

## COVID-19: How Should Hospice Providers Control Infection?

CMS provided [Guidance for Infection Control and Prevention Concerning Coronavirus](#) on March 9. The guidance addresses inpatient care, including visitors; home hospice care; nursing homes; staff and volunteers; and personal protective equipment (PPE). If there is additional guidance or regulation in your state, you must follow that in addition to the CMS guidance.

### Inpatient Hospice Care

- 1. Screening:** Hospices should actively identify volunteers, visitors, and patients at risk for having COVID-19 infection before or immediately after arrival at the inpatient unit by asking about the following:
  - Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
  - In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness.
  - International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
  - Resides in a community where community-based spread of COVID-19 is occurring.
- 2. Isolation:** For *patients* with respiratory symptoms, implement respiratory hygiene and cough etiquette. Ideally, isolate the patient in a private room with the door closed or, a minimum, identify a separate, well ventilated space that allows patients to be separated by more than 6 feet with easy access to respiratory hygiene supplies.
- 3. Transmission-Based Precautions:** For inpatient hospice patients with COVID-19, the decision to discontinue Transmission-Based Precautions for hospitalized patients with COVID-19 should be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. This decision should consider disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens. More information can be found in the [CMS guidance for hospices](#) and at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalizedpatients.html>
- 4. Changing Location of Care:** The decision to discharge to a subsequent care location for hospice patients with COVID-19 must be made based on the clinical condition of the patient in consultation with the patient, the patient representative and/or their family, and understanding of their individual needs and goals of care. The receiving facility must be able to implement all recommended infection prevention and control recommendations if Transmission-Based Precautions must be continued. Make sure the transportation team is aware of the COVID-19 diagnosis.
- 5. Visitor Restriction:** Medicare regulations require a hospice to focus on preventing and controlling infections. Hospices may have policies regarding the visitation rights of patients and may wish to set clinical restrictions on visitation subject to patient's rights. If the inpatient hospice is not provided by the hospice itself (such as a hospital), that provider may have established additional visitation restrictions associated with that setting to address COVID-19 transmission concerns.

## Home Hospice Care

- *Remaining at home:* Hospice patients and/or their families should carefully discuss care options with the hospice team to ensure the goals and wishes of hospice patient are respected consistent with patient rights requirements. Patients can be managed at home if the patient is stable, the environmental exposure to COVID-19 to others in the household can be minimized, and if there are appropriate infection control precautions made and PPE available. Patients whose symptoms are exacerbated by COVID-19 and cannot be adequately managed in the home setting (see home care guidance), should be transferred to a hospice inpatient unit.
- *Care Considerations:* If the patient remains at home, the CDC advises the patient to stay home except to get medical care, separate him or herself from other people and animals in the home as much as possible (in a separate room with the door closed), call ahead before visiting the doctor, and wear a facemask in the presence of others when out of the patient room. Everyone in the home should follow CDC guidance on mitigating the disease spread: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
- *Isolation:* The decision to discontinue in-home isolation for home hospice patients should be made on a case-by-case basis in consultation with clinicians and public health officials. This decision should consider disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens. Guidance for discontinuation of in-home isolation precautions is the same as that to discontinue Transmission-Based Precautions for hospitalized patients with COVID-19.

## Nursing Homes

- If hospice care is provided in a nursing home, CMS has advised nursing homes that hospice workers should be allowed entry provided that hospice staff is following the appropriate CDC guidelines for Transmission-Based Precautions and using PPE properly.

## Staff and Volunteers

Health care providers and volunteers who have signs and symptoms of a respiratory infection should not report to work. Anyone who develops signs and symptoms of a respiratory illness while on the job should:

- Immediately stop work, put on a facemask, and self-isolate at home.
- Inform the hospice's infection control manager/team to include information on all contacts (individuals, equipment, locations).
- Contact and follow the local health department recommendations for next steps.

## Personal Protective Equipment

- If care provided to symptomatic patients who are confirmed or presumed to be COVID-19 positive is anticipated, then Hospice Agencies should refer to the CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Health care professionals who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a facemask or respirator, gown, gloves, and eye protection. When available, respirators (instead of facemasks) are preferred; they should be prioritized for situations where respiratory protection is most important and the care of patients with pathogens requiring Airborne Precautions (e.g., tuberculosis, measles, varicella).

- CMS regulations also require that hospice agencies provide the types of necessary supplies and equipment required by the individualized plan of care to patients in their site of care. For a patient with COVID-19, this would include supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer (ABHS). However, given supply shortages, State and Federal surveyors should not cite hospice agencies for not providing certain supplies (e.g. PPE such as gowns, N95 respirators, surgical masks and alcohol-based hand rubs) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect providers/suppliers to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible.