# Caring for People With Serious Illness in the Home:
## Hospice Lessons Learned From the COVID-19 Pandemic

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# Outline

- Clinical Care
  - Staff Education and PPE Protocols
  - PPE Access and Supply
  - Care Model
- Operational Procedures
  - Employee Operating Procedures
  - Infection Control Site Manager
  - Health Check App
- COVID-19 Controls
  - Testing
  - Vaccinations

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# Clinical Care – Staff Education and PPE Protocols

- Prevent others from getting sick
  - Stay at home if you are ill
- Reduce viral exposure
  - Wash your hands, clean and disinfect surfaces and socially distance
- Wear appropriate PPE
  - Follow CDC guidelines at work and at home



Wear a Mask Campaign
This video features VITAS executives Nick Westfall, Joe Shega, Diane Psaras, Drew Landmeier a...

Joseph Shega MD
Chief Medical Officer

| Physical distancing, face asks and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis | | | |
|---|---|---|---|
| Chu, DK, et al., Lancet, 2020 | | | |
| | Comparison Group | Intervention Group | Relative Effect aOR |
| Physical Distance | Short distance, 12.8% | Further distance, 2.6% | 0.18 |
| Face Masks | No face mask, 17.4% | Face mask, 3.1% | 0.15 |
| Eye Protection | No eye protection, 16% | Eye protection, 5.5% | 0.34 |

| Patient Status | Staff PPE Required | Patient PPE Recommended (as tolerated) |
|---|---|---|
| *Not known to be infected* with COVID-19 or PUI | • Surgical mask or cloth face covering with face shield or goggles<br>• Universal Precautions | • Surgical Mask or cloth face covering |
| *Not known to be infected* with COVID-19 or PUI and aerosolizing procedures being performed | • Surgical mask with face shield or goggles<br>• Universal Precautions | • Surgical Mask or cloth face covering |
| *Known to be infected* with COVID-19 or PUI | • Surgical Mask or KN95 with face shield or goggles<br>• Gown<br>• Universal precautions | • Surgical Mask or cloth face covering |
| *Known to be infected* with COVID-19 or PUI and aerosolizing procedures being performed | • Fit Tested N95 or KN95 with face shield or goggles<br>• Gown<br>• Universal precautions | • Surgical Mask or cloth face covering |

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# Clinical Care – PPE Access and Supply




*NOT NIOSH-APPROVED*

| Program # | Program Name | Gloves (Boxes of 50) | | | | | Loop Masks (each) | N95/KN95/N99 Masks (each) | | | Face Shields (each) | Goggles (each) | Gowns (each) | Hand Sanitizer (4 oz, each) | Number of BINAXNow Abbott Rapid Test Cards |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Total | Small | Medium | Large | XL | Loop/Surgical Masks | Total | Small | Regular | Face Shields | Goggles | Gowns | Hand Sanitizer | BINAXNow Abbott Rapid Test Cards |
| 10 | Volusia-Flagler | 928 | 20 | 216 | 636 | 56 | 6,540 | 178 | 87 | 91 | 51 | 78 | 484 | 180 | 1,392 |
| 11 | Dade-Monroe | 46,154 | 9,376 | 34,090 | 2,582 | 106 | 67,720 | 222 | 38 | 184 | 387 | 34 | 10,108 | 3,815 | 5,471 |
| 14 | Broward | 3,807 | 274 | 935 | 2,362 | 236 | 25,466 | 1,153 | 1,051 | 102 | 444 | 1 | 10,130 | 12,297 | 3,198 |
| 16 | Palm Beach | 3,719 | 235 | 1,333 | 2,121 | 30 | 28,907 | 448 | 49 | 399 | 889 | 28 | 10,302 | 5,434 | 3,040 |
| 17 | Central Florida | 6,641 | 242 | 4,585 | 1,606 | 208 | 22,508 | 89 | - | 89 | 152 | - | 4,778 | 404 | 165 |
| 18 | Brevard | 590 | 63 | 182 | 252 | 93 | 12,949 | 235 | 212 | 23 | 411 | 8 | 5,245 | 1,065 | 54 |
| 19 | Collier | 3,765 | - | 2,895 | 870 | - | 4,540 | 156 | 21 | 135 | 90 | 17 | 2,420 | 206 | 120 |
| 20 | Jacksonville | 396 | 107 | 107 | 63 | 119 | 8,701 | 249 | - | 249 | 116 | 18 | 1,032 | 346 | 524 |
| 21 | Dallas | 2,386 | 496 | 621 | 579 | 690 | 4,280 | 595 | 4 | 591 | 294 | 60 | 4,796 | 1,612 | 280 |
| 22 | Pensacola | 952 | 143 | 361 | 234 | 214 | 7,856 | 474 | 472 | 2 | 172 | 20 | 1,910 | 242 | 1,477 |
| 23 | Mid-State Florida | 1,999 | 91 | 1,397 | 292 | 219 | 4,713 | 552 | 55 | 497 | 65 | - | 1,003 | 5,509 | 1,566 |

