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Home Care and Hospice COVID-19 Toolkit

This toolkit is intended to plan for or respond to potential COVID-19 cases among your clients and/or staff. Use this toolkit to assess your level of readiness, identify gaps, and implement measures to prevent and control disease spread, educate your staff and clients, and track data for your agency’s infection control program and emergency preparedness plan.

Overview:

Emergency Preparedness

Per Minnesota Statute 144A.4791 subd. 12, agencies must have an emergency and disaster plan written and in place to facilitate the management of care, following guidelines in the State Operations Manual Appendix Z https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_z_emergprep.pdf

This emergency preparedness plan is your base, upon which you build your COVID-19 policies and procedures.

Being ready for and responding to COVID-19 requires

1. leadership,
2. organization,
3. plans and policies,
4. education, and
5. supplies.

Each of these five areas will be discussed in this toolkit, which offers suggestions, resources, and examples as your agency prepares for and deals with a pandemic.
A. Leadership:

Leadership is key to successful management of an emergency situation. As you examine your leadership and management structure, consider the following elements:

- Back-up plans to be implemented if director or clinical coordinator becomes ill or requires quarantine. Who could immediately assume the role of leading the agency if needed?
  - If you are part of a parent company or organization, determine who could step in as on-site leadership in case of key leadership quarantine.
  - Assessment of leaders’ personal risk factors such as caregiving responsibilities or childcare at home.

- Examine current “after hours contact” procedures for agency leaders. Consider implementing a scheduled rotation of leadership during off hours to address issues and be a resource for staff questions and concerns.

- Determine frequency and type of ongoing communication regarding COVID-19 with all staff, and with clients as needed, to reduce fear and foster trust. Educate staff on what they should do if they are contacted by the media.

- Designate point people responsible for different areas:
  - Regulatory: follow changes in federal, state and local requirements, regulations, reimbursement, schedules, telehealth, etc. and report relevant changes to leadership to facilitate ongoing adaptation.
  - Documentation and Record-keeping: know what new requirements exist for documentation (both client records and staff or agency records) and develop procedures as needed
  - Education: monitor educational opportunities - webinars, on-demand training, conference calls, etc. Match resources to need, track staff completion, determine gaps and recommend options.
  - Infection Control and PPE: primary resource person for all staff with questions related to PPE use and infection control standards; regularly monitor PPE use by staff to ensure adherence of practices.
  - Congregate Living Access: In efforts to protect residents, some congregate care facilities occasionally deny home care and hospice workers access to their building. Have one agency representative responsible for knowing the MDH and CDC guidelines and what procedures to follow if access is denied.
B. Organization:

How your agency organizes its operations affects successful navigation of a pandemic. Looking carefully at structure will help build flexibility and efficiency as you respond to changing situations.

- Review the incident command structure and emergency plans and decide what aspects fit for COVID-19 and what may need modification.
  - If you do not have an incident command structure, consider developing formal teams to guide efforts such as staff support, communication, and infection control.
    - MDH Resource ICS Organization Chart and job Action Sheets: [https://www.health.state.mn.us/communities/ep/ltc/appendixc.pdf](https://www.health.state.mn.us/communities/ep/ltc/appendixc.pdf)
    - Incident Command and Management System [https://www.cdc.gov/sars/guidance/a-command/incident.html](https://www.cdc.gov/sars/guidance/a-command/incident.html)
  - Having a process and clear line of communication and authority are vital to a successful plan and response.
    - Prepare for staffing shortages, considering options including:
      - Switch to longer shifts
      - Offer bonus (hazard) pay
      - Coordinate with “sister agencies” and local public health offices in your area to support one another
      - Connect with staffing agencies, getting contracts in place to facilitate a quick turnaround should the need arise; confirm their policies on last-minute coverage and how this may change during a crisis
      - Explore whether your county has an active Medical Reserve Corps
      - Call back staff currently in quarantine if they are asymptomatic
    - Explore types of support that can be provided for staff that have childcare or other issues at home. Stay aware of state or county aid programs, determine how flexibility can be offered to accommodate unusual circumstances.
  - Explore resources for assisting staff dealing with issues related to fear, burnout, and fatigue. In addition, highlighting successes might help to empower staff and reduce anxieties and lessen a cycle of fear. Examine your staff’s mental and physical health regularly and frequently to ensure their safety and the safety of their clients.
- MDH resource Mental Health and Resiliency Tools for Healthcare Workers:
  https://www.health.state.mn.us/diseases/coronavirus/hcp/mh.html
- CDC offers resources on stress and resilience
- Psychological First Aid Resources
- What Workers and Employers Can Do to Manage Workplace Fatigue during COVID-19
- Managing Health Care Workers’ Stress Associated With the COVID-19 Virus Outbreak
  https://www.ptsd.va.gov/covid/COVID_healthcare_workers.asp

