

## COVID-19 Workforce Skills Surge Planning Playbook for Patients in Home-Based Care

\*Visit the [NC AHEC Program website](#) to assure that you have the most up-to-date document.

**Executive Summary:** Discharge of COVID-19 patients from hospitals will lead to an influx of post-acute patients. In addition, a push to clear hospital beds in preparation for a surge of COVID-19 patients needing acute or critical care, as well as the need to protect vulnerable hospitalized patients from COVID-19 by sending them home whenever possible, has increased the volume of post-acute patients. As lockdowns restrict access to skilled nursing facilities and other post-acute inpatient settings, demand for home care will increase. Preparing for the specific needs of post-acute COVID-19 patients and for the possibility of a home care patient population with higher acuity needs than what is traditionally seen is essential to assure patient and workforce safety. Read more about the [postacute care preparedness for COVID-19 in JAMA](#).

*This document focuses on maximizing the skillsets of health care workers on a home care team in order to meet an increased workforce demand. Attention is given to “flexing” the skills of staff already in home-based care as well as incorporating new members into the team and telehealth where appropriate. A [high level overview for COVID-19 preparation](#) in home-based care is available on the National Association for Home Care and Hospice webpage.*

Surging home care skills to meet the need requires:

- Leveraging the traditional team-based approach for home-based health care that includes a plan for staff safety and resilience with built-in telehealth alternatives.
  - Re-distributing and training of skills of both internal and external health care workers.
- I. [Team-based care approach](#): Utilize the traditional team-based approach for home-based patient management that includes formal policy/procedures for virtual alternatives. This approach should include:
- [A plan for the response and management of exposure to COVID-19 in the home care setting.](#)
  - [Regularly scheduled team meetings.](#)
  - [A plan for virtual alternatives.](#)
  - [A strategy for training both established and new team members.](#)
  - [Assurance of team safety and resilience.](#)
- II. [Skills redistribution](#): Identify skills needed for the patient population and inventory skills in the current workforce. Identify gaps and provide training to fill those gaps when necessary. Self-study resources on specific skills are provided in the narrative of the document.
- [Identify and train experienced home-based care staff who can serve as team leads for the management of home-based patients.](#)
  - [Identify and train alternative home-based care staff who can manage the medical management of home-based patients.](#)
  - [Identify and train alternative home-based care staff who can execute advanced home-based care skills.](#)
  - [Identify and train home-based care health care personnel who can execute fundamental patient care skills in the home.](#)
  - [Identify and train staff who can execute other essential home care skills to provide patient screening and emergency plans.](#)

## **I. Team Based Care**

Utilize a team-based approach for home-based patient management that is supported by a formal policies/protocols for virtual alternatives. Deploying each team member to execute their unique skill sets in a collaborative approach and capitalizing on virtual care whenever possible will provide force multiplication and allow for efficient care management teams.

*The advantage to utilizing a team-based approach, focusing on maximizing the skills sets of each team member and virtual care alternatives, is that staff can minimize face-to-face encounters, increasing the capacity for patient volume and the safety of patients, families, and staff.*