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# Care Model

Impact on Workforce

Telehealth

Volunteers
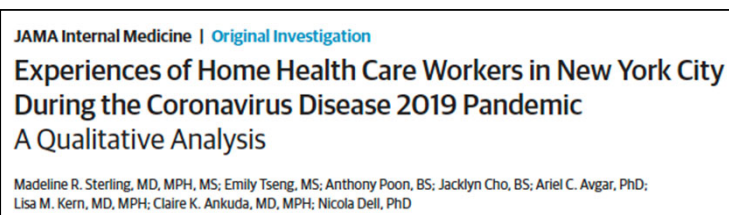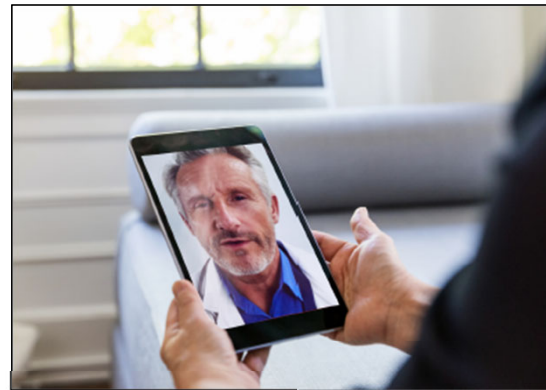
Grief Support for Caregivers

# Operational Procedures - EOPs

| EOP | General Description |
|---|---|
| 1 | Employees that <u>have not</u> had direct exposure with COVID-19 |
| 2 | Employees that <u>have</u> had presumed non-healthcare related direct exposure with COVID-19 |
| 3 | Employee has a confirmed fever or respiratory infection and first-hand non-healthcare related exposure to COVID-19 |
| 4 | Employee has signs or symptoms of fever or respiratory infection with no known exposure to COVID-19 |
| 5 | VITAS clinical team member knowingly caring for a patient known to have COVID-19 (healthcare related), or patient under investigation (PUI) for COVID-19 |
| 6 | VITAS clinical team member undergoes asymptomatic screening and tests positive for COVID-19 whether or not through work |
| 7 | Symptoms within first 3 days of vaccination for employees with <u>no known</u> COVID exposure |
| 8 | Symptoms within first 3 days of vaccination for employees <u>with known</u> COVID exposure |

COVID-19 Employee Operating Procedures

**COVID-19 Employee Operating Procedures**

| Employee Situation | Management Response Key Messages & Actions |
|---|---|
| 1. Employees that *have not* had direct exposure with COVID-19<br><br>**Examples:**<br>a. Travel with no incidents of positive COVID-19 on their ship<br>b. Visitors in the home that traveled from states or countries with not travel restrictions or advisory due to the virus.<br><br>**Updated travel advisory listing is contained within link provided below.**<br><br>https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html<br><br>c. Patient care in a facility that has had no known cases of positive COVID-19 testing<br>d. Patient care in a home where the patient and the family have had no known exposure to COVID-19 | When there is <u>no known contact with COVID-19</u> or direct exposure:<br>• Employee *is able to work* with no restrictions<br>• Self- Monitoring is still required to ensure the safety and well- being for employee, coworkers, patients, families and partners.<br>• Employee should monitor twice a day for temperature and signs and symptoms URI with no work restrictions – (additional guidelines forthcoming)<br>• Questions regarding ongoing employee monitoring requirement should be escalated to your RMD and/or NPCA to ensure ongoing compliance.<br><br>Follow these CDC Guidelines:<br>https://wwwnc.cdc.gov/travel/page/covid-19-cruise-ship<br>Take everyday precautions:<br>• Avoid close contact with people who are sick<br>• Take everyday preventive actions:<br>  ○ Clean your hands often<br>  ○ Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place.<br>  ○ If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.<br>  ○ To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails, handshaking with people, etc. Use a tissue or your sleeve to cover your hand or finger if you must touch something.<br>  ○ Wash your hands after touching surfaces in public places.<br>  ○ Avoid touching your face, nose, eyes, etc.<br>  ○ Clean and disinfect your home to remove germs: practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks & cell phones)<br>  ○ Avoid crowds, especially in poorly ventilated spaces. Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick.<br>  ○ Avoid all non-essential travel including plane trips, and especially avoid embarking on cruise ships.<br><br>https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html |

July 22, 2020

2. Employees that *have* had healthcare related direct COVID-19. This includes have traveled to known travel advisory listing wi

**Examples:**

a. A Positive COVID- 19 was cruise, airplane you were

b. Direct contact with famil have tested positive for ( another state or country

c. Travel to other states or travel advisories due to C known contact with any positive for COVID-19 eit during visit

*Updated travel advisory within link provided belo

https://www.cdc.gov/corona ncov/travelers/index.html

3. Employee has a confirmed respiratory infection and firs healthcare related exposure

**Example:**

a. Employee has signs or sy respiratory infection due COVID-19 virus from trav with any individual that h any other means

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# Operational Procedures – Infection Control Site Manager



Infection Control Dashboard

Exposure Reporting

# Operational Procedures – Health Check App
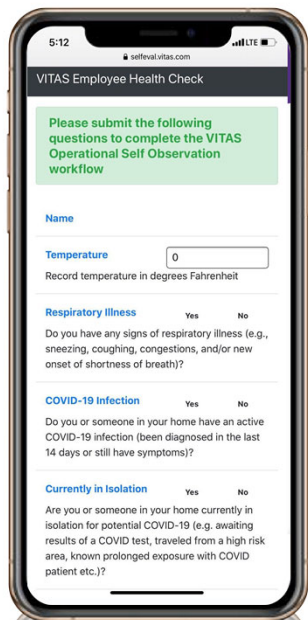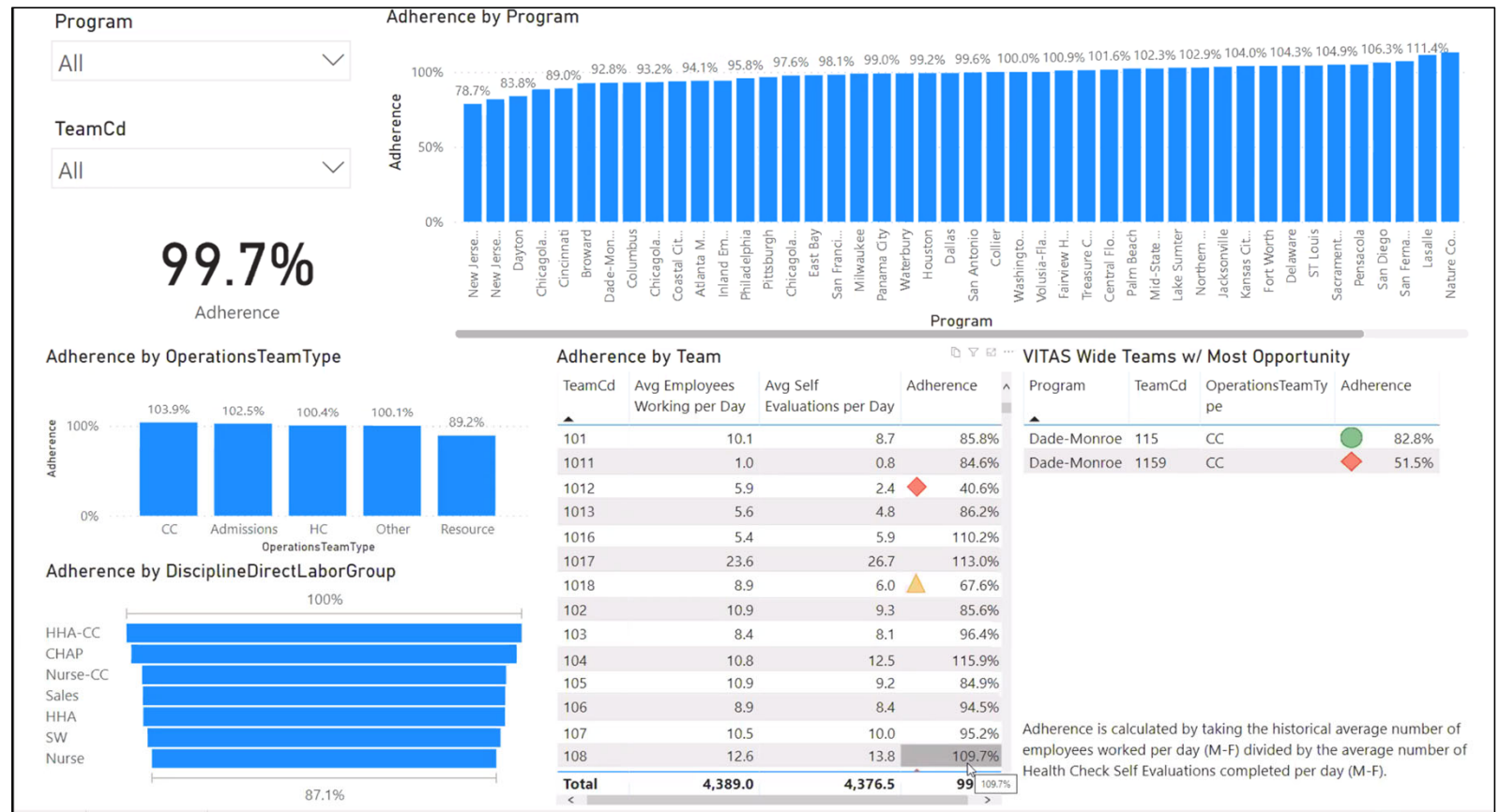
# Testing

