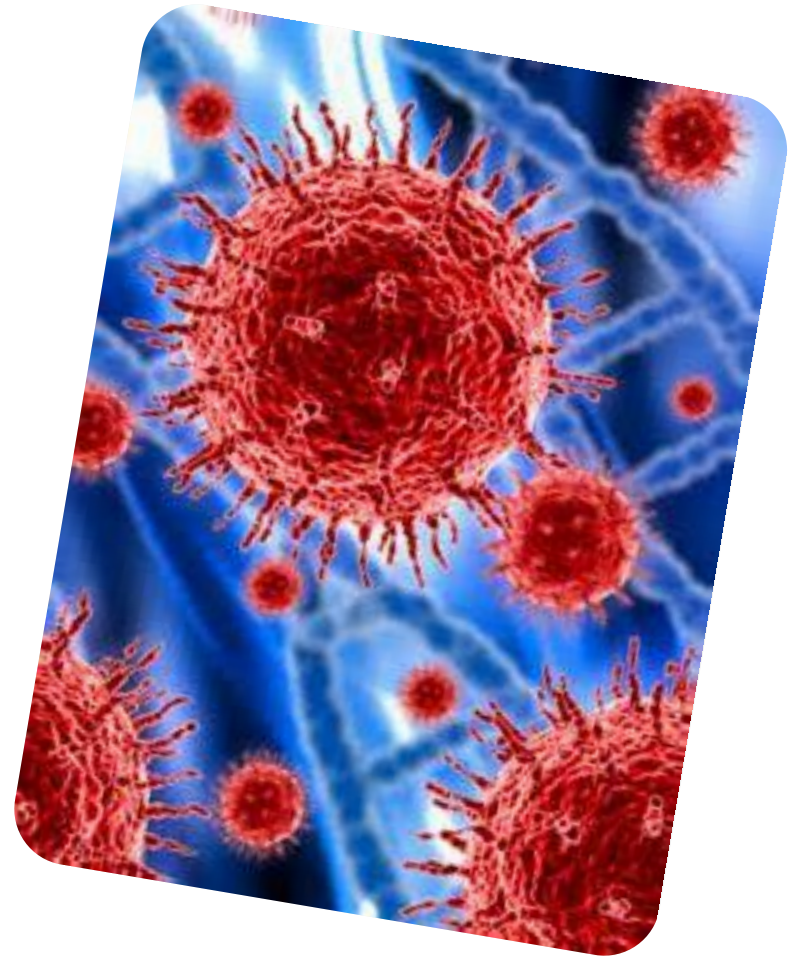
COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans.



# WHAT IS A CORONAVIRUS?

The novel (or new) coronavirus has been named COVID-19 by the World Health Organization

**CO** stands for Corona, **VI** for virus and **D** for Disease.. **19** is for 2019- the year it was discovered in humans in Wuhan, China.



# How Does COVID-19 SPREAD?



An average sneeze can project particles approximately 6 feet.

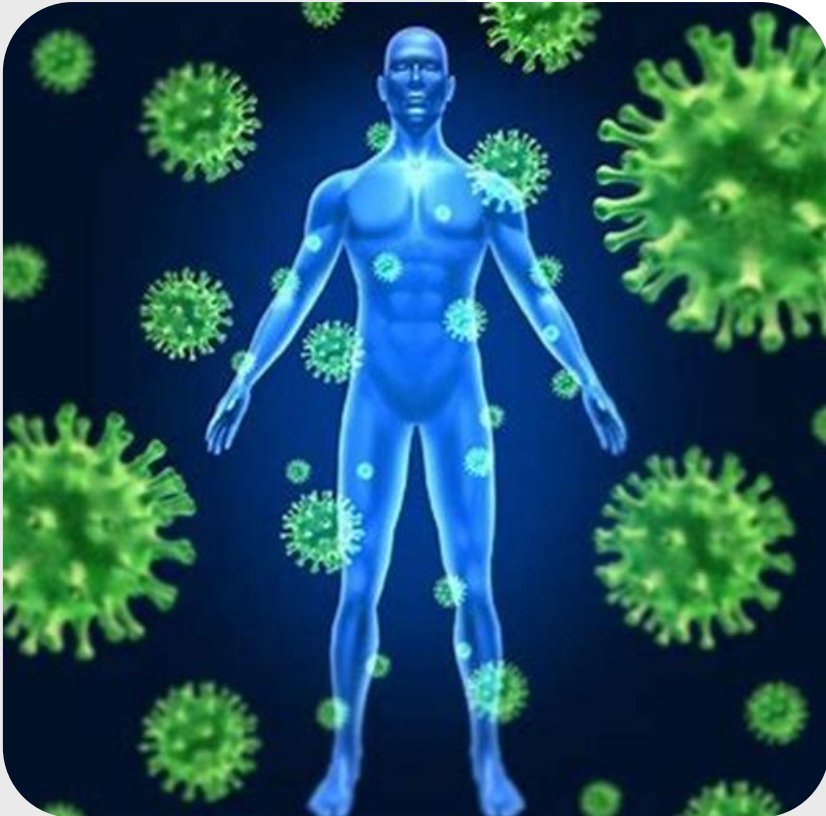
COVID-19 spreads through airborne particles that are produced through coughing or sneezing by an infected person.