**The team-based approach in home-based care during the COVID-19 pandemic should include/address the following:**

1. **A plan for the response and management of exposure to COVID-19 in the home care setting.**
  - See the [NC AHEC Program's COVID-19 Preparedness Checklist: Planning Considerations for the Home-based Care Population](#) for guidance.
2. **Regularly scheduled team meetings** – virtual whenever possible - to enhance communication, optimize patient care activities, and allow each team member to discuss their clinical strength and address any concerns.
  - a. **Goals:**
    - Orient new team members to plans of care
    - Synchronize team goals and accomplishments
    - Discuss assignments, with attention to needs that can be addressed in one visit versus multiple visits by maximizing skill sets and needs that can be address via telehealth alternatives
    - Discuss patient care goals
    - Provide opportunity to answer questions or concerns
    - Address accountability and responsibility of each team member.
    - Address red flags – should be reported immediately to the home care team leads
  - b. [Daily huddles](#) between each team member and the team lead.
3. **Support for virtual alternatives**
  - a. When possible, use telehealth to provide virtual visits, follow-ups, and pre-visit assessments. The Centers for Medicare and Medicaid Services (CMS) defines telehealth as interactive audio and video telecommunications system that permits real-time communication between the distant site practitioner and the patient. Keep up to date with frequent check-in with COVID-19 responses from [Centers for Medicare and Medicaid Services \(CMS\)](#) and [NC Medicaid](#).
  - b. **Ensure that telehealth visits are included on Plan of Care.**
  - c. Coordinate between team members to delegate tasks requiring physical in-home presence to lessen the number of health care workers and visits as much as possible.
  - d. Utilize virtual means of communication between members of the team.
  - e. Utilize teleconsulting to provide onsite support for health care workers less experienced in home care. For example, a less experienced nurse should have audiovisual access to a lead, experienced nurse at all times.

- f. Work with local pharmacists and medical supply/equipment providers to assure access to patient care supplies over a longer period of time, such as 90-day supplies of prescriptions.
- g. Home-based Care Team architecture with telehealth alternatives examples:
- Whenever possible, the physician/APP visit should be complete telehealth visits. In the case that the physician/APP needs to do an in-home physical assessment, a Registered Nurse (RN) can perform the assessment with the physician/APP via an audiovisual connection.
    - Consider partnering with local acute care organizations for medical consultation on patient care management needs outside the traditional needs of a home-based patient.
  - Whenever possible, the nursing visit should be completed via two-way, audiovisual, real time, interactive connections. Team members who provide basic patient care needs can assist the nurse with the patient assessment via an audiovisual connection.
    - If advanced patient care needs, such as medication administration and sterile wound care, make an RN/LPN face to face visit necessary, that nurse should also complete any additional patient care tasks needed, such as bathing and assisting with ADLs. Nurses who have patients requiring this level of care on their caseload should be assigned fewer patients to account for longer visits.
  - Whenever possible, allied health visits should be completed via two-way, audiovisual, real time, interactive connections. Team members who must be in the home due to the need to perform face-to-face skills can assist with connection, assessment, and intervention via an audiovisual connection. Staff who have patients requiring this level of care on their caseload should be assigned fewer patients to account for longer visits.
- h. Resources and support for telehealth alternatives**
- [AMA Telehealth Implementation Playbook](#): Provides the full AMA guidelines on use, implementation, and management of telehealth workflows.
    - **Reimbursement**: see page 15
    - **Telehealth Workflow Design**: see page 50
  - Mayo Clinic: Professional Webside Manner [Video](#): Details techniques and tips for communicating with patients in two telehealth situations: video appointment and secure messaging. *Time to complete*: 11 minutes
  - [ACP guide to incorporating telemedicine into a practice](#): An introduction to telemedicine and practical guidelines for implementing a telemedicine system, including legal, financial, and ethical guidelines. Includes information on use of telemedicine in [pandemics, public health crises, and natural disasters](#). *Time to complete*: 30 minutes to 2 hours. *2.0 AMA PRA Category 1 Credits for full completion of module*.
  - [Mid-Atlantic Telehealth Resource Center](#) is a website with an abundance of support and resources for telehealth in North Carolina.
  - [DHHS guidelines for use of telehealth during COVID pandemic](#): Includes important information about HIPAA compliant video communication platforms. *Time to complete*: 20 minutes.