# Vaccinations



Figure 4

**Which Groups Are Most Likely To Be COVID-19 Vaccine Hesitant?**
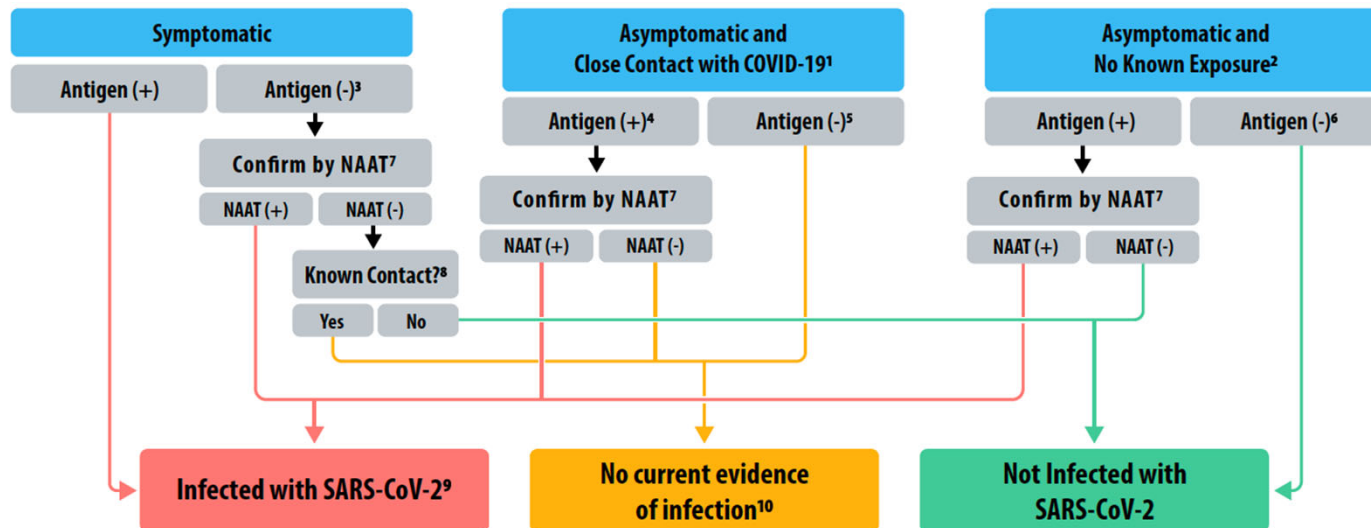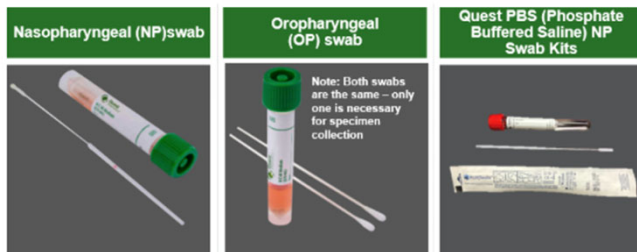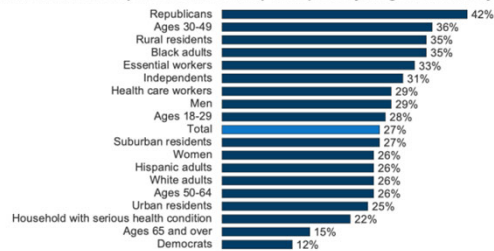
Percent within each group who say, if a COVID-19 vaccine was determined to be safe by scientists and available for free to everyone who wanted it, they would **probably not get it** or **definitely not get it:**

