

PHC: COVID-19 Patient Care Update

RISING ABOVE THE PANDEMIC



What We Have Accomplished

Phoenix Home Care & Hospice (PHC) has been dedicated to protecting our clients throughout the COVID-19 pandemic, which was immediately communicated in owner Phil Melugin's letter to clients on March 23, 2020. Based on solid research and recommendations from the Centers for Disease Control and Prevention (CDC), the leadership team of Phoenix Home Care & Hospice developed COVID-19 Procedures to ensure the safety of clients while continuing to receive essential care by PHC staff during the pandemic. All PHC staff underwent training to ensure they understood the risk of transmission in client's homes, and ways to reduce that risk and prevent spreading the virus. Staff were trained in proper disinfection of homes and equipment, as well as proper personal protective equipment (PPE) to protect themselves and their patients. Lastly, all offices implemented Emergency Preparedness Plans to ensure timely and appropriate responses in the event of a surge of COVID-19 patients or staff.

More than 5,000 clients have been serviced on a weekly basis during the pandemic, and Phoenix Home Care & Hospice was one of the first home care agencies to accept COVID-19 patients. Our essential caregivers and clinicians continue to bravely enter the homes of others, providing necessary care to keep our patients at home and prevent hospitalizations. We have also provided meaningful connections for patients to their physicians and loved ones through remote telehealth during quarantine.

All Phoenix Home Care & Hospice caregivers, clinicians, and staff are being monitored, quarantined, and isolated based on CDC Healthcare Worker recommendations. As part of an essential workforce, our COVID Taskforce monitors the CDC website and state health departments for updates and new information on a continual basis. Our COVID Rapid Response Team collects and investigates employee COVID-19 exposure reports in real time and directs employees and leadership based on CDC guidance in order to ensure our essential healthcare workers may continue to safely care for patients.

What We Are Still Doing

All Phoenix Home Care caregivers, clinicians and anyone visiting a client in their home or facility are required to wear gloves and a face covering based on the type of care being provided. Clinicians or caregivers providing hands-on patient care, such as bathing, dressing, performing a physical assessment, or assisting with mobility, are required to wear a medical/surgical face mask. The liquid barrier of this type of mask protects the employee from droplets expelled during coughing, sneezing, or talking loudly while in direct contact with the patient. In addition, if a patient is symptomatic or suspected of having COVID-19, the direct contact employee should wear goggles or a face shield at all times. All other staff who come into close, but not direct contact with clients, are required to wear a cloth face mask while in a patient's home or room. This could include while cleaning the house, filling a med planner, or brief encounters of less than 15 minutes. All staff entering a long-term care facility, assisted living facility or independent living facility should wear a medical/surgical face mask and adhere to any additional infection control policies the facility may have in place. OSHA approved N95 respirators are still being regulated by suppliers, with limited quantities available, and are therefore reserved for staff caring for confirmed COVID-19 positive patients at this time.

If caregivers or clinicians are providing high-contact patient care, such as dressing, bathing, performing wound care, or assisting with toileting/changing briefs, they have been advised to wear a gown and/or eye protection in addition to the medical/surgical face mask in order to protect their eyes and clothing from transfer of viral pathogens. In addition, any aerosol-producing procedure, including CPR, tracheostomy care, and nebulizer treatment may require the use of a N95 respirator to protect the employee from inhaling contaminated respiratory secretions. The additional PPE items mentioned in these "elevated risk" scenarios should be used for any patient exhibiting symptoms and/or high-risk factors for COVID-19.

Telehealth remains an alternative to in-person visits during the COVID-19 crisis and has become a valuable tool during times of quarantine, isolation, and business closures. Phoenix Home Care may reduce non-essential/unskilled services for suspected or confirmed COVID-19 infections, and virtual visits may be offered until the illness resolves. Services such as homemaker chores, social worker, chaplain, therapy, and home health aide visits (if not required to prevent infection,

deterioration, or skin breakdown) may be rescheduled. Phoenix Home Care & Hospice has identified specific scenarios where safe and effective care may be provided remotely, such as nursing teaching/training/education, home exercise programs, bereavement, supervisory visits, as well as assisting physicians with face to face encounters. Although virtual visits should not be utilized to replace in-person visits, the use of telehealth can be utilized for additional oversight, during facility closures, or when exposure risks are elevated. Although most virtual visits are non-billable for the agency, all must still be ordered by a physician and documented within the client's clinical record.