  o As able, determine process for staff to self-select ability to care for clients who are COVID-19 positive or under investigation related to personal and health reasons.

  - Assess financial situation, projecting COVID-19-related expenses
    - Explore grants and loans
      - State resources
        - https://www.health.state.mn.us/facilities/ruralhealth/funding/grants/covidgrant.html
      - Federal resources
        - https://www.cdc.gov/cpr/readiness/funding-covid.htm
        - https://www.fema.gov/assistance/public

- Develop COVID-19 expense tracking procedure for budgeting purposes, and to meet grant or loan documentation requirements.
  - Budgetary changes affect future planning
  - Reimbursement changes, which vary by payer, must be tracked and accounted for
  - Telehealth affects reimbursement, SIA, could impact LUPA thresholds for Medicare clients, and may lower expenses related to travel costs.
C. Plans and Policies:

Developing clearly designed policies and procedures will guide your staff through the changes required by a pandemic.

- Following recommendations, guidance and requirements from MDH, DHS, CDC, and CMS as applicable, develop and implement policies for all aspects of agency business affected by COVID-19.
  - Stay Safe MN [https://staysafe.mn.gov/](https://staysafe.mn.gov/)

- Implement Universal Source Control to minimize risk through use of PPE and monitoring for signs and symptoms of COVID-19.

- Explore resources available at MDH Infection Control Assessment and Response Program (ICAR). Email: Health.icar@state.mn.us with questions

**Plans and Policies for in-office area:** Determine infection control protocols for office areas. Clearly post protocols and instructions, in multiple locations as needed, for easy viewing to maximize compliance.

  - Post entrance and visitor restrictions and guidelines at each entrance to office.
    - **Staff:** Require adherence to current MDH regulations; following masking, social distancing, hand hygiene and other workplace requirements [MDH https://www.health.state.mn.us/communities/ep/surge/crisis/ppegrid_hospice.pdf](https://www.health.state.mn.us/communities/ep/surge/crisis/ppegrid_hospice.pdf)
    - **Vendors:** Screen upon entry into the agency. Screenings should be based on the most recent guidance from the CDC: [CDC COVID-19 Symptoms](https://www.cdc.gov/coronavirus/2019-ncov/index.html).
      Consider establishing a delivery drop-off area to limit interaction.
    - **Visitors:** Screen upon entry into the agency. Screenings should be based on the most recent guidance from the CDC: [CDC COVID-19 Symptoms](https://www.cdc.gov/coronavirus/2019-ncov/index.html)
  - Ensure that hand hygiene supplies are readily available to all staff and visitors. Use alcohol-based hand rub or wash hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water. [MDH Hand Hygiene Print Materials](https://www.health.state.mn.us/people/handhygiene/materials.html)
o Cancel all in-person meetings for ten or more participants. Use remote technology for meetings and gatherings. For meetings of fewer than ten people, arrange meeting area to provide six feet distance between participants, use source control masks, and require hand hygiene before and after the meeting.