- [AHEC Bill Coding and Telehealth Resources](#): A collection of coding, billing, and legal resources regarding implementation of a telehealth capabilities *Time to complete*: variable, based on engagement.
- [Johns Hopkins Medicine: Vital Signs Management](#) is summary of how to obtain basic vital signs. It can be useful to share with the patient to monitor their own vitals during virtual visits.
- [How to Conduct a Physical Exam Via Telemedicine Video](#): Describes how to conduct a physical exam using telemedicine utilizing both visual observation and common vital signs. Focuses on head, neck, and throat, including a respiratory exam. *Time to complete*: 5.5 minutes

#### 4. **A strategy to train team members**

- a. In the event of a patient surge leading to a workforce skills surge with staff less experienced in home-based care, the more experienced team members should be available as a resource for less experienced team members as team leads, either by creating a “buddy system” or by designating an experienced on-call physician, RN, LPN, etc. to be contacted should questions arise during both face-to-face and virtual home-based care encounters.

New team members without prior home care experience should be supervised by an experienced team member via audiovisual connection or in-person when necessary. Consider including at least 3 precepted patient visits during onboarding.

\*Note that it is beyond the scope of practice for an LPN to supervise the nursing activities of an RN

- [Home Healthcare Worker Safety - Best Practices](#) : In the Home Healthcare Worker Safety chapter, VNAA (Advancing Quality, Value and Innovation in Home-based Care) discusses safety risks to members of the home care team and identifies policy, procedure and training strategies to develop and implement an effective worker safety program. *Time to complete*: 1 hour

- b. Home-based Care Team architecture with new team members: examples:

- The physician team lead is an experienced home care physician who supervises other physicians/APPs with less home care experience and organizes the medical care of home-based patients for multiple patient caseloads through coordination with team leads from other disciplines. A physician team lead should always be available for audiovisual consultation.
- The nursing team lead is an experienced home care nurse who coordinates execution of patient care skills among less experienced home care nurses and other flexing health professionals for multiple patient caseloads. A nursing team lead should always be available for audiovisual consultation.
- Consider utilizing new staff members or health professions students<sup>+</sup> to contact patients and families ahead of all face-to-face visits to assess the patients’ needs and engage the appropriate team members. These staff members can also help patients set up their audiovisual connections ahead of telehealth visits.

#### 5. **Assurance of team safety and resilience**

- a. Prepare policies and protocols for the preparation of home-based care professionals participating in the home-based care of COVID-19+ or Patients Under Investigation (PUI).
  - i. Utilize additional established resources through the US Department of Health and Human Services Assistant Secretary of Preparedness Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) at <https://asprtracie.hhs.gov/>.
    - The [COVID-19 Healthcare Workforce Toolkit](#) is a collection of various resources on federal regulatory funding flexibilities, workforce training, state/territorial/local resources, and an information exchange that can be accessed if you register.
  - ii. Assess the [risk of home-based care staff](#) for complications related to COVID-19 and consider allowing at-risk staff alternate job assignments outside direct patient care.
  - iii. Familiarize staff with the agency's home-based care guidelines related to COVID-19+ patients. Refer to the [Home Care Alliance of Massachusetts sample policy](#).
  - iv. Home-based care staff should complete COVID-19 orientation materials:
    - [COVID-19: An ACP Physician's Guide + Resources](#) : This guide and its collected national resources support health care professionals as they respond to the Covid-19 pandemic. Use the menu to jump to specific chapters or read through for a comprehensive overview of care.
    - All staff caring for COVID-19 patients would also benefit from regular review of [Dynamed's opensource resource on COVID-19](#)
    - [CDC Guidelines for Monitoring COVID19 Patients at Home](#): This website contains information on caring for patients with COVID-19 at home. The blue box entitled "When To Seek Medical Attention" is a helpful tool to use in evaluating patients, as well as in educating other household members on signs to look for that may warrant immediate medical attention. *Time to complete: variable, based on engagement.*
    - [Proper PPE Donning and Doffing Technique](#) : Steps to donning and doffing gown, N95 respirator, face shield gloves. *Time to complete: 2:22 minutes*
    - [Proper Donning and Doffing of Procedural and Surgical Masks](#): Steps in donning, doffing, wearing, and storage of procedural and surgical masks for re-use. *Time to complete: 2:38 minutes*
    - Hospice staff in particular should review [Collection and Submission of Postmortem Specimens from Deceased Persons with Known or Suspected COVID-19](#)
  
