

COVID-19: Information for hospice inpatient facilities

27 August 2020

The purpose of this document is to provide guidance on preventing the spread of COVID-19 in hospice inpatient facilities, to protect both the patients and staff. District health boards (DHBs) are expected to work closely with palliative care facilities to ensure there are adequate supplies of personal protective equipment (PPE) to meet requirements.

This information sheet should be read in conjunction with information available at health.govt.nz/covid-19 and covid19.govt.nz

Managing staff with COVID-19 symptoms, confirmed (or probable) COVID-19 infection (including close contacts)

Extra precautions are needed to ensure people who receive palliative care are safe.

- It is critical that staff who are unwell, even with mild respiratory symptoms or a fever do not come to work.
- All staff with confirmed (or probable) COVID-19 infection are required to isolate in a managed quarantine/isolation facility or other suitable accommodation as determined by the public health unit.
- Staff who meet the clinical criteria for COVID-19 should phone Healthline or their GP/nurse practitioner, specify where they work, and arrange to get tested. If the test is negative, then unless advised otherwise by their GP/ nurse practitioner, provided they are well, they can return to work.
- Staff who are close contacts of confirmed (or probable) cases should not be at work. They should self-isolate at home for 14 days since last exposure with the case and will be followed up with daily symptom checks by Healthline or public health.
- For information on how to identify and investigate any cases of novel coronavirus (COVID-19), as well as how to apply appropriate contact tracing and infection control measures to prevent its spread, refer to the Advice for Health Professionals: health.govt.nz/covid19-hp-advice#advice

Managing patients with COVID-19 symptoms, confirmed (or probable) COVID-19 infection (including close contacts)

- All patients with COVID-19 symptoms, confirmed (or probable) COVID-19 infection, should be isolated immediately. This will reduce risk of further transmission to other patients.
- Patients with clinical symptoms consistent with COVID-19 should be reviewed by a health practitioner to determine whether they should be tested and/or whether there is another underlying cause for their symptoms that may require investigation or treatment. A patient who is being tested for COVID-19 should remain in isolation until test results are available.
- Unless in an outbreak situation, most people with COVID-19 symptoms will NOT have COVID-19.

- Standard precautions and contact and droplet precautions should be undertaken by all staff when interacting with the patient as per the Facilities Pandemic Plan and infectious disease protocols for management of COVID-19. If the patient has confirmed (or probable) COVID-19, a clinical and risk assessment will need to be undertaken to establish the best place of care for the resident.
- See Hospice New Zealand's website (hospice.org.nz/covid-19/covid-19-for-health-professionals/) for further information on symptom management, including breathlessness, anxiety, cough, respiratory tract secretions and delirium.
- When a facility is notified of a confirmed (or probable) case, the facility should work with their local public health unit, and DHB to convene their outbreak management team and support the case-contact investigation.
- If a patient tests positive for COVID-19, and medically do not need to be transferred to hospital, the local public health unit will work with the case and the facility to determine the best place for the person to be supported and isolated. This may be the facility, a managed isolation/quarantine facility or their own home. The patient will require daily monitoring and symptom checks, especially looking for signs of deterioration which may require hospital admission. If they remain at the facility, the facility should liaise with the DHB to ensure they receive the PPE needed for the duration of care whilst the patient is isolated for COVID-19.
- Patients in isolation should have symptom checks daily, reside in a single room with own dedicated bathroom (This can be ensuite rooms or where not available a bathroom allocated for specific use of patient in isolation and cleaned after use), have meals in their room. Movement to other common areas of the facility is not permitted during isolation, however, thought must be given to how patients who are isolated can be escorted for a walk around garden, and how their cultural needs are met.
- The decision to 'release' a patient from isolation will be made by the health practitioner responsible for monitoring them and in line with the current guidance in the Updated advice for health professionals: novel coronavirus at health.govt.nz/covid19-hp-advice#advice about release from isolation of confirmed (or probable) COVID-19 cases.

Visitors to hospice inpatient units – All Levels

Visitors to support people in the hospice inpatient facility are important. Under **all Alert Levels** the following guidelines should be followed:

- staff advise all visitors and staff to stay away from the facility if they have cold or flu symptoms
- visitors also stay away if in self-isolation or if they have been in close contact with someone confirmed with COVID-19 in the last 14 days
- if in the last 14 days a visitor has been in contact with someone else who has recently travelled overseas, the facility considers the risk before visiting and any potential PPE requirements. See the document Alert Level 1: Risk assessment questions if COVID-19 status is unknown at health.govt.nz/ppe-health#guidelines for further information.

Visitors to hospice inpatient units – Levels three and four

Visits will be considered on a case-by-case basis. The unit should be contacted in advance, and contact between family and staff, and family and other patients, should be minimal. Hospice inpatient units will implement a strict visiting policy. Most allow only one companion who must stay with the patient.

Infection prevention and control

Hand hygiene is one key essential action that prevents transmission of infection. In addition to hand hygiene measures, all staff must adhere to standard precautions and droplet and contact precautions as necessary when caring for patients with suspected or confirmed COVID-19 and patients who have respiratory and influenza-like symptoms. Advice on PPE for droplet and contact precautions can be found in Ministry's guidance on PPE used by community care providers for prevention of COVID-19 at [health.govt.nz/ppe-health](https://www.health.govt.nz/ppe-health)

Cleaning

Cleaning should be increased in general paying attention to frequently touched objects and shared spaces. Cleaning information for COVID-19 can be found on the Ministry's website

Food

Facilities should ensure good food preparation and good hand hygiene practices are maintained.

More information

For the latest advice, information and resources, go to [health.govt.nz/covid-19](https://www.health.govt.nz/covid-19) or [covid19.govt.nz](https://www.covid19.govt.nz)

This information sheet should be read in conjunction with other information available at [health.govt.nz/covid-19](https://www.health.govt.nz/covid-19) or at [covid19.govt.nz](https://www.covid19.govt.nz)