What Patients Can Still Do

Clients are encouraged to wear a face covering during all home care visits to protect themselves and our caregivers visiting them in their homes. Patients should report any COVID-19 symptoms to PHC staff prior to all visits, and any patient exhibiting 2 or more symptoms should be reported to the agency Director for further recommendations on proper PPE selection. It is imperative that patients are screened prior to each visit to prevent exposures, and PHC staff should ensure a pre-visit screening is done prior to each patient visit. Patients and/or staff should report any of the following exposure risks to the agency prior to conducting a visit:

Pre-Visit Screenings

Prior to any home visit from any discipline or division of home care service, COVID-19 pre-screening should be attempted via telephone or prior to entering the residence (i.e. at the patient's door).

Ask your patient the following questions:

- 1) **Current Infection:** Have you or anyone in your home/room been diagnosed or screened for COVID-19 infection? {Yes or No}
- 2) **Symptoms:** Have you or anyone in your home/room had a fever of more than 100.4°F, cough, shortness of breath or difficulty breathing? {Yes or No}
Any symptoms including chills, repeated shaking with chills, muscle pain, headache, sore throat, fatigue, congestion or runny nose, nausea or vomiting, diarrhea, and/or new loss of taste or smell? {Yes or No}
- 3) **Exposure:** In the past 14 days, have you or anyone in your home/room had close contact with anyone suspected or confirmed infected with COVID-19 (for instance, been in the same room or direct physical contact)? {Yes or No}
- 4) **Travel:** In the past 14 days, have you or anyone in your home/room returned from travel outside your usual community or neighborhood (for instance, to another city, state or country)? {Yes or No}

Based on the patient's responses to the pre-screening questions, and the risk of exposure due to direct contact with infectious droplets from a suspected or confirmed COVID-19 patient, refer below to "Exposure Risks and Protocol" for recommendations on personal protective equipment use during your visit.

Clients that have been placed in quarantine or isolation due to suspected or confirmed COVID-19 infection will generally be followed by their local health department as part of county contact tracing efforts. Generally, most individuals can expect the CDC guidelines to be followed regarding discontinuation of transmission-based precautions or isolation:

For Persons with Symptoms AND Confirmed COVID-19 Under Isolation

Symptom-based strategy: Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- 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); and,
- At least 10 days have passed since symptoms first appeared.

For Persons who have NOT had COVID-19 Symptoms but Tested Positive and are Under Isolation

Time-based strategy: Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
 - If they develop symptoms, then the symptom-based or test-based strategy should be used.
Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

PHC: COVID-19 Employee Update

RIISING ABOVE THE PANDEMIC



What We Have Accomplished

Phoenix Home Care & Hospice (PHC) has been monitoring, planning, and implementing change since the COVID-19 Task Force rose to action on March 22, 2020. With solid research, continuing discussions, and employee feedback, the leadership team of Phoenix Home Care & Hospice developed the [COVID-19 Policies and Procedures](#) to guide all caregivers, clinicians, and employees through the pandemic. The electronic and printed versions of the policy manual are available to all PHC employees as a resource to guide infection control practices while in the office and/or caring for clients' in their homes.

As part of the COVID-19 response plan, Phoenix Home Care & Hospice has acquired and distributed more than 6,500 medical face masks and 6,000 hand-made cloth masks to employees across four states, which remain required during all client visits. During a world-wide shortage of personal protective equipment (PPE), Phoenix Home Care leaders traveled to stores in every city and were able to acquire critical N95 respirator masks to ensure no staff member has to enter a COVID positive home unprotected. More than 2,000 bottles of hand sanitizer were carefully mixed and placed in the bags of field staff, as well as replenishing gowns and gloves consistently.