| Group | Percent |
|---|---|
| Republicans | 42% |
| Ages 30-49 | 36% |
| Rural residents | 35% |
| Black adults | 35% |
| Essential workers | 33% |
| Independents | 31% |
| Health care workers | 29% |
| Men | 29% |
| Ages 18-29 | 28% |
| Total | 27% |
| Suburban residents | 27% |
| Women | 26% |
| Hispanic adults | 26% |
| White adults | 26% |
| Ages 50-64 | 26% |
| Urban residents | 25% |
| Household with serious health condition | 22% |
| Ages 65 and over | 15% |
| Democrats | 12% |

SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30-Dec. 8, 2020). See topline for full question wording.

**KFF COVID-19 Vaccine Monitor**

Figure 4: Which Groups Are Most Likely To Be COVID-19 Vaccine Hesitant?



**McKnight's SENIOR LIVING**
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January 26, 2021

**Sunshine State's home health workers calling for more access to vaccine**



VITAS Employees Share Their Vaccination Stories
We take care of each other—VITAS employees share their experiences about receiving the COVI...

Larnell Henderson
Medical Service Technician
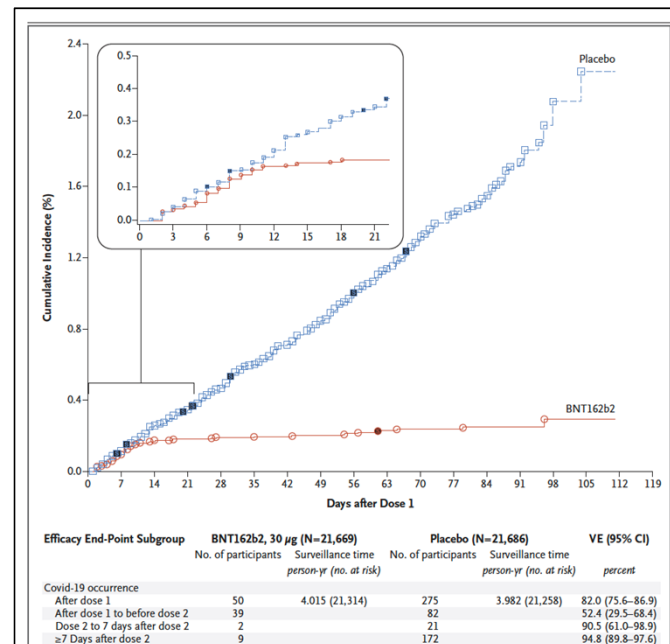HME Chicago



*The* **NEW ENGLAND JOURNAL** *of* **MEDICINE**

ESTABLISHED IN 1812    DECEMBER 31, 2020    VOL. 383  NO. 27

Safety and Efficacy of the BNT162b2 mRNA Covid-19 Vaccine



| Efficacy End-Point Subgroup | BNT162b2, 30 μg (N=21,669) | | Placebo (N=21,686) | | VE (95% CI) |
|---|---|---|---|---|---|
| | No. of participants | Surveillance time person-yr (no. at risk) | No. of participants | Surveillance time person-yr (no. at risk) | percent |
| Covid-19 occurrence | | | | | |
| After dose 1 | 50 | 4.015 (21,314) | 275 | 3.982 (21,258) | 82.0 (75.6–86.9) |
| After dose 1 to before dose 2 | 39 | | 82 | | 52.4 (29.5–68.4) |
| Dose 2 to 7 days after dose 2 | 2 | | 21 | | 90.5 (61.0–98.9) |
| ≥7 Days after dose 2 | 9 | | 172 | | 94.8 (89.8–97.6) |



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