6. Use existing psychiatrists, chaplains, therapists, and social work staff to help with counseling and support.
  - i. Prepare patients and families for the potential need for telehealth visits and/or visits by new staff members.
  - ii. Utilize [Washington State Medical Association](#) guidance for supporting staff.
  - iii. Conduct a periodic, brief burnout assessment, to identify at-risk staff. Burnout assessment tools:
    - [Burnout self-assessment](#),
    - [Valid and Reliable Survey Instruments to Measure Burnout, Well-Being, and Other Work-Related Dimensions](#)
    - Resource: 59 Mental Health Resources for Health Care Providers <https://nursinglicensemap.com/resources/mental-health-resources/>
  
- c. Regular assessment of team coping skills should be scheduled with a plan for team debriefing.
  - i. Establish an action plan for teams in crisis, e.g. how do team leads and team members elevate concerns and ask for help.

- ii. Prepare to execute team debriefings more frequently as caseload, morbidity, death or other critical incidents escalate.

## II. Skills Redistribution and Training Resources

In the event of a patient surge, the workforce may also need to surge. Identify skills needed for the patient population and inventory skills in the current workforce. Identify gaps and provide training and/or identify other sources of staff to fill those gaps when necessary. Changes in role and workflow may be needed to capitalize on existing skills and supervise any new team members.

This section identifies potential sources for workforce skills needed to meet the needs of the home-based patient population, along with potential training resources.

 The telephone icon discerns patient care skills that have potential for execution via virtual alternatives, such as telehealth. **Frequently refer to COVID-19 responses from [CMS and NC Medicaid](#) that may alter rules, requirements, and payment structures related to home health via telehealth and face-to-face versus telehealth in other settings.**

\*[UpToDate](#) has a list of freely available clinical effectiveness resources on COVID-19.

\* All staff caring for COVID-19 patients could also benefit from a review of [Dynamed's open-source resource on COVID-19](#), the [NIH COVID-19 Treatment Guidelines](#), and [Week in Review COVID-19 Scientific News](#).

### 1. **Identify and train experienced home-based care staff who can serve as team leads for the management of home-based patients.** Internal sources are preferred.

- a. Relevant skills include leadership, delegation, and teaming.
- b. Potential sources for staff:
  - i. Physicians and clinicians who currently practice in home care and can lead a team of less experienced, alternate, flexing clinicians in the medical management of the home-based patient.
  - ii. Home health registered nurses, preferably certified, who can lead a team of nurses with minimal home-based care experience, or alternate, flexing nurses.
- c. **Training** should include self-studying concepts as well as orientation to the agency's incident command structure.

Self-Study Resources:

- i. [National Association for Home Care and Hospice Coronavirus Resources](#): This website contains a collection of helpful resources for leaders in the home care setting, including [COVID-19 Frequently Asked Questions](#) related to [CMS flexibilities to fight COVID-19](#).  
*Time to complete: variable, based on engagement.*
- ii. [Orientation Pathway for Nurses New to Home Health](#): Free registration. It is an in-depth view of orienting nurses who are new to home-based care. Watching it, in its entirety, may not be necessary or relevant for every surge professional. *Time to complete: 1 hour, 3 minutes.*
- iii. [NC Medical Board Delegating medical tasks to unlicensed personnel](#)
- iv. [NC Board of Nursing Delegation and Assignment of Nursing Activities](#)

- v. [Two Principles for Leading Your Organization Through the COVID-19 Crisis](#)
- vi. Video: [How to Turn a Group of Strangers into a Team](#) (13 minutes)

**2. Identify and train alternative home-based care staff who can manage the medical management of home-based patients.** Consider physicians, physician assistants, and nurse practitioners from both internal and external resources:

- a. Relevant skills include ability to:
  -  Create and manage a medical plan of care.
  -  Prescribe and manage medications.
  