**Plans and Policies for Out-of-Office work:** Develop policies for remote workers.

- Determine which staff can operate remotely, and develop corresponding procedures to maximize safety
- Define active screening, and develop procedure for centralized recording of staff screening results.
- Arrange for minimal-contact transfer of materials and supplies to staff to maintain their needed inventory

**Plans and Policies related to PPE:**

- Follow current MDH guidelines for PPE use for the duration of all client visits. Contingency Standards of Care for COVID-19 PPE for Home Care and Hospice
  

- Employees serving clients who are or suspected of being COVID-19 positive should use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. An N95 respirator (instead of facemasks) is indicated when an aerosol generating procedure (AGP) are performed.

  - When using N-95 respirators, it is required that you have a Respiratory Protection Program
    [https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/rrp/index.html](https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/rrp/index.html)

- When care is provided in the home or in a congregate setting, clients and families should be encouraged to wear cloth face coverings for the duration of the visit.

**Plans and Policies related to Disinfection**

- Examine current disinfecting policies between client visits and update as needed

  - Bag Technique – address what and how to bring supplies and equipment into the home (sample guideline follows)
**Recommendations for Bag Technique When Caring for Clients with Persons under Investigation (PUI) or Confirmed COVID19 (including other persons in the household)**

| Do not take the nursing bag or laptop into the home |
| Only necessary equipment and supplies should be taken into the home |
| Place all equipment in plastic zip lock bag(s) prior to entry into the home |

**Supplies may include:**

- A separate, paper bag for respirator or facemask if reusing.
- Protective barrier sheet(s) for equipment placement as needed
- Vital sign equipment: pulse oximeter without protective container, thermometer, BP cuff and stethoscope (dedicated vital sign supplies if available) and any other disposable supplies needed for this client, i.e. wound care supplies
- Appropriate PPE
- Hand sanitizer or soap for handwashing, and paper towels
- Disinfectant for equipment cleaning
- Separate bag for equipment after use and prior to cleaning

| Perform hand hygiene and glove changes appropriately |
| Don PPE per sequencing guidelines when appropriate: Gown, facemask or N95 respirator, goggles or face shield, gloves |
| Remove equipment from plastic zip lock bag and place on clean dry surface/barrier as appropriate – utilize hand hygiene with each re-entry into the zip lock bag |
| If common use of equipment for multiple clients is unavoidable, clean and disinfect all pieces of equipment used per manufacturer guidelines or per policy before returning to the plastic zip lock bag – being careful not to contaminate inside of the bag |
| Wipe the exterior of the plastic zip lock bag with disinfectant |
| Remove PPE per sequencing guidelines at a distance greater than 6 feet away from PUI or confirmed client/person(s). May be outside of home, attached garage or entryway. Place reusable dirty PPE in separate sealed bag to be cleaned later. Place non-reusable dirty PPE in sealed bag which may be disposed of in garbage receptacle. |
| Perform hand hygiene |
| Follow agency policy for glove use and hand hygiene between client contacts |

**Plans and Policies related to Clinical Considerations:**

- Whenever possible, combine client visits to limit exposure and conserve PPE.
- Initiate procedure for all staff of assessing client (and others residing in the home) prior to start of visit, to ensure appropriate precautions are in place.
▪ Screenings should be based on the most recent evidence from the CDC.
  CDC COVID-19 Symptoms

▪ Screening questions must be completed prior to every visit on every client, and other household members if applicable, assuring that a positive answer would be outside their baseline by querying further than just the screening questions (i.e. shortness of breath in COPD client or fever in actively dying client). If outside of the client’s baseline, assist them in contacting their medical provider to determine if need for testing.

▪ If screening is positive, review the classification of this client based on emergency preparedness plan and continue to see client based on agency protocols.

  o As appropriate, some clients may complete regular independent screening with use of a pulse oximeter. MDH guidance: Pulse Oximetry and COVID-19
    https://www.health.state.mn.us/diseases/coronavirus/hcp/pulseoximetry.pdf

  o Aerosol Generating Procedures:
    ▪ Follow MDH current guidance (select appropriate PDF from
      https://www.health.state.mn.us/diseases/coronavirus/hcp/infectioncontrol.html)
    ▪ When appropriate, adjust aerosol-generating procedures (consider inhalers rather than nebulizers).

