

COVID-19 FAQs

Updated: September 9, 2020 | 2 p.m. CT



Most Frequently Asked / Recently Updated

1. Q: What is our protocol for wearing masks on patient visits? (Updated 09.09.20)

A: Surgical (i.e. procedure) masks should be used on all visits for NON-COVID-19 suspected or confirmed patients. You may use your clinical judgement and provide patients with a surgical mask if they are concerned or if they are experiencing any respiratory symptoms. This should be coupled with our other infection control procedures including but not limited to:

- Calling patients prior to in-home visits to screen them and anyone in the home for potential COVID-19 symptoms per the CDC: active cough or shortness of breath, fever, chills, new loss of taste or smell, headache, muscle pain, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea
- Donning mask and gloves appropriately prior to entering the home
- Practicing hand hygiene and proper bag technique
- Providing patients with surgical mask if requested or if you deem clinically appropriate
- Practicing social distancing during the visit as much as interventions allow
- Discarding mask and gloves prior to entering vehicle in trash can nearest the exit of the home or outside (PPE should not be bagged and placed in trunk to discard later)
- Performing hand hygiene after mask and glove disposal

For all suspected and confirmed COVID-19 patients, FULL PPE that comes in the COVID-19 PPE kit remains mandatory, including the new N95 mask for that visit. We should never make a visit on a COVID-19 suspected or confirmed patient unless the clinician has full droplet PPE. Surgical masks are NOT TO BE USED for visits on suspected or confirmed COVID-19 patients.

If there is a strong suspicion that the patient was exposed to COVID-19 – for example, living in a close setting with other positive or suspected COVID-19 patients, or living in the same house as a positive or suspected COVID-19 family member – we should use the N95 mask instead of the surgical mask for that patient.

2. Q: What should I do if I believe I have been exposed to the virus? (Updated 05.14.20)

A: Close contact for healthcare exposures is defined as follows:

- a) Being within approximately 6 feet without a mask or gloves of a confirmed COVID-19 case for more than 15 minutes. Close contact can occur while caring for, living with, visiting, or sitting within 6 feet of the confirmed COVID-19 patient – in a healthcare waiting area or in a private/home environment; or
- b) Having unprotected (no mask or gloves) and direct contact with infectious secretions or excretions of the confirmed COVID-19 patient (*e.g., being coughed on, touching used tissues with a bare hand*).

Per CDC guidelines, if a healthcare employee walks past a person – or is briefly in the same room of a positive COVID-19 case – the CDC defines this as low to no identifiable risk.

COVID-19 FAQs



Updated: September 9, 2020 | 2 p.m. CT

If you think you have been exposed to COVID-19 while NOT wearing mask or gloves, according to the above exposure definitions, please go through this checklist to establish your status, and then contact your supervisor.

- To your knowledge, was the patient/person a confirmed positive COVID-19 case?
- Under what environmental circumstance did this exposure occur? (*Ex.: private resident, hospital, etc.*)
- What is the relationship to the COVID-19 case? (*Ex.: coworker, patient, family member, etc.*)
- What was your estimated time of possible exposure? (*Ex.: minutes versus hours*)
- If secretion exposure, what type – and what protective equipment, if any, were you wearing?
- Did the patient/person have on PPE?

3. Q: We have been seeing a positive COVID patient on service. When is the patient considered no longer contagious and can be removed from isolation care? When can we discontinue using complete PPE? (Updated 09.09.20)

A: As long as the patient has been fever free for the past 24 hours, without the use of fever-reducing medication, AND it has been at least 10 days from the onset of symptoms, then they can be released from isolation and you can discontinue use of full PPE. The clinician should still wear a mask and gloves when seeing the patient.

4. Q: Where can I get more supplies? (Updated 09.09.20)

A: If you are running low on gloves, sani wipes, large alcohol wipes, hand sanitizer, or surgical masks, reach out to Procurement@lhcgroupp.com. These items are on allocation by our vendor and we are working with them to allocate to providers with the most pressing needs.

If you need individual PPE items in the COVID-19 care kits, such as shoe covers or isolation gowns – to care for specific patients, please reach out to Procurement@lhcgroupp.com and describe your need, including the item needed, size, quantity, shipping address, and reason for the request.

5. Q: Who do I contact if I have concerns or questions related to myself, colleagues or patients?

A: Please email COVID19@lhcgroupp.com and check our COVID-19 Resources Page. <https://home.lhcgroupp.com/covid-19-resources/>

Patient Care – Screenings, testing, visits

6. Q: What should I do if there was direct exposure to a COVID-19 confirmed or suspected patient and the clinician was not wearing a mask or gloves for a prolonged period of time? (Updated 09.09.20)

A: For a prolonged exposure to a positive or suspected COVID-19 without a mask or gloves, the clinician needs to be off of work and seek medical evaluation and testing. The employee should be cleared by their physician prior to returning to work. Please also enter an employee incident report for tracking purposes.