- b. Potential sources for staff:
  - i. Clinicians in primary care with chronic disease management experience.
  - ii. Clinicians who have home-based care or chronic disease management experience but have been out of the workforce for less than 5 years.
  - iii. Health care professionals licensed in another state, are retired, or have inactive licenses; persons who are skilled but not licensed; and students at an appropriately advanced stage of professional study are potential sources. Consult the relevant professional health care licensure board for training requirements.
  - iv. Community pharmacists who can [review medications and side effects, identify medication-related problems, and provide patient and health care team education.](#)
  
- c. **Training** should include self-study of pertinent clinical topics in the home care setting that require both medical and technical intervention, in addition to at least 3 patient visits with a team lead. Clinicians should discuss their comfort level and skill set with the team lead clinician to determine which patients they are most prepared to manage.
  - i. The precepted shifts should include an inventory, validation, and comfort level of each team members' skills; introduction to team-based care; and orientation to the home care setting.
  
  - ii. Self-Study Resources:
    - [Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 \(COVID-19\)](#) (CDC): This website includes the CDC's guidelines for assessing the suitability of the residential setting for providing care to COVID-19 patients. It may be helpful in screening patients for whether home care is suitable for them. *Time to complete: 5-10 minutes.*
  
    - [Stanford 25 physical exam videos](#): A collection of videos detailing examinations of each body system. Includes 2 pulmonary and 7 cardiac videos. *Videos range between 3 and 10 minutes.*

**3. Identify and train alternative home-based care staff who can execute advanced home-based care skills.** Consider both internal and external staffing resources.

- a. Relevant skills include:
  - Licensed nursing skills:
    - i. Holistic patient assessment
    - ii. Central line care
    - iii. Respiratory support: nebulizer treatments and post-intubation therapy

- iv. Medication preparation and administration, including PO, SQ and IV medications, and including administration and monitoring of controlled substances
- v. Sterile dressing changes for wounds less than 48 hours old
- vi. NGT and OGT placement verification
- vii. Oxygen set-up and monitoring
- viii. End of life care support

**Potential skills of unlicensed assistive personnel with supervision from licensed staff\*:**

- i. Participating in the assessment of the patient's physical and mental health
- ii. Assistance with patient medication self-administration: Refer to the [NC BON Position Statement on Assisting Clients with Self-Administration of Medications](#).
- iii. Oxygen therapy, including room set up and monitoring flow rate
- iv. Fecal impaction
- v. Sterile dressing changes for wounds over 48 hours old
- vi. Wound irrigation
- vii. IV fluid assistive activities, such as site care and dressing change (peripheral)
- viii. Nutrition activities, such as oropharyngeal and nasopharyngeal (OG/NG) infusions and gastrostomy feedings\*\*
- ix. OG/NG suctioning\*\*
- x. Established tracheostomy care
- xi. Established ostomy care
- xii. Urinary catheter care

 Patient and family education: Many of these skills can be completed virtually if the patient and caregivers are willing and able, properly trained, and have the necessary resources and supplies. Check back to [CMS](#) and [NC Medicaid bulletins](#) for availability and coverage of at home equipment and monitoring.

\*Licensed staff maintains accountability and responsibility for the delivery of safe and competent care and must verify competency of any delegated tasks. Refer to the [NC Board of Nursing Decision Tree for Delegation to UAP](#).

\*\*OG/NG tube placement must be verified by the licensed nurse prior to each feeding. See [NC Board of Nursing NAII tasks](#).