  o Dedicated medical equipment should be used when caring for clients with known or suspected COVID-19.
    ▪ All non-dedicated, non-disposable medical equipment should be cleaned and disinfected according to manufacturer’s instructions and agency policies.
    ▪ Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.

  o Documentation: determine what information is included in client record
    ▪ All clinical measurements and symptoms
    ▪ Record specific type(s) of PPE worn by HCW to clarify compliance with recommendations on the date of care in case of future questions

  o Telehealth: If your agency is involved in telehealth services
    ▪ Ensure technological equipment is in working order
    ▪ Coordinate with client’s primary care provider as needed to facilitate telehealth appointments
• Determine procedures to implement and document any remote visits, including documentation of necessary steps taken to qualify for reimbursement, as possible.

Plans and Policies related to Exposure, Testing, and Reporting

• Testing and Reporting: Staff
  o Assess need for staff testing, and learn about testing resources and availability to make a plan for testing.
  o Note that responsibility for reporting lies with the testing originator or the processing lab.
  o Potential options for staff testing:
    ▪ Encourage staff to use the saliva test sites established by MDH (PCR-based testing). https://mn.gov/covid19/for-minnesotans/if-sick/testing-locations/index.jsp
    ▪ Purchase saliva test kits from Vault Laboratories. https://www.vaulthealth.com/covid
    ▪ Encourage staff to request at-home saliva tests made available by MDH. There is a limit to the number of tests per household, so this might not be a sustainable option. https://www.health.state.mn.us/diseases/coronavirus/testsites/athome.html
    ▪ Coordinate testing with long-term care facilities and/or hospitals/clinics in your area
    ▪ Request antigen-based test kits from MDH. These tests can only be used by CLIA waived entities with a provider order. https://www.health.state.mn.us/diseases/coronavirus/hcp/binaxnow.html. CLIA details: https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA

• Staff Exposures
  o MDH resource for exposed health care workers: https://www.health.state.mn.us/diseases/coronavirus/hcp/exposure.html
  o Staff Exposure to Individuals with Confirmed COVID-19 (sample grid)
<table>
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<th>Personal Protective Equipment Used</th>
<th>Work Restrictions</th>
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| Staff who had prolonged close contact with a client, visitor, or HCP with confirmed COVID-19 | • Staff not wearing a respirator or facemask  
• Staff not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask  
• Staff not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generation procedure | • Exclude from work for 14 days after last exposure  
• Staff member to monitor themselves for fever or symptoms consistent with COVID-19  
• Immediately report any symptoms to supervisor and contact your medical provider to determine need for medical evaluation and testing. |
| Staff other than those with exposure risk described above               | • N/A                                                                                                 | • No work restrictions                                                                                                   |
|                                                                        | • Testing and reporting: Clients  
  ○ The originator of the testing or the lab where processing is done is responsible for reporting positive COVID-19 results. You do not need to report unless your agency is the originator of the testing order. | • Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening at the beginning of each shift.  
• Immediately report any symptoms to supervisor, self-isolate and contact your medical provider to determine need for medical evaluation and testing. |
- If you are providing home care services to an individual with proven COVID-19, the clinic or hospital which ordered and/or conducted the test is required to report findings to the state.

- If you are providing services to an individual residing in a congregate living facility which has conducted or coordinated the testing, the facility and the testing lab are required to report positive test results to the state.

- If you have any doubt or confusion, confirm with others involved in the process to ensure reporting is done (without duplicate reports).

  o If your client’s case has not been reported, COVID-19 may be reported using the MDH COVID-19 Case Report Form https://www.health.state.mn.us/diseases/coronavirus/hcp/covidreportform.pdf or by phone at 651-201-5414 or 877-676-5414. MDH will notify your local public health department as needed. https://www.health.state.mn.us/diseases/coronavirus/hcp/report.html

  o Notify MDH immediately (within 24 hours) about any of the following:
    - Severe respiratory infection associated with hospitalization or sudden death of a client.
    - Increase in the number of clients transferred to acute care hospitals for any cause over baseline.