Particles can land in mouths or noses of other people or fall on hard surfaces that others touch.

The person that touches the surface then touches their face and transfers the virus to themselves.



# How Does COVID-19 SPREAD?



Close contact can occur while caring for a patient, including:

- Being within approximately 6 feet (2 meters) of a patient with COVID-19 for a prolonged period of time.
- Having direct contact with infectious secretions from a patient with COVID-19. Infectious secretions may include sputum, serum, blood, and respiratory droplets.

# WHY WE NEED TO ASK QUESTIONS?



Symptoms can appear **2 to 14 days** after exposure.

The average incubation period of COVID-19 is reported to be about **5 days**.

# WHAT ARE THE SIGNS AND SYMPTOMS OF COVID-19?

## Symptoms of Coronavirus (COVID-19)

Your symptoms can include the following:

### Fever



If you have COVID-19, you may have mild (or no symptoms) to severe illness.

Symptoms can appear 2-14 days after you are exposed to the virus that causes COVID-19.

Fever of 100.0 F or higher to be considered a true fever

### Cough



Seek medical attention immediately if you or someone you love has **emergency warning signs**, including:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or not able to be woken
- Bluish lips or face

This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

### Shortness of breath



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

New sudden onset of cough that cannot be linked to an underlying condition like smoking, CHF, etc.

New sudden onset of shortness of breath that cannot be linked to an underlying condition like smoking, CHF, etc.



ILLUSTRATION: GETTY IMAGES

# WHAT WE NEED TO KNOW



**Has the patient had these signs and symptoms?**

Even if they have not been tested, they could have been infected



**When did the symptoms start?**

Patients are considered potentially infectious to others for 14 days after exposure



# WHY WE NEED TO ASK QUESTIONS?






**Is the patient in isolation currently?**

**Our Clinical Staff will need to prepare to have adequate PPE for their visits**

# WHEN CAN ISOLATION PRECAUTIONS STOP?

When repeat lab testing is available: (All criteria must be met)

-  No fever (without use of fever-reducing meds)
-  Respiratory symptoms have improved
-  2 consecutive negative COVID-19 test results collected >24 hours apart



# WHEN CAN ISOLATION PRECAUTIONS STOP?

When repeat lab testing is not available:  
(All criteria must be met)



No fever (without use of fever-reducing meds) and improvement of respiratory symptoms for at least 3 days (72 hours)



At least 7 days have passed since symptoms first appeared



See Criteria for Discontinuing Client/Patient Isolation Protocol Tool

# CONTACTS & RESOURCES



**Pam Harris, RN**

**Director of Clinical  
Practice and Quality**

**Residential (TN, AL, NC,  
GA) & All Home Health  
and Hospice**

[Pam.harris@brightspringhealth.com](mailto:Pam.harris@brightspringhealth.com)

**615-681-7005**



# RESOURCES



## Criteria for Discontinuing Client/Patient Isolation Protocol Tool

### Criteria for Discontinuing Client/Patient Isolation Protocol

The CDC has established criteria to be used to determine when it is safe to discontinue isolation precautions. Below, you will find two scenarios: with and without testing capability.

If COVID-19 laboratory testing is not readily available, the non-test-based strategy may be used for discontinuation of isolation precautions.

Where lab testing is not available, isolation may be discontinued when **ALL** the following criteria are met:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath)
- At least 7 days have passed *since symptoms first appeared*

Where repeat lab testing is available, isolation precautions may be discontinued when **ALL** the following criteria are met:

- Resolution of fever without the use of fever-reducing medications
- Improvement in respiratory symptoms (e.g., cough, shortness of breath)
- Two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)

Below, you will find links to pertinent CDC guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

# RESOURCES



## Home Health/Hospice Referral Screening Tool

### Home Health/Hospice Referral Screening Tool

Patient: \_\_\_\_\_

Operation: \_\_\_\_\_ Date: \_\_\_\_\_

#### Process:

1. Obtain the following information from referral source – either verbally or from medical records sent:

	Answers/Details/Notes
When did patient's symptoms of COVID-19 start?	
Has the patient been tested for COVID-19? If so, results? Has follow-up testing occurred if positive?	
Has the patient had fever greater than 100.0° F (37.8° C) in the past 3 days?	
Last time a fever-reducing medication (Tylenol, ibuprofen, etc.) was administered?	
Is the patient currently isolated? If so, what type (contact, airborne, etc.)? How long has the patient been in isolation?	