- b. Potential sources for staff who can execute advanced home-based care skills\*:
  - i. Licensed nurses with primary care, general medicine and general surgery experience, or experience in the management of chronic illness in the past 3 years.
  - ii. Licensed nurses from ambulatory, outpatient, urgent care, infusion and specialty settings that are currently low on patients, such as dermatology and surgical settings.
  - iii. Health care professionals licensed in another state, are retired, or have inactive licenses; persons who are skilled but not licensed; and students at an appropriately advanced stage of professional study are potential sources. Consult the relevant professional health care licensure board for training requirements.
  - iv. Some allied health professionals can perform advanced home care skills, such as valve and trach care (respiratory and speech), oxygen set up and monitoring (respiratory). Consult the relevant professional health care licensure board for training requirements and scope of practice.

- v. Licensed Practical Nurses can perform many of home-based care nursing skills with proper training, delegation and supervision from a Registered Nurse. See the [Licensed Practical Nurse Law](#).
  - vi. [Unlicensed assistive personnel](#) with proper training, delegation, and supervision from a licensed nurse can perform many home-based care nursing skills. See [NC Board of Nursing NAII tasks](#).
- c. Training should include self-study resources focused on advanced home-based care skills, in addition to at least 3 patient care visits with a home-based care team lead or supervising professional.
- i. The precepted shifts should include an inventory, validation, and comfort level of each team members' skills; introduction to team-based care; and orientation to the home care setting.
  - ii. Self-Study Resources:
    - American Speech-Language-Hearing Association's [Adult Dysphagia](#) provides information on the screening and assessment of swallowing, relevant for assessment of the post-intubated patient. *Time to complete:* varies depending on engagement
    - [Nurseslab cheat sheets](#) provide quick information on a complete head to toe physical assessment, generic drug name stems cheat sheet, ultimate guide to head-to-toe physical assessment, and IV fluids and solutions quick reference. *Time to complete:* varies depending on engagement
    - [Nurseslabs procedures and skills](#) is a collection of guides on how to perform common nursing procedures, including nasogastric intubation and tracheostomy care. *Time to complete:* varies depending on engagement
    - [Medication Administration Teaching Modules](#): The NC BON has short modules and competency checklists for 17 different medication administration routes that may be delegated to an NAII with proper training and supervision. *Time to complete:* varies depending on engagement
    - [Teaching Module for Nurse Aide II](#) : The NC BON has an 11 very short modules which each include a competency checklist for the role of the NAII, oxygen therapy, sterile technique, wound care, suctioning, trach care, peripheral IV fluids, urinary catheters, G-tube feeding, elimination procedures, and fecal impaction. *Time to complete:* varies depending on engagement
    - [Home Oxygen Patient Education Tool](#) : This 2-page document provides information on safety tips, oxygen concentrators, and humidification therapy. *Time to complete:* varies dependent on engagement

The following resources are printable or mobile friendly pocket reference tools:

- [Complications of Central Vascular Access Devices](#) includes information on infiltration/extravasation, occlusion, infection, venous air embolism, catheter damage/rupture, and thrombosis.

- [Ostomy Management](#) includes information on each type of ostomy as well as pouch placement, pouch care, and complications.
- [Urinary Incontinence](#) includes information on assessment and management of various types of urinary incontinence.
- [Pressure Injury Assessment and Management](#) includes information on risk assessment, classification, and basic wound care.
- [Assessing Fall Risk and Reducing Falls](#) includes information on intrinsic and extrinsic risk factors as well as prevention strategies.

**4. Identify and train home-based care personnel who can execute fundamental patient care skills in the home.** Consider both internal and external sources.

a. Relevant skills include:

- i. Environmental assessment and intervention, including infection control activities
- ii. Personal care (activities of daily living)
- iii. Body mechanics, such as range of motion exercise, turning, positioning
- iv. Nutrition, such as feeding patients, setting up meals, restricting fluids
- v. Elimination activities, including catheter care, rectal tubes, and gastric suction
- vi. Vital sign monitoring
- vii. Clean dressing changes
- viii. Cough/deep breathing activities

 Patient and family education: Many of these skills can be completed virtually if the patient and caregivers are willing and able, properly trained, and have the necessary resources and supplies. Check back to [CMS](#) and [NC Medicaid bulletins](#) for availability and coverage of at home equipment and monitoring.