Our COVID Rapid Response Team has investigated and responded to over 300 reported COVID-19 exposures. PHC is proud of our dedicated staff in protecting themselves from infection, leading to a positivity rate of less than 2% companywide. A member of the COVID Rapid Response Team can be reached any time by emailing COVID@phoenixhomehc.com or calling the HR Department within the PHC corporate office at 855-881-7442. If you have not had the opportunity to watch the video created to reflect on our reactions and highlight the accomplishments of Phoenix Home Care, please visit the [Phoenix Home Care & Hospice Facebook page](#) or click here to [view the video](#).

What We Are Still Doing

Phoenix Home Care & Hospice continues to require all employees, visitors, and staff to screen for temperature and symptoms upon entry to any PHC building or office. All visitors are required to wear a face covering while in our offices, including during interviews and orientation. Employees are recommended (required if local masking ordinance in effect) to wear a face covering if social distancing cannot be maintained in the office, including in all common areas, hallways, and in-person meetings. PHC office staff are required to disinfect their workstations twice daily, including all commonly used items such as telephones, mouse, and keyboards. Common areas, such as printers, door handles, and refrigerators are cleaned twice daily as well, and a deep cleaning will be conducted for any COVID-19 office outbreak.

The COVID Rapid Response Team continues to track all Employee Exposures and conduct contact tracing for all PHC clients, patients, and staff. Exposure Risk is based on contact with infectious droplets with the virus causing COVID-19 and published data on the transmission of the virus. Determining factors include:

- the duration and type of exposure (longer exposure time likely increases exposure risk, high-contact patient care activities are more likely to transfer pathogens),
- clinical symptoms of the infected individual,
- source control (whether the patient was wearing a facemask),
- personal protective equipment used by the healthcare worker,
- whether aerosol-generating procedures were performed (i.e. Intubation, tracheostomy, nebulizer), and
- individual health risk factors if the healthcare worker

The PHC Exposure Tree was designed to reflect the unique risks of caregivers, clinicians, and leadership alike. The differing levels of contact with the "source individual" takes into consideration all caregiver, clinician, and employee interaction expected within the home and office environment. Direct contact refers to healthcare workers providing "hands-on" direct patient care or having physical contact with a suspected or confirmed COVID patient for more than 15 minutes. Close contact represents the majority of interactions between co-workers and caregivers performing homemaker services. Close contact with a suspected or confirmed patient is defined as being within 6 feet of the source individual for at least 15 minutes or more. Finally, there is brief contact, which refers to the types of encounters

experienced with strangers at stores or in passing an individual in a hallway or across a room. Brief contact with a suspected or confirmed COVID positive individual poses no exposure risk to employees, as it is unlikely to come into contact with their infectious droplets.

All recommendations made by the COVID Taskforce in response to an Employee Exposure are based on the PHC Employee Exposure Tree, which is part of the [COVID-19 Policy Manual](#). Recommended monitoring and work restrictions were developed based on the CDC recommendations for Healthcare Workers with Potential Exposure at Work, Return to Work Criteria, and Strategies to Mitigate Healthcare Personnel Staffing Shortages, along with considerations for Optimizing PPE Supplies. Contact Tracing is conducted by the department supervisor or director and follows current recommendations to include the 2 days preceding symptoms or testing. All contacts are notified only after a positive exposure is confirmed, while maintaining strict HIPAA privacy protections and ensuring all instructions are accurate and up to date.

What You Can Still Do

All Phoenix Home Care & Hospice caregivers, clinicians, and employees are encouraged to continue to practice hypervigilant infection control practices including hand hygiene, cough etiquette, and social distancing. Refer to the Handwashing policy on proper handwashing technique and key time points to conduct hand hygiene during patient care.

It is imperative that staff continue to assess and adhere to PPE recommendations based on the exposure risk of each individual client. Staff are required to conduct a pre-visit screening prior to each visit with a PHC client or patient and based on that screening should be able to determine appropriate personal protective equipment needed to safely enter the home. PHC has developed a PPE table, which indicates the required PPE based on the symptoms and risk factors reported by each client during their pre-visit screening. Please check with your immediate supervisor or HR department if you need handwashing items, face masks, or other PPE items recommended for your client's needs.

PHC has established risk categories and protocols for identifying employees and patients exposed to the 2019 Coronavirus. According to the most recent information released from the CDC, the main **Symptoms** of COVID-19 include:

- Fever (temperature greater than 100.4°F)
- Cough
- Shortness of breath
- Difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Fatigue
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- New loss of taste or smell

High-risk factors of COVID-19 exposure have been identified as:

- **Exposure Risks to Droplets:**
 - Close contact (within 6 feet) for a prolonged period of time (more than a few minutes) with a known COVID-19 positive individual
 - Direct contact (providing hands-on personal care) with a suspected or known COVID-19 patient, including living in the same home/room
- **Travel and Home Environment:**
 - Travel outside of an individual's typical community (city, state, and/or country)
 - Living in a residential or congregate living facility (i.e. nursing home, long-term care facility, assisted-living facility, independent-living facility)

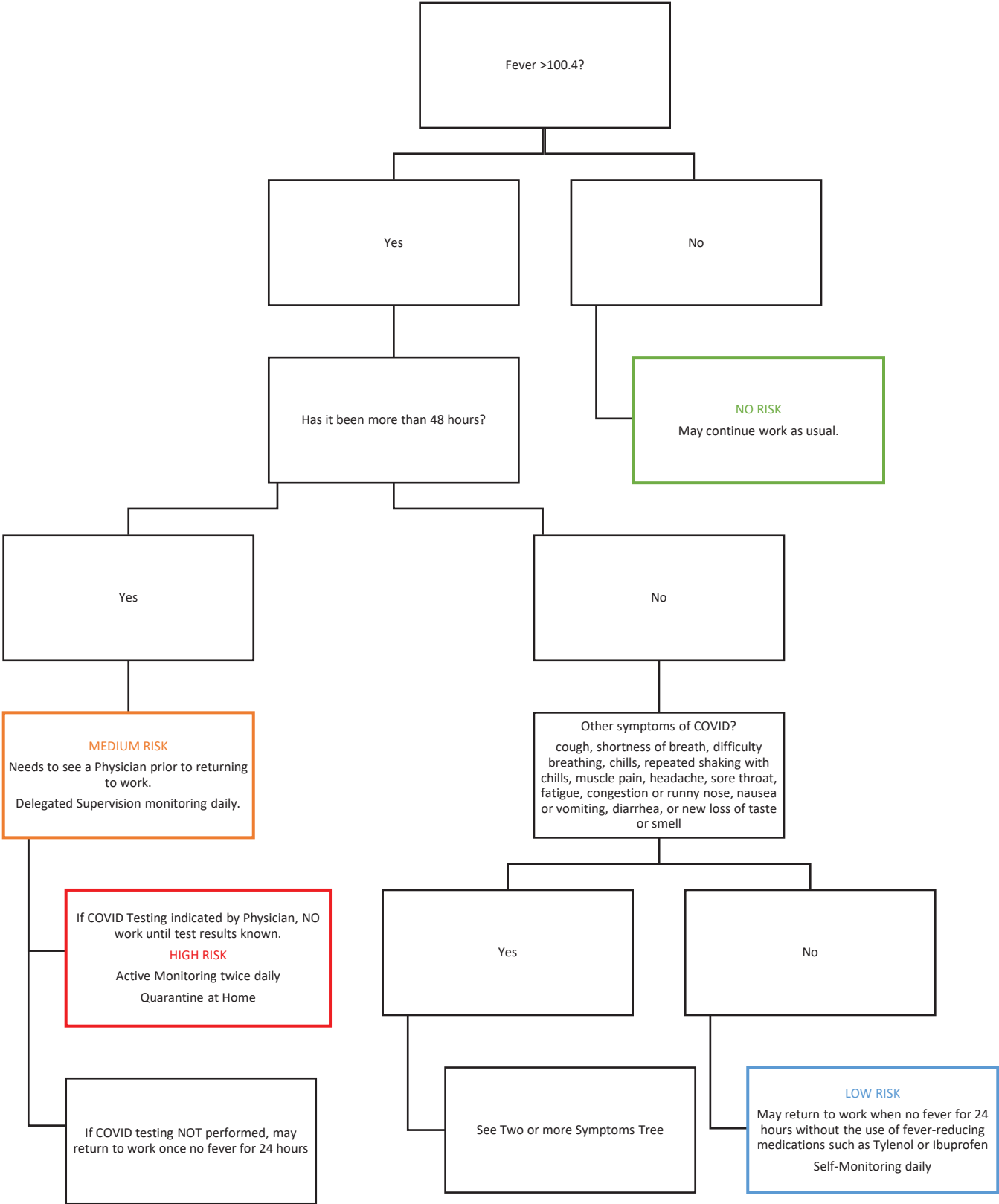
Patient Screening Risk	NO Risk PSR	LOW PSR	MODERATE PSR	HIGH PSR	HIGH PSR	INFECTED
Droplet Exposure Risk	NO Risk	LOW Risk	LOW Risk	MEDIUM Risk	MEDIUM Risk	HIGH Risk
Symptoms and/or Risk Factors	Patient with NO Symptoms OR Risk Factors of COVID	Patient with NO Symptoms BUT Possible Exposure or Risk Factors of COVID	Patient with Symptoms BUT NO Risk Factors of COVID	Patient with Symptoms AND Risk Factors of COVID	Patient Awaiting COVID Testing Results	Patient with Positive COVID screening
N95 Respirator						x
Medical Face mask		x	x	x	x	Alt
Bandana or cotton face mask	x	Alt				
Eye Protection (Goggles or face shield)			x	x	x	x
Isolation Gown				o	o	x
Gloves	u	u	x	x	x	x
Patient mask		o	x	x	x	x