COVID-19 FAQs



Updated: September 9, 2020 | 2 p.m. CT

7. **Q: What should I do if there was direct exposure to a COVID-19 confirmed or suspected patient and the clinician was wearing a mask or gloves?** *(Added 04.06.20)*
A: This is considered a low risk and the clinician can continue to work with mask and gloves and monitor symptoms. However, if they become symptomatic, they must immediately cease work and seek testing.
8. **Q: What do we do if patients refuse visits due to “COVID-19 risk” or other related concerns?** *(Updated: 04.06.20)*
A: Please follow this guidance:
- Make every attempt to see the patient according to the plan of care.
 - Reassure the patient that the staff has taken every precaution as healthcare workers and have been screened according to CDC guidelines.
 - Should the patient/caregiver continue to refuse an in-home visit, the clinician should follow the missed visit process by documenting that the patient refused the in-home visit due to fear of COVID-19 and that the visit will attempt to be made telephonically or with telehealth.
 - Contact the patient’s physician/non-physician practitioner (NPP), as appropriate, to obtain changes to home visit frequencies and add frequencies re: telehealth.
 - If after hours, contact Point on Call to schedule the TTT visit code to the device to complete the buddy code. If during normal working hours, the scheduler can assign the code.
9. **Q: What protocol should I follow when caring for a suspected or confirmed COVID-19 patient?**
A: There are now patient and clinical guides for suspected or confirmed COVID-19 cases available on [COVID-19 Resources](#). These guides detail the step-by-step instructions a clinician should follow if caring for a suspected or confirmed COVID-19 patient.
10. **Q: I have a nurse who called in sick this morning with fever. They did not see a doctor and want to return to work tomorrow (the next day.) Can they return to work without being seen by an MD if they are fever-free tomorrow morning?**
A: We recommend that they be evaluated by a physician prior to returning to work. Regardless, please follow best practice of fever free for 24 hours prior to returning to work.
11. **Q: What is the definition of asymptomatic as far as temperature? Is it below 100.4?**
A: Accuracy of thermometers may be an issue when determining temperature. Our current guidance is to use 100 as the benchmark. If the person is running fever, document it along with any other symptoms, and understand that it’s important employees do not spread the virus to other employees. If there is a question, seek medical evaluation.

Equipment/PPE

12. **Q: Should I throw away expired PPE?**
A: With the current outbreak of COVID-19, there is increased demand and decreased supply of available N95 respirators. The CDC & NIOSH recommend is it OK to use expired PPE during times of increased demand and

COVID-19 FAQs



Updated: September 9, 2020 | 2 p.m. CT

crisis so **do not** discard any expired items in inventory. Consideration can be made to use N95 respirators past their intended shelf life:

- Visually inspect the N95 to determine if its integrity has been compromised by checking all components of the mask
- If the integrity of any part of the respirator is compromised, or if a successful user seal cannot be performed, discard
- Users should check the seal immediately after they don the mask
- Review previous question

13. Q: On the Inventory Survey on Branch Summary, are we to answer the N95 mask question as each mask or per box?

A: They will be listed as “each” mask.

14. Q: Am I to include items received in the COVID positive patient PPE kits on the Branch summary report for PPE? (Added 04.17.20)

A: Yes, then deduct as they are used.

15. Q: What do we do if an employee cannot be fit tested for a N95 and cannot get a seal? Can we get PAPRs?

A: Most, if not all, should have two agency staff members who have been fit-tested in the past. Those fit-tested are the clinicians we want to use to see patients if there are no other barriers available. If we can fit test, we want to complete that process. Most masks come in small, medium, and large sizes – it’s important to get good seal all the way around. If you know your size from a previous job, use that size.

The CDC has decided to utilize one-size-fits-all masks – if you cannot fit test, use other acceptable masks -- we will send a quick pictorial on how to check to see if masks are acceptable.

16. Q: Is the Care Type in HCHB used to identify a COVID patient for the automatic shipping of the disposable kits?

A: Yes. There are 2 care types, COVID-19 Suspected and COVID-19 Confirmed. If your suspected COVID-19 patient becomes a Confirmed COVID-19 patient, please update the care types.

17. Q: Has LHC Group approved use of R95 or P95 masks, in place of N95? (Updated 04.06.20)

A: Yes, all 95 particulate respirators can be used.

18. Q: What is the purpose of the paper bag versus a Ziploc bag to store a N95 mask in a patient home for reuse? Will the bag need to be labeled with the employee name? (Updated 04.06.20)

A: The bag must be breathable in order for the mask to continue to be used. Brown paper bags should be used to store N95 masks. Ziploc bags should be used to protect tablets (large Ziploc) and/or phones (small Ziploc) – devices will work through a Ziploc bag, even with gloves on. All paper bags should be marked with the employee’s name and should be out of reach of anyone except the clinician who is using the mask.