b. Potential sources for staff who can execute fundamental patient care skills in the home:

- i. Licensed nurses who have been out of practice for more than 3 years, or who are uncomfortable with the more advanced skills.
- ii. [Unlicensed assistive personnel](#) from ambulatory, outpatient, infusion, or specialty care settings that are currently low on patients, such as dermatology and surgical settings. See the [NC Board of Nursing Nurse Aide I tasks](#).
- iii. Health care professionals licensed in another state, are retired, or have inactive licenses; persons who are skilled but not licensed; and students at an appropriately advanced stage of professional study are potential sources. Consult the relevant professional health care licensure board for training requirements.
- iv. Allied health professionals - such as speech, occupational, physical, and recreational therapy, and social work and nutrition/dietetics - who need to be in the home for specialized activities and have proper training. For example, occupational therapists can assist with ADLs as well as falls assessment and environmental modifications. Consult the relevant professional health care licensure board for training requirements and scope of practice.

c. **Training** should include self-study resources focused on fundamental home-based care skills, in addition to at least 3 patient care visits with a home-based care supervising professional.

- i. The precepted shifts should include an inventory, validation, and comfort level of each team members' skills; introduction to team-based care; and orientation to the home care setting.
- ii. Self-Study Resources:
  - CDC General Homecare Training Materials: Caring for Yourself While Caring for Others:
    - [Module 1](#): An Introduction to Homecare Health and Safety. To access, click on the first bullet point titled "Trainer's Guide". This will lead you to a 21-page pdf with additional details around homecare. *Time to complete: 15 - 30 minutes.*
    - [Module 2](#): Tips for Reducing Strains, Sprains, and Falls While Doing Housekeeping and Caring for Clients. To access, click on the first bullet point titled "Trainer's Guide". This will lead you to a 22-page pdf with additional details around homecare. *Time to complete: 20 - 30 minutes.*
    - [Module 3](#): Tips for Reducing Risks from Environmental Exposures When Providing Homecare. To access, click on the first bullet point titled "Trainer's Guide". This will lead you to a 18-page pdf with additional details around homecare. *Time to complete: 20 - 30 minutes.*
    - [Module 4](#): Tips for Reducing Exposure to Bloodborne and Other Infectious Diseases. To access, click on the first bullet point titled "Trainer's Guide". This will lead you to a 25-page pdf with additional details around homecare. *Time to complete: 20 - 30 minutes.*
    - [Module 6](#): Tips for Setting Healthy and Safe Boundaries to Reduce Stress. To access, click on the first bullet point titled "Trainer's Guide". This will lead you to a 27-page pdf with additional details around homecare. *Time to complete: 20 - 30 minutes.*
    - [Module 7](#): Tips for Safely Handling Threatening Behaviors When Providing Homecare. To access, click on the first bullet point titled "Trainer's Guide". This will lead you to a 25-page pdf with additional details around homecare. *Time to complete: 20 - 30 minutes.*
  - [Nurseslab fundamentals of nursing](#) is a collection of study guides for basic concepts of nursing, including patient education, hand hygiene and handwashing, guide to promoting safety measures throughout the lifespan, comfort and hygienic measures for dependent clients, patient positioning, hair care and combing, providing back care and massage, moving patients from bed to chair or wheelchair, and cleaning bedpans and urinals. *Time to complete: varies depending on engagement.*
  - [Johns Hopkins Medicine: Vital Signs Management](#) is summary of how to obtain basic vital signs.

The following resources are printable or mobile friendly pocket reference tools:

- [Assessing Fall risk and Reducing Falls](#) includes information on intrinsic and extrinsic risk factors as well as prevention strategies.

**5. Identify and train staff who can execute other essential home care skills to provide patient screening and emergency plans.** Consider both internal and external sources.

a. Relevant skills:

-  Screen patients prior to team home visits for signs and symptoms of COVID-19.
-  Screen staff regularly. National Hospice and Palliative Care Organization offers an example [employee screening tool](#).
-  Assess social determinants of health to evaluate the patient's social needs and connect patients with community resources based on results.
-  Create Emergency Action Plan detailing steps to take if the patient's condition worsens (i.e. continue home care or transfer to inpatient, Emergency Department).
  - Educate household members and patient on worsening signs and symptoms to look for that may warrant hospitalization (CDC guidelines available [here](#))
  - Determine closest Emergency Department and phone number to call ahead for known or suspected COVID-19 positive individual PRIOR to arrival at Emergency Department
  - Determine who will drive patient to hospital or call 911 for transportation
-  Discuss Advanced Care Planning with patient and their family.
-  Act as [Trained Donning and Doffing Observers](#), either in person (at a distance outside the home) or via an audiovisual connection.
-  Ensure that decision-makers and staff members have the most up-to-date information that they need to deliver safe, efficient, and effective care. Keep open and fluid communication with the local health department.
  - Sign up for updates from NC DHHS, CMS, various other professional organizations who offer resources (see resources in previous sections), and the [NC AHEC Program](#).

b. Potential sources for screening and planning:

- i. Consider appointing Licensed Practical Nurses, Social workers, and/or Chaplains to lead other professionals in patient screening, emergency planning, and advanced care planning discussions.
- ii. Other sources:
  - Unlicensed personnel, such as Certified Nursing Assistant I/II or Certified Medical Assistants, who are trained and supervised by a licensed professional.
  - Current health care staff who are [high risk for COVID-19 complications](#) and should consider avoiding home care of PUI and patients with COVID-19+.
  - Home health and hospice volunteers.
  - Health care professionals licensed in another state, are retired, or have inactive licenses; persons who are skilled but not licensed; and students\* at an appropriately advanced stage of professional study are potential sources. Consult the relevant professional health care licensure board for training requirements.

c. **Training** should include self-study resources focused on specific tasks, in addition to at least 3 supervised patient planning sessions.

- i. The supervised sessions should include an inventory, validation, and comfort level of each team members' skills; introduction to team-based care; and orientation to the home care setting.
- ii. Self-Study Resources:
  - [Emergency Preparedness Packet for Home Health Agencies](#): 77-page document contains the Home Care Association of New York's guidelines for emergency preparedness planning. Emergency preparedness planning form is on p. 42
  - [Social determinants of health screening tool](#) and [instructions for use](#) : 2-page questionnaire developed by the EveryOne Project and the American Academy of Family Physicians can be used to assess the social needs of a home care patient. The instructions for use (8 pages) provide guidance for how to administer and interpret the questionnaire. Free [training and other screening tools on social determinants of health](#) is offered by the American Medical Association.

†Local universities, colleges, and technical schools can implement a [COVID-19 Student Service Corps](#) as a means to connect students with the needs of health care workers and systems.

- UNC-Chapel Hill's Office of Interprofessional Education and Practice has an active NC based student service task force, the [Carolina COVID-19 Student Services Coalition](#).

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*Revision history:*

4/20: Added the MidAtlantic Telehealth Resource Center as a resource in section I-3h.

04/22

- Added reference to the COVID-19 Student Services Corps at the end of the document
- Added the [NIH COVID-19 Treatment Guidelines](#) to Section II opening.

04.23

- Added free [training and other screening tools on social determinants of health](#) is offered by the American Medical Association to Section 2-5c

04.24

- Added The [COVID-19 Healthcare Workforce Toolkit](#) to Section 1-5.

04.27

- Added *Ensure that decision-makers and staff members have the most up-to-date information that they need to deliver safe, efficient, and effective care. Keep open and fluid communication with the local health department* to Section II-5.

05.08

- Added [Week in Review COVID-19 Scientific News](#) to Section II intro.

07.23

- Removed 5 minute consult d/t subscription ending
- Added mental health resource