2. Provide information to clinicians so PPE/isolation measures can be put into place.

rev. 5-1-20

# RESOURCES



## Corporate Infection Precaution and PPE Policy and Procedure

NURSING POLICY AND PROCEDURE			
PROCEDURE: Isolation Precautions and PPE		SUBJECT: Infection Control	
PERFORMED BY: DSP, LPT, LVN, LPN, RN		Prepared By: E. Shauen Howard DHA, MSN, RN, VP Clinical Services	
		Approved By: Policy Review Committee	
		Date Written: Feb 2019	Reviewed annually: See below

**GENERAL:** When clients have a known infection, staff must follow specific precautions to reduce the risk of cross contamination to other clients.

World Health Organization—Recommendations for standard precautions:

1. Hand hygiene technique:

- Hand washing (40–60 sec): Wet hands and apply soap; rub all surfaces; rinse hands and dry thoroughly with a single use towel; use towel to turn off faucet.
- Hand rubbing (20–30 sec): Apply enough product to cover all areas of the hands; rub hands until dry.

Summary indications:

- Before and after direct Resident contact and between Residents, whether or not wearing gloves
- Immediately after removing gloves
- Before handling an invasive device
- After touching blood, body fluids, secretions, excretions, non-intact skin, and contaminated items, even if wearing gloves
- During Resident care, before moving from a contaminated to a clean body site
- After contact with inanimate objects in the immediate vicinity of the Client

2. Gloves:

- Wear when touching blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin.
- Change between tasks and procedures on the same Resident, after contact with potentially infectious material.
- Remove after use, before touching non-contaminated items and surfaces, and before going to another Resident. Perform hand hygiene immediately after removal.

3. Facial protection (eyes, nose, and mouth):

- (1) Wear a surgical or procedure mask and eye protection (eye visor, goggles) or  
(2) Wear a face shield to protect mucous membranes of the eyes, nose, and mouth during activities likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

# RESOURCES



## PPE Decision Tree for Caregivers

### Personal Protective Equipment (PPE) Decision Tree for Caregivers

When do I use Personal Protective Equipment?

#### Handwashing

**Wash your hands:**

- Upon entering **and** leaving the client's home.
- Before putting on gloves **and** after removing gloves.
- Before **and** after assisting the client with personal care, bathing and peri care.
- Before **and** after cleaning toilets & bathrooms.
- Handling potentially contaminated or soiled clothes and bed linens.
- Before preparing food **and** after eating and drinking.
- Cleaning and sanitizing surfaces **used by the client**.

#### Gloves

**Wear disposable gloves for all personal care:**

- When in contact with blood, body fluids (urine, feces) or respiratory secretions (mucus).

**Dispose of the gloves safely. Do not reuse the gloves.**

**Wear reusable gloves:**

- In the home for general house cleaning and disinfecting to preserve glove supply.

**Wash reusable gloves:**

- With soap and water while still on your hands.
- Then use a disinfectant and hang them to dry.

#### Mask

**Face mask should not be worn:**

- The CDC does not recommend people **who are well** wear a facemask to protect themselves from respiratory illness including COVID-19.

**Face mask should only be worn:**

- If confirmed or suspected COVID-19 case with symptoms

**Mask Steps:**

1. Wash your hands.
2. Put on using the loops only. Do not touch the mask!
3. Secure fit around your nose and mouth.
4. When time to remove, wash your hands and remove by the ear loops.
5. Dispose of properly.
6. Wash your hands again.

#### Gown

**Gowns should only be worn:**

- To protect skin and prevent soiling of clothing during activities that are likely to generate splashes of blood, urine, feces or mucus.
- If confirmed or suspected COVID-19 case with symptoms

#### Protective Eyewear

**Protective Eyewear should be worn:**

- If there is the possibility of splashes, sprays of body fluid or secretions.
- If confirmed or suspected COVID-19 case with symptoms



# RESOURCES



**When a COVID-19 Admission is planned:**



Notify Director of Clinical Practice & Quality (DCP&Q)



DCP& Q will request shipment of additional PPE

[PPEsupplyrequests@brightspringhealth.com](mailto:PPEsupplyrequests@brightspringhealth.com)

# RESOURCES

[READ MORE](#)

[My Policies](#) [My Support](#) [My Career](#) [My Benefits](#) [My O365](#)



## COVID-19 (Coronavirus) Update

*Updated March 24, 2020* – We continue to monitor developments surrounding the respiratory outbreak caused by a new coronavirus.

[READ MORE](#)

## Corporate REACH Website

# QUESTIONS?