- Testing and reporting: Contact Tracing

  o MDH and health care agencies are cooperating to identify and manage staff with workplace exposure to people with confirmed COVID-19 disease. This approach calls for timely identification of these persons who have contact with a co-worker, client, or other person in the client’s home, before onset of symptoms. Then, a structured risk assessment is conducted, with individual employees receiving recommendations for health monitoring, voluntary quarantine, and social distancing, as relevant.


  o The MDH Health Care Worker Monitoring Team conducts Contact Tracing and will notify staff who have been exposed.

  o MDH will provide email-based symptom monitoring for exposed staff members with high-risk exposures.

  o Use a line list to
    - track clients with COVID-19, including names, location, and health status
track staff that had an exposure with a person (client or co-worker) that tested positive for COVID-19.

include all staff that interacted with the positive person from 48 hours before symptoms started, or 48 hours prior to a positive COVID test result if asymptomatic, until one of the following conditions is met:

- Positive client: All necessary PPE (i.e., Transmission-based Precautions) is put in place for the positive client,
- Positive co-worker: The last day that the COVID-19 positive staff member came to work
- In other words, the exposure risk period starts 48 hours before the client or staff member developed symptoms and ends on the date that risk of COVID-19 transmission was eliminated/10 days after symptom onset and 24 hours fever free (without fever reducing medication and symptom improvement.) For asymptomatic individuals exposure risk period start 48 hours before a COVID positive test.

Provide education to client (and other household members) who had exposure to the positive staff member on infection control, self-quarantine measures, and cloth face covering use when in contact with others. They should be screened for symptoms and fever according to current MDH guidelines.

- Discontinuing Transmission-based Precautions
  - Exception: Immune-competent clients with confirmed COVID-19 who are asymptomatic at the time of testing and remain asymptomatic during follow up, should remain in transmission-based precautions until at least 10 days have passed since the date of positive test.
  - Clients with severe to critical illness or who are severely immunocompromised may need transmission-based precautions implemented up to 20 days, refer to CDC Illness Severity Criteria: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions)
Plans and Policies related to Returning to Work

- MDH will provide instruction as to length of quarantine necessary based on current CDC guidance.

Plans and Policies Related to IT and Communications

- Develop IT protocols as needed to manage increased technological connections with clients, staff, and others as needed.
  - Assess need for increased technological devices (tablets, smart phones, etc.) to facilitate continuous cares
- Communication plans
  - Internal Communication:
    - Set up a Town Hall (or series of this type of meeting) with your staff. Be clear and honest, and listen to concerns.
    - Downplaying COVID-19 cases and deaths would be disingenuous, could undermine your credibility, and could be perceived as your “not hearing” or being out of touch with staff concerns.
    - There is undeniable risk when staff are in direct contact with a client that has COVID-19. Focus on ways to best protect the staff during this interaction. Also use this time to highlight areas (e.g., social distancing, hand hygiene) that need work.
    - Remind staff of situations where they have had successes in the past (e.g., discuss a considerably difficult influenza season in the past).
    - One of the key aspects of the response is to manage staff expectations and to maintain open communications to reduce fear, to receive feedback, and to adjust plans and policy as the situation warrants. Flexibility and scalability is critical across the long-term event.
      - In addition to regular meetings, determine best modes and frequency of communication to share updates and accept questions and suggestions.
      - Develop a quick and efficient process to communicate any changes in acceptable care practices to all staff.
▪ Develop safe method for confidential communication between individual employees and leadership to express concerns and questions.

▪ Consider establishing a buddy system to encourage employees to regularly check in with one another for support during these difficult times. Mental health and well-being are essential at this time.

▪ Show your staff appreciation and regard for their well-being. Send regular email updates, highlighting both challenges and successes. Treat staff with food, snacks, or care packages.

▪ Examine support and mental health opportunities offered through your health plan. Promote information about accessing these benefits, as well as telehealth sessions with licensed therapists. Remind and encourage this with each communication.

  o Communication with Clients: Make a plan to ensure regular communication with clients, caregivers and families.

    ▪ Research indicates clients and their caregivers appreciate being given full, current, and accurate information.

    ▪ Remind clients to explore supportive options through their personal health plans.

    ▪ Make sure clients and their caregivers understand your agency policy on after-hours and between-visit communication, including verifying they have accurate contact information.

    ▪ Remind clients and their caregivers the importance of informing the home health agency of COVID positive test results, if COVID test is pending, and/or any exposures to persons with confirmed COVID.
**D. Education:**

Timely and relevant education, for staff and clients, is key to operating with minimal interruptions and confusion.

- **Coordination** – Who is working within the community and region to take advantage of assets, training, and other resources? This should include MDH regional personnel as well as your local emergency manager, local public health department, and your health care coalition (including your Regional Health Care Preparedness Coordinator).

- **Document staff acknowledgement and completion of education and training** (necessary for regulatory survey compliance).

- **Education for Staff**: Determine educational needs
  - Infection control
  - PPE use, including donning and doffing, storage and disposal
    - CDC Using Personal Protection Equipment
    - Confirm that client has area designated for PPE donning and doffing, preferably in attached garage or entry way
    - Garbage can should be lined with plastic liner in same area where donning and doffing occurs
    - Disposable PPE can be discarded in regular trash after doffing
    - Eyewear such as goggles and face shields must be cleansed and disinfected after use as per directions if reused.
  - Training and appropriate fit-testing for N95 respirators
    [https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/rpp/comp/fittest.html](https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/rpp/comp/fittest.html)
  - Self-monitoring: All staff must actively screen for fever and symptoms of illness before starting each shift. Screenings should be based on the most recent guidance from the CDC. [https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html)
  - COVID-19 disease education
    - Transmission and Contagion: ensure all employees have a solid understanding of COVID-19, how it is transmitted, and what precautions are necessary based on CDC standards
Symptoms, signs and side effects: Individuals with COVID-19 may or may not show symptoms such as fever, respiratory symptoms (e.g. cough), sore throat, new or worsening malaise, new dizziness, headache, vomiting, abdominal pain, diarrhea, or loss of taste and smell.

COVID test specimen collection following CDC standards

Understanding and evaluating risk levels based on type and length of exposure, according to CDC guidelines

MDH resource: https://www.health.state.mn.us/diseases/coronavirus/hcp/hcwrecs.pdf

Simulation Training Suggestions:

Empower staff with knowledge and training: In one Minnesota agency, after some staff expressed understandable fear and uncertainty around caring for COVID-19 positive clients, a group of leaders took on the title “COVID Crew.” This team committed to making sure that they had the information and skill needed to keep themselves and their clients safe. The COVID Crew took time to make sure that other staff were well trained in PPE donning and doffing practice and received reminders about hand hygiene, mask use, and social distancing. This team also saw an opportunity to help when staffing challenges emerged in sister agencies. Empowered by leadership recognition, knowledge, training, and practice, members of the COVID Crew offered training in COVID-19 positive client care for other agencies, training the existing staff so that they could feel confident as well.

Hold a COVID-19 preparedness exercise: Host a planning and training session called, “A Day in our COVID-19 Life” to get your team thinking about how roles, expectations, and realities are changing because of COVID-19. This can be a useful exercise to boost confidence, answer questions, and improve the functioning of your team. Knowledge and well-defined expectations can make staff more confident in providing client care. When planning a preparedness exercise for your agency, consider the following:

- Include all staff. Everyone’s role is affected by COVID-19, so it is important to engage all roles. Infection prevention and occupational health leaders should help to plan the exercise.
- Talk through a COVID-19-positive client’s day. Although your staff is likely not caring for the client 24/7, it can help to consider all of
the ways the clients’ lives are changed, to offer better support and education during visits.

- Consider routine COVID-19 scenarios like personal care, room cleaning, waste removal, dietary needs, and transport of clients for external medical care, like dialysis.

