



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

- Screen patients again telephonically within 24 hours of patient visit, and immediately before entering patient home so appropriate PPE can be donned as needed based on suspicion of or diagnosis with COVID-19
- **Asymptomatic patient encounters:**
 - Nurses and patients should wear face protections
 - Conserve N-95 Masks for patients with positive or presumed positive COVID-19
- **Symptomatic/COVID-19 Diagnosed Patients/Household members:**
 - Nurses should wear full PPE as recommended by CDC (gown, gloves, N-95 respirator mask)
 - Follow CDC Recommended Guidance for Extended Use and Limited Reuse of N-95 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)
- Nurse Bag Considerations:
 - Do not bring nursing bags into patient home
 - Limit non-disposable supplies taken into home to items that can be cleaned with a disinfectant
 - 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, when possible; if documentation is required during the visit (i.e. vital sign monitoring/documentation during biologic drug administration), follow infection control procedures for handling/disinfecting laptop computer, tablet, etc.
- 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
 - If PPE must be donned/doffed in the home, don N-95 mask before entering home and remainder of PPE just inside the entrance and at least 6 feet from the patient; removal of PPE should be performed in the same location and discarded in a waste receptacle near the exit, with the N-95 mask worn until outside the home
- 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 interior 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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