x indicates required (preferred) PPE
o indicates preferred if available and stock supplies support non-essential use
u indicates Universal Precautions for all direct patient contact
Alt indicates Alternative PPE option

Employees are required to report any known exposure to a confirmed positive or suspected (PUI) COVID individual to their immediate supervisor, whether the exposure occurred while working for PHC or in the community. This includes anyone living within their household that has been tested for, is experiencing symptoms of, been exposed to and/or tested positive for COVID-19. Employees must also report any pending and/or positive COVID-19 test to their supervisor immediately. An Employee Exposure Report must be completed by the employee and submitted to the COVID Taskforce for investigation and recommendations for monitoring, physician screening, testing, quarantine and/or isolation (i.e. work restrictions). Only primary exposures to a PHC client or co-worker that lead to a positive employee COVID screening will lead to workman's compensation consideration, which is handled by the corporate HR Department.

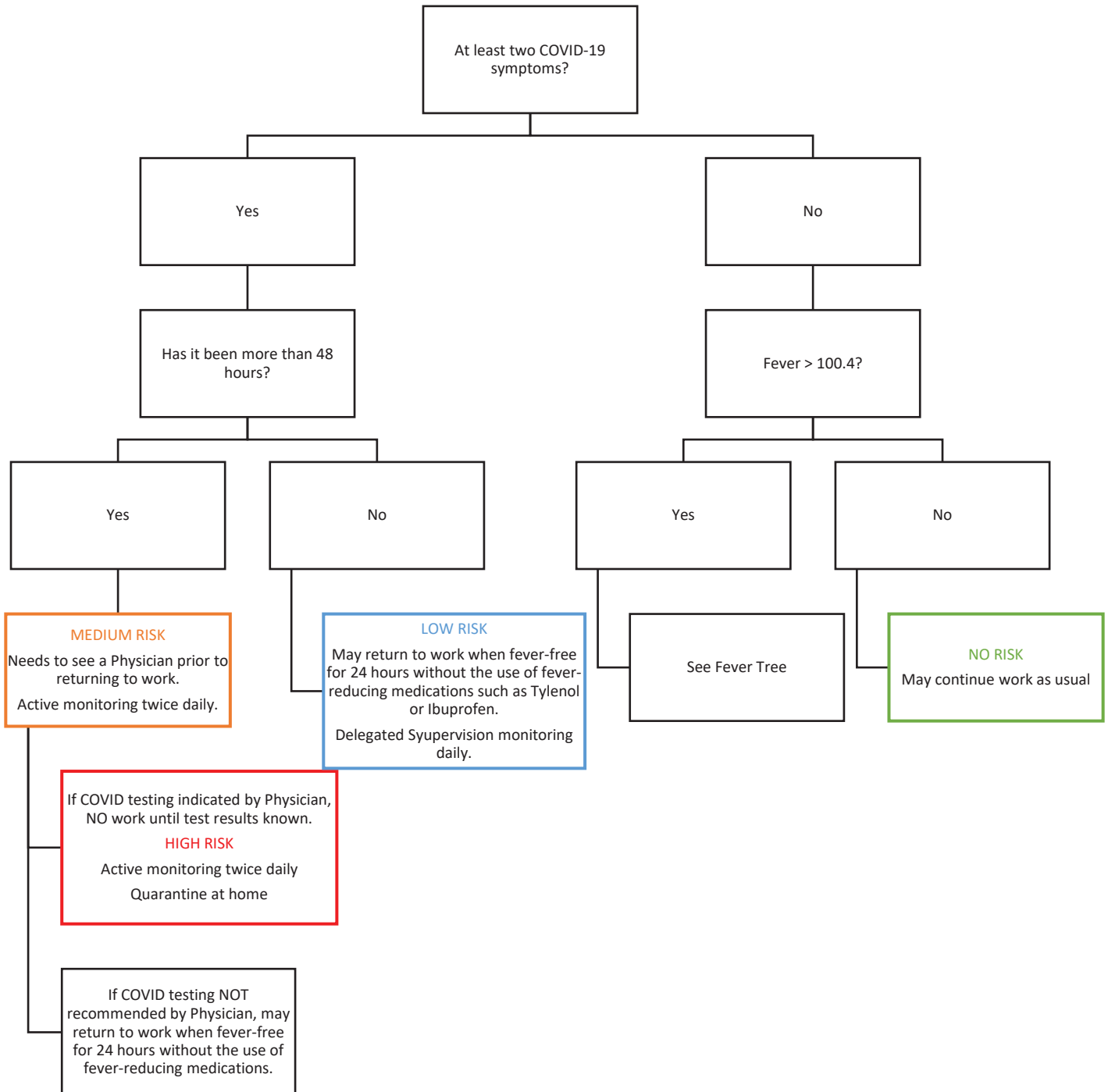
COVID-19 testing remains available for anyone with symptoms or confirmed exposures to positive individuals. All testing must be ordered by a physician or public health official, and you should typically quarantine at home until you get the results. Viral tests (antigen or PCR) remain the most accurate in detecting a current infection, with new point-of-care devices offering results in as little as 15 minutes. Antibody testing is less common and might tell you if you had a past infection, but research is still being conducted to determine if an individual can contract and/or spread the virus a second time.

FEVER

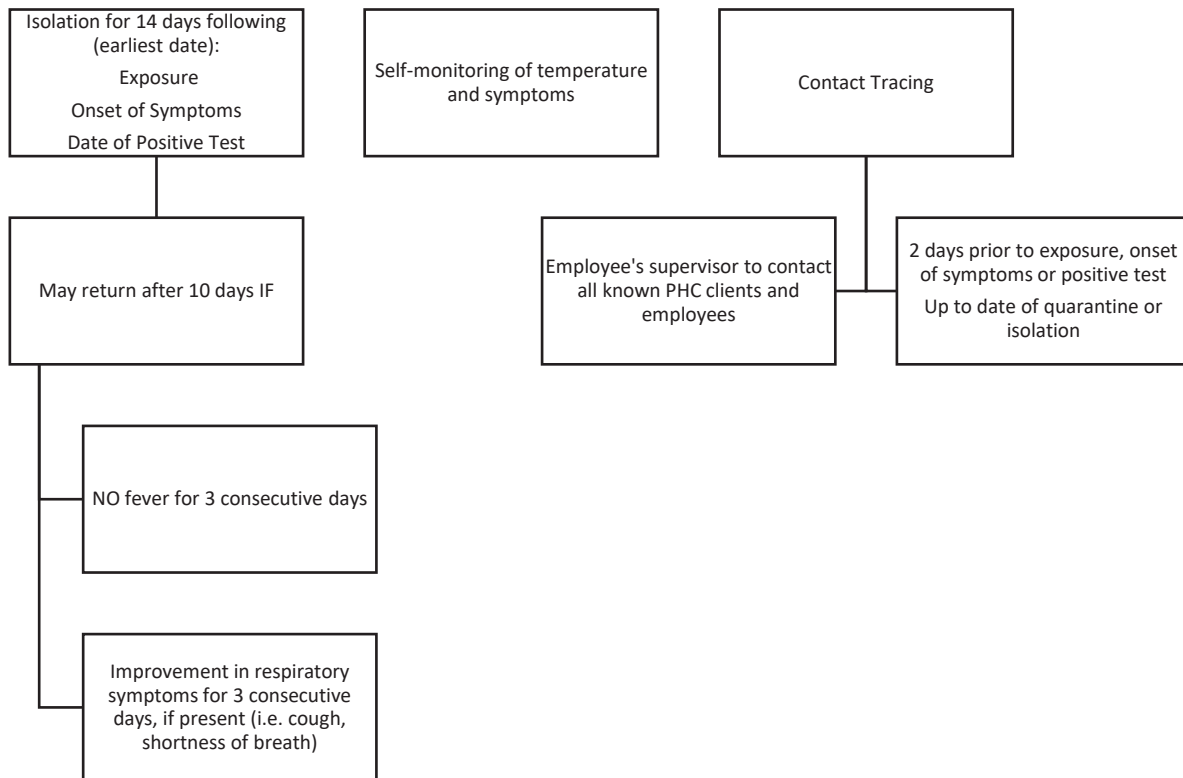


Two or more SYMPTOMS of COVID

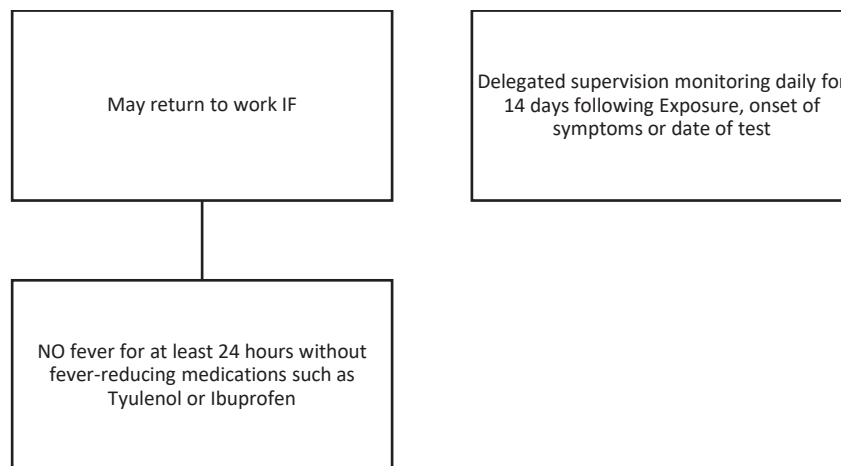
- Fever >100.4
- Cough
- Shortness of Breath
- Difficulty Breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Fatigue
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- New loss of taste or smell



POSITIVE COVID-19 TEST



NEGATIVE COVID-19 TEST



All employees returning to work following an exposure, experiencing symptoms of or testing positive for COVID-19 should:

- ❖ Be restricted from contact with severely immunocompromised patients (i.e. transplant. Cancer) until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- ❖ Be instructed to wear a medical face mask at all times until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- ❖ Monitor for symptoms and seek re-evaluation if symptoms worsen or recur.