19. Q: Should we begin to limit the number of gloves distributed to employees at one time? Will there be a limit of gloves allowed per agency?

A: There is no need to hand out gloves one at a time. However, all healthcare personnel are being asked to use PPE sparingly and appropriately. Right now, there is still a significant amount of gloves to allocate.

COVID-19 FAQs



Updated: September 9, 2020 | 2 p.m. CT

It's best to keep equipment that is being shipped out or received under lock and key – assign one or two people to be in charge of equipment and distribute based on need.

20. Q: Do we have the disposable equipment required (stethoscope, blood pressure cuff, thermometer, etc.) for a positive COVID-19 patient? Is this equipment available for agencies to order now?

A: Yes. We have two types of kits – one is for the start of care, and the second is for the return visit. The first kit contains all of the disposable items that will remain in the patient's home as well as employee PPE needed for the visit. The second kit contains employee PPE. Tagging a patient within HCHB as positive or suspected will automatically assign them a start of care kit.

21. Q: Clinicians have to be fit tested for N95 masks. How are the kits being shipped going to meet that requirement? (Updated 04.06.20)

A: Most – 88% – of the population wears a medium mask. The kits we are shipping will contain a 60/40 medium/small split of masks. Some masks that are being shipped are one-size-fits-most and can be adjusted via the straps.

22. Q: The CDC is saying not to discard expired PPE; simply put it to the back of the shelf. If we run out of PPE, can expired equipment be used?

A: Yes. Any expired PPE should be put back on the shelf and used in the event that current PPE is unavailable.

23. Q: How do I clean and disinfect electronics I am using? (Added 03.31.20)

A: For electronics such as cell phones, tablets, touch screens, remote controls, and keyboards, remove visible contamination if present.

- Follow the manufacturer's instructions for all cleaning and disinfection products.
- Consider use of wipeable covers for electronics.
- If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Employee Issues, Quarantine, Compensation, and Travel

24. Q: Will an asymptomatic clinician who is exposed to a patient with a pending culture be furloughed? (Updated: 3.26.20)

A: Any questions regarding potential COVID-19 exposure should be routed through covid19@lhcgroupp.com for further evaluation by a member of the clinical team.

25. Q: If I have a potential work-related exposure, and I am quarantined, will I be paid? (Added 3.27.20)

A: Any employee that has a potential work-related COVID 19 exposure needs to first contact their agency leader. The agency leader will submit an online incident report, and a human resource representative will follow up with the agency leader regarding next steps.

COVID-19 FAQs



Updated: September 9, 2020 | 2 p.m. CT

26. Q: What resources are available if I need help during the COVID-19 pandemic? *(Added 03.31.20)*

A: We understand that it can be difficult to manage family, work-related and personal issues, especially during this unprecedented time. LHC Group offers an Employee Assistance Program (EAP), at no cost to you, to help. The program is completely confidential and provides work/life wellness resources, legal services, and financial services. To learn more information call 800.324.4327 or visit www.4eap.com.

27. Q: If our state government has issued a shelter in place order and mandated only essential personnel be out, how should our employees be react if they are stopped?

A: Instructions for ordering Notice of Access badges that verifies that the employee is an authorized essential responder have been sent to agencies. You can find those instructions [here on the COVID-19 resources page](#). We have also created an [Essential Services Letter](#) that is not required, but can be carried with anyone traveling to and from work, or visiting patients, to serve as proof of essential service. Find it at the link above or download it from Brand Central with your local agency/facility logo.

28. Q: Who do I contact if I have questions about state waivers regarding background checks, fingerprinting, etc.? *(Added 04.17.20)*

A: Please contact your HR business partner for assistance.

29. Q: What should we do if our CPR completion card expires?

A: The American Heart Association has granted extension status at this time. Please note this in the employee's HR file.

30. Q: What is the company's guidance on travel, and will I be compensated if I am quarantined after travel? *(Updated 08.24.20)*

A: The CDC updated its [travel guidelines](#) August 21, 2020, and no longer recommends quarantining for 14 days when returning from a trip outside of the country or your home state. Instead, travelers are advised to follow recommendations from state, local, and territorial governments. Local governments may have travel restrictions in place, including testing requirements, stay-at-home orders, and quarantine requirements upon arrival. If you travel voluntarily and your local government requires you to quarantine upon arriving home, you may either take paid time off (PTO) or unpaid leave.

Discharge Call Back Program

31. Q: What is the guidance on our discharge call back program for agencies? Where do I find information about our discharge call back program? *(Added 04.17.20)*

A: There are two specific requirements that MUST be followed in using this discharge call back process:

1. The person performing these discharge follow up calls from the location MUST be a licensed clinician.
2. Sales staff should NOT be making discharge follow up calls.