**Education for Clients:** Determine educational needs for clients and their caregivers.

- All admission packets and current clients should be provided with instructions on infection control, including management of COVID-19.
- Visitor guidelines and PPE use: MDH tools are available for sharing with clients and caregivers [https://www.health.state.mn.us/diseases/coronavirus/prevention.html](https://www.health.state.mn.us/diseases/coronavirus/prevention.html).
- Educate clients and their caregivers the importance of informing the home health agency of COVID positive test results, if COVID test is pending, and/or any exposures to persons with confirmed COVID.
- If clients or caregivers are symptomatic or test positive for COVID-19, offer information on what they can expect [https://www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).
- Educate on quarantine protocol
  - Clients with COVID-19 should be isolating as much as possible
    - in a separate room with private bathroom,
    - with the door closed for those who are symptomatic.
  - All clients positive for COVID-19 (symptomatic and asymptomatic) should be restricted to their home, except for medically necessary purposes. If it is essential to leave their home, clients should:
    - Wear an alternative mask
    - Perform hand hygiene, and
    - Practice social distancing (≥6 feet from others).
- Explain why and how to clean and disinfect surfaces that are frequently touched by multiple people, such as door handles, bathroom surfaces, handrails, remotes, phones, and medical equipment (lifts, thermometers, pulse oximeter, etc.) with [https://www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).
soap and water or another detergent at least daily. CDC Resource: https://www.cdc.gov/coronavirus/2019-ncov/prevent-get-sick/disinfecting-your-home.html

End-of-Life Care

- Client goals of care and decision-making at end-of-life
  - Recognize the importance of talking with clients and caregivers about advance care planning and end-of-life decision making, providing resources or referrals as appropriate.
  - Review current standards to determine if additional information is needed
    - Advance Care Planning with COVID-19 resource https://www.honoringchoices.org/covid-19
    - End of life care decisions and POLST https://www.mnmed.org/polst
    - Hospice and Palliative Care updates and resources https://www.mnhpc.org/covid-19
- Emergency Response and Death Management
  - Review current standards on CPR and requesting EMS services to determine if additional information or changes are needed https://cpr.heart.org/en/resources/coronavirus-covid19-resources-for-cpr-training
  - If a client passes away while under your care, MDH recommends testing for COVID-19 if the death is not clearly associated with another cause.
    - A nasal pharyngeal swab should be collected prior to sending the body to the funeral home or medical examiner’s office. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html
    - The specimen can be sent to MDH for COVID-19 testing free of charge. Please see Evaluating and Testing for Coronavirus Disease 2019 (COVID-19) for appropriate forms and submission guidance and call MDH (1-877-676-5414) to report the death and suspicion of COVID-19.
    - If hospice is involved with the client, notify them of the death and to collaborate on the testing process.
    - As appropriate, contact local or regularly-used Funeral Directors to determine if there are any changes related to COVID-19 to be aware of.
E. Supplies:

- Determine needs for specialized equipment and personal protection equipment. Check in with regular DME suppliers to assess potential issues.
  - Identify appropriate cleaning and disinfecting for supplies and equipment
- Monitor for shortages of regularly-stocked supplies and equipment, identifying alternative sources early to avoid lags in acquisition.
- As appropriate, contact regularly-used pharmacies to learn of any changes or anticipated issues with prescriptions and/or delivery.
- Explore availability of PPE from usual vendors and identify new possibilities as back-up.
- Consider whether changes are needed for PPE storage procedures (both in office and in staff vehicles)
- Understand procedures in place within state to offer critical assistance when supplies are low (less than 7 days’ on hand) and all other options are exhausted.
  - State assistance is not a long-term solution and is only to be used in extreme situations.
  - State assistance is not available to agencies connected to a hospital system.
  - If attempts through usual and alternative vendors are unsuccessful, follow these steps in this order:
    - Contact your County Emergency Manager
      https://dps.mn.gov/divisions/hsem/contact/Pages/county-emergency-managers.aspx
    - Contact your Regional Healthcare Preparedness Coordinator
      https://www.health.state.mn.us/communities/ep/coalitions/rhpc.html
    - Request supplies through the state Redcap form
      https://redcap.health.state.mn.us/redcap/surveys/?s=LXR9JMRYEJ