



Frequently Asked Questions (FAQ) – COVID-19

Updated March 19, 2020

Aegis is committed to the health and safety of our employees, patients and other healthcare professionals we work with daily. We understand there are heightened concerns regarding COVID-19. Aegis, as well as our customer host facilities and home care agencies, will be following CDC policies and procedures. This includes policies such as providing personal protective equipment (PPE) to staff working with patients with suspected/active disease, limiting access to patients, screening sick patients who most likely won't be on therapy caseload, etc.

The information below is provided to address common concerns.

This is a fluid situation, and as we monitor updated guidance from the CDC and other health agencies and receive additional questions from our teams, some of the information provided in this document may change.

If I experience a loss of hours due to impacts from Covid-19, will I be eligible for unemployment?

Possibly. Unemployment eligibility is based on several factors, but loss of scheduled hours may qualify you for unemployment benefits. The associated requirements vary by state, as do the benefits available, so we recommend you check with your local state unemployment or revenue office to verify requirements, application process and potential benefit award details.

Is Aegis advising us to cancel providing group service delivery due to Covid-19?

Yes, with our continued efforts to stay abreast of the most up to date CDC recommendations, Aegis Therapies is now requiring all planned groups to be canceled and no new groups to be organized. This decision is based on the CDC's Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes, revised 3/13/20. Aegis continues to support the provision of care via group service delivery, acknowledging it as an effective, evidence-based intervention. However, the current need to contain the risk of spreading Coronavirus outweighs these benefits, and a cautious approach is necessary for the health of the patients we serve.

As previously communicated, social distancing of 6' between all patients treated in the gym environment should be followed. If locations are unable to maintain social distancing guidance, then the number of patients in a gym or common location must be restricted. Staff will continue to collaborate with their individual facilities should more stringent restrictions, such as in-room or on-unit treatment be advised. Staff will continue to bill for care delivery based on Medicare Part A and Part B regulatory definitions.



What if my host facility/HH agency issues directives that are different from current Aegis practices?

Every effort is made to have an open dialogue with our host facility/HH agencies, and **our practice is to follow their directives**, especially now since they too may be subject to directives from regulatory agencies, local health departments, etc. Please ask your supervisor to notify the AVP, National Director etc. of any directives which vary from Aegis practices. We are appreciative of the opportunity to assess and update our practices if needed.

What is the current hand hygiene guidance from the CDC for healthcare providers?

The current CDC Hand Hygiene Guidance is summarized below. The full guidance and any updates can be found online at <https://www.cdc.gov/handhygiene/providers/guideline.html>

The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings.

Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications:

- Immediately before touching a patient
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- Before moving from work on a soiled body site to a clean body site on the same patient
- After touching a patient or the patient's immediate environment
- After contact with blood, body fluids, or contaminated surfaces
- Immediately after glove removal

Healthcare facilities should:

- Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations
- Ensure that healthcare personnel perform hand hygiene with soap and water when hands are visibly soiled
- Ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered

Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and, in the absence of a sink, are an effective method of cleaning hands.



What precautions should we take if a patient needs a home assessment prior to discharge from a facility?

If a patient clinically requires a home assessment prior to DC home from a facility, the following things should be considered:

Determine if the host facility has any process or procedure for patients who are leaving and returning to the facility for any period of time.

COVID-19 screening questions should be asked of any outside individuals who will be present in the home during the assessment. If any responses are concerning, discuss alternative options for a home assessment.

If the home assessment will proceed, determine ahead of time what items need to be taken to the home and their ability to be easily cleaned and disinfected upon return.

Follow infection control procedures upon entering and exiting the home to prevent transmitting anything to the patient's home or again back to the host facility. An example of this is the Home Health Clean Bag Technique.

The patient should then follow any host facility infection control procedures upon returning to the facility.

What precautions should be taken for therapists who perform services in a SNF and for a HH agency in the same day?

To create continuity and mitigate risk of exposure to patients in both environments, preference would be for the therapist to keep HH visits together and SNF sessions together. Example: Therapist sees all the HH patients scheduled for that day on their way into the SNF rather than splitting the day with SNF treatments>HH visits> SNF treatments. Or the therapist could treat in the SNF all day and perform the HH visits as the last services of the day on the way home. Additionally, therapists performing HH visits should already be familiar with their agency's policies related to infection control and their specific response to COVID-19 as well as perform the HH clean bag technique to prevent transmission of infection from one site to the next.

I am going to be the first visit for a home health patient. What do I do to protect myself and the patient?

Your specific HH agency should have a process in place for you to screen the patient either prior to arrival or upon entry to the home. Please refer to their specific process. CMS has given this guidance to HH agencies through this link: <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-concerning-coronavirus-disease-2019-covid-19-home-health>



How should HHAs screen patients for COVID-19?

When making a home visit, HHAs should identify patients at risk for having COVID-19 infection before or immediately upon arrival to the home. They should ask patients about the following:

1. 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>
2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
3. In the last 14 days, has had contact with someone with or under investigation for COVID-19, or are ill with respiratory illness.
4. Residing in a community where community-based spread of COVID-19 is occurring.

For ill patients, implement source control measures (i.e., placing a facemask over the patient's nose and mouth if that has not already been done).

Inform the HHA clinical manager, local and state public health authorities about the presence of a person under investigation (PUI) for COVID-19. Additional guidance for evaluating patients in U.S. for COVID-19 infection can be found on the CDC COVID-19 website.”

What if my HH patient begins to experience symptoms of COVID-19 during my HH visit?

Notify the agency during the home visit and follow your specific agency's guidance regarding the response to this information.

What is CMS guidance to HH agencies in response to COVID-19?

You can find CMS guidance here: <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-concerning-coronavirus-disease-2019-covid-19-home-health>

Has Aegis Therapies restricted travel?

Yes, Aegis has suspended all non-essential travel and site visits. Only essential travel is permitted at this time and is defined as travel directly related to patient care. We will continue to re-evaluate this decision as the situation progresses and at a minimum every two weeks.

Is Aegis still utilizing volunteers?

As of March 11, 2020, Aegis has suspended the use of volunteers. Volunteers are an important part of many of our locations and we will re-evaluate this decision every two weeks, at a minimum, until we are able to return to regular utilization of volunteers.



If an elderly patient got the pneumonia vaccine, are they in any way protected from the pneumonia related to COVID-19?

No, the Pneumovax and influenza vaccines are not at all protective, nor is there is there natural immunity that any of us have.

We talk about cleaning hard surfaces a lot. Should we consider cleaning soft surfaces as well? For example, if you are wearing a sweater and cough into it, will your sweater be contaminated until it is washed again?

The virus dies fairly quickly on soft surfaces as opposed to the 2-3 days on steel or plastic. You can assume the soft surface has active virus for less than a day. So, if you cough into your sleeve and then touch your fingers to your sleeve and your fingers to your mouth you could spread it from your elbow to your mouth.

When we hear the virus is mild to moderate for most cases, what is considered moderate? I've seen some articles that seem to include pneumonia cases in moderate.

Sick with symptoms that are not life threatening is considered moderate (high fever, persistent cough, etc.), moderate does not include pneumonia. Pneumonia is considered severe. It is also important to note that critical is the 5% of cases that are life threatening.

Are there any concerns that this contagious disease may mutate targeting other populations such as healthy adults and/or children?

There is always a possibility of viruses changing. What we have found with the coronaviruses, as opposed to influenza viruses, is that that coronaviruses tend to have less mutations than influenza. This is a very positive sign, and we have not seen any change in this virus so far, so yes, it is a possibility but in general, with past coronaviruses (e.g., SARS and MERS), we have not seen a lot of that type of action.

How long is a person contagious after first symptoms?

COVID-19 is very similar to influenza. These are the current recommendations for resuming regular activities (not contagious):

- No fever for at least 72 hours (without the use of fever reducing medicine) **AND**
- All symptoms have improved (they do not need to be completely gone but improved)
AND
- At least 7 days have passed from the first day of any symptoms.



If a person gets COVID-19 and recovers, could they get it again - for example, later in the year?

There is not currently a lot of information, but based on previous infections, the answer is likely no. The likelihood of catching it twice is low.