Please reference the Discharge Call Guidelines/Instructions on the Employee Resource Page and the script to utilize for conducting patient calls.

COVID-19 FAQs



Updated: September 9, 2020 | 2 p.m. CT

32. Q: What do we do if our agency does not have the clinical staff available to perform discharge call back calls?
(Added 04.17.20)

A: If your agency doesn't have the adequate staff, we are prepared to visit. The Centralized Call Back Center will be utilizing clinicians from other Home Office departments to perform these calls.

Please note that when utilizing the centralized Call Center for calling patients, the time frame for which these calls will occur will be after 30 and 60 days of their discharge only. The centralized calls conducted will follow workflow through Branch Summary for the location to perform further follow up with the MD and patient as done historically.

33. Q: Who do I notify if our agency is not set up for call assistance? (Added 04.17.20)

A: Please contact Clinical.Support@lhcgroupp.com for assistance.

Media Outreach

34. Q: What do I do if a media representative approaches me and/or my co-workers for comment regarding my agency's COVID-19 (coronavirus) preparations, procedures, or practices?

A: Please observe the following procedure and talking points:

- Maintain a pleasant demeanor and attitude at all times.
- Be friendly and inform the reporter:
"As always, we remain focused on our number one priority – the health and well-being of our employees, patients, and the communities we serve. I am neither the authorized nor proper person to comment further at this time."
- "I can put you in contact with someone from our Home Office Communications Department who may be able to provide additional information and/or comments."

Then: Please share the contact listed below.

Contact: Casey Ardoin | 337.769.0790 Direct Line | 337.789.2516 Mobile

iTrain Employee Screening

35. Q: Are all LHC Group employees being screened for COVID-19?

A: Yes – in an abundance of caution, and since our company is on the frontlines of providing support and care, we have implemented COVID-19 screening via iTrain. This screen is designed for the safety of yourself, our patients, and your co-workers – as well as the families and community members we serve.

36. Q: How will I know if an employee answers "yes"?

A: Managers will receive reports from iTrain as employees complete screenings. Click on the link in the email and it will direct you to a report in iTrain where you will see the employee name(s).

37. Q: Will the employee screening include our contract staff?

A: All employees and contractors are included in the screening.

38. Q: Will the iTrain screening be pushed out to all employees or do I need to assign it?

A: The iTrain course is automatically assigned to all employees and contractors.

COVID-19 FAQs



Updated: September 9, 2020 | 2 p.m. CT

Hospice Interdisciplinary Group (IDG) Meetings

39. Q: Will IDG meetings still be required if COVID-19 impacts our hospice agency in any way?

A: Yes, you will continue to conduct your IDG meetings at your regularly scheduled times to review and discuss each patient's condition, needs, and plan of care.

40. Q: If we have employees "at-risk" or move to a required work-from-home environment, what should we do then?

A: We advise that IDG should be telephonic and required members (physician, registered nurse, social worker, and chaplain) can call in for the meeting in lieu of meeting together in the office. The executive director will be responsible for facilitating the call.

Case Conferences/Staff Meetings

41. Q: With the growing risk of COVID-19, will case conferences and staff meetings still be held in person?

A: Please continue to conduct all required meetings – including case conferences, staff meetings, quality meetings, etc. – but you should do so by telephone as a first option.

42. Q: What should we do if we have employees "at-risk" or who are moved to a required work environment?

A: Contact your regional vice president, who will work with Home Office on an exception plan for the individual, or the group as a whole, depending on circumstances.

General

43. Q: Do we have a company policy for Coronavirus/COVID-19? Response?

A: Yes, it is: [9.1.014 Exposure To Coronavirus \(2019-Ncov\): Disease Response & Management](#). The policy is located on the COVID-19 resources page-<https://home.lhcgroup.com/covid-19-resources/>

44. Q: What's the difference between coronavirus and COVID-19?

A: The World Health Organization (WHO) [defines coronaviruses as a large family of viruses that cause illness ranging from the common cold to more severe diseases](#). Coronaviruses are zoonotic, meaning they are transmitted between animals and people. COVID-19 is the disease caused by a "novel coronavirus" which originated in Wuhan, China, but is now spreading from person to person.

COVID-19 FAQs



Updated: September 9, 2020 | 2 p.m. CT

OTHER RESOURCES

- [CDC FAQs](#)
- [State Health Departments list and links, alphabetical](#)
- [CDC – COVID-19 Index Resource Page](#)
- [CDC – COVID-19 Situation Summary](#)
- [CDC – COVID-19 Travel Information](#)
- [CDC - COVID-19 Information for Healthcare Professionals](#)
- [CDC Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization](#)
- [Covid-19 / Coronavirus Global Cases - Johns Hopkins CSSE](#)