



NHIA Home and Specialty Infusion Industry Recommendations for Providing Services During the COVID-19 Outbreak

NHIA is here to support our members with guidance and recommendations during this unprecedented time. As cases of COVID-19 are increasing, the use of alternate site solutions will be in high-demand, and home and specialty infusion providers will play a critical role in supporting patients. Below are industry recommendations and guidance for how to prepare to respond to an outbreak of COVID-19.

General Operations

- Utilize and adhere to existing policies where applicable, and create COVID-19 specific policies as needed
- Require immediate hand hygiene for all employees entering the workplace
- Limit employee leaving and returning from workplace during work shift
- Conduct COVID-19 screening (*see example screening tool) to identify potential risks of exposure to/from:
 - Onsite essential employees
 - Direct patient care employees
 - Patients, caregivers, or other members of the household
- Develop and implement protocols for patients and staff who are at high risk COVID-19 based on results of screening, confirmed contact with COVID-19 positive individuals, or who develop symptoms.
 - Staff
 - Consider when to recommend COVID-19 testing
 - Isolation guidelines when employees develop symptoms
 - Quarantine guidelines when exposure is suspected
 - Return to work guidelines per CDC Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19
 - Patients
 - Enhanced PPE for nurses (N95, plastic face shield, gowns, etc.)
 - Eliminate direct contact by delivery personnel
 - Require patient to wear face mask
- Consider extended hours and additional shifts:
 - To limit number of essential employees in office at one time
 - Maintain social distancing
 - Limit the number of employees within the clean room suite at any one time
- Establish remote working capabilities for all non-essential staff (i.e. reimbursement, patient service representatives, intake)
- **Conserve all personal protective equipment for clinicians with direct patient contact**
- Consider compounding hand sanitizer for company use
- Comply with local health department screening, patient contact, and reporting requirements.

Patient Delivery

- Employ delivery strategies that limit patient/employee exposure
 - Leave packages at patient home and call patient to alert them to delivery
 - Utilize photo confirmation rather than obtain signatures
 - Use common courier services (UPS, FedEx) whenever possible
- Do not allow courier or shipping personnel into workplace
- Avoid making deliveries to hospitals if possible

Pharmacy Management (*Note: Collaborate with the physician on patient care recommendations prior to implementation.)

- Refer to emergency planning policy's for patient prioritization
 - Evaluate nursing capacity/availability for existing population
 - Prepare contingency plan for workforce disruptions to meet current patient demand
- Lab Conservation Strategies
 - Evaluate parenteral nutrition (PN) patients and extend frequency of lab monitoring where appropriate
 - Reduce frequency of lab draws for patients where the risk for adverse drug reactions is low and when medications do not require therapeutic drug monitoring
 - For example: cephalosporins, penicillins, etc.
 - Recommend therapeutic alternatives to reduce the need for labs where clinically appropriate.
- Use alternate routes of administration when clinically appropriate (i.e. IM, SC)
- Consider use of one-time antibiotic therapy with enhanced clinical follow-up
- Prepare a contingency list of alternative drug options to recommend in anticipation of drug shortages.
- Complete a patient COVID-19 screening during refill coordination. Report results to nurse and delivery personnel making home visits/deliveries.

Nursing

- **Prioritize PPE use for nurses with direct patient contact**
 - Nurses should wear face protection, gloves, and gowns during any patient interaction
- Conserve N95 Masks for patients with positive or presumed positive COVID-19
- Follow CDC Recommended Guidance for Extended Use and Limited Reuse of N95 Masks
- Limit contact during home visits to patient and immediate caregiver
- Maintain social distancing (6 feet minimum) when possible during home visits
- Follow CDC Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19)
- Screen patients again telephonically within 24 hours of patient visit, and immediately before entering patient home.
- Nurse Bag Considerations:

- Do not bring nursing bags into patient home
- Limit non-disposable supplies taken into home
- Use disposable supplies, such as BP cuffs, stethoscopes and thermometer when possible
- Limit nursing time in the home
 - Complete non-physical assessment telephonically
 - Instruct patient to have supplies needed for procedures ready prior to nurse entering the home
 - Complete all documentation outside the home
- Don PPE prior to entering home and doff immediately after exit
 - Request patient have waste receptacle with lid outside home to place PPE and waste from visit
- Nursing visit conservation strategies
 - Coordinate lab requirements with access device care needs
 - Evaluate patient caregiver ability to perform access device care
 - Consider extending time between access device care for low risk patients
 - Enhance virtual education and triage abilities
 - Drug administration education
 - Access device care
 - Use of pictures or video to supplement in-person training and verification, or to trouble-shoot access device issues.
 - Recommend removing vascular access device for maintenance-only patients
- Limit or eliminate nursing staff entering hospital for delivery, patient teaching, or consultation
- Instruct nursing staff on methods to reduce of exposure in their own home
 - Immediately remove work clothes and launder upon returning home
 - Immediately perform hand hygiene upon returning home
 - Consider bathing upon returning home
 - Do not bring nursing supplies or bag into personal home
 - Clean and disinfect surfaces of car between visits and upon returning home
 - Clean and disinfect items carried during visits that enter the home (i.e. cell phones)

Infusion Suites

- Avoid the use of suites if area cannot be adequately segregated from home infusion pharmacy operations
- Chairs should be a minimum of 6 feet apart
- Limit suite to essential staff to complete patient care
 - Restrict caregivers, family, friends etc., during infusion
- Schedule at a 50% capacity
- Extend hours to maximize patient visits while maintaining appropriate distancing recommendations
- Develop and implement a telephonic screening tool to be completed at least 24 hours prior to each visit and immediately prior to entering the suite.
- Screening prior to entering the suite must be in segregated area that would allow for decontamination.

- If patient fails a screen, immediately contact the physician and cancel the patient appointment. Evaluate whether home infusion is a viable alternative.
- Ensure proper cleaning and disinfection is performed prior to, and after each patient
- Nursing staff should properly garb (i.e. face cover, gloves, and gown) at all times.
- Have patients wait in their vehicles until their appointment time. Have mobile communication to alert patient when they can enter the suite area.

Cleaning and Disinfecting Your Facility

- If an employee becomes positive or presumed positive for COVID-19, follow the CDC Guidelines for Cleaning and Disinfecting Your Facility

Visit the NHIA COVID-19 Resource Center for links to CDC Guidelines and other association recommendations.

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