

Post-Acute Toolkit

Our top priority is the health and safety of our patients, employees and visitors. HonorHealth is working closely with the Arizona Department of Health Services and the Maricopa County Department of Public Health to stay up to date with the most current information and guidelines related to the Coronavirus. This is a rapidly changing situation, please go to <https://www.honorhealth.com/coronavirus-covid-19> to see the most recent updates.

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CDC Guidelines

How to Put On (Don) PPE Gear

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
2. **Perform hand hygiene using hand sanitizer.**
3. **Put on isolation gown.** Tie all the ties on the gown. Assistance may be needed by other healthcare personnel.
4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be
5. protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients. *
 - o **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 - o **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
6. **Put on face shield or goggles.** When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
7. **Put on gloves.** Gloves should cover the cuff (wrist) of gown.
8. **Healthcare personnel may now enter patient room.**

How to Take Off (Doff) PPE Gear

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. *
3. **Healthcare personnel may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator).** Do not touch the front of the respirator or facemask. *
 - **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse. ***

[Use of PPE when Caring for Patients with Confirmed or Suspected COVID-19](#)

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Facemask Do's and Don'ts

Facemask Do's and Don'ts
For Healthcare Personnel

When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.



DO secure the elastic bands around your ears.



DO secure the ties at the middle of your head and the base of your head.

When wearing a facemask, don't do the following:



DON'T wear your facemask under your nose or mouth.



DON'T allow a strap to hang down. DON'T cross the straps.



DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



DO remove your facemask touching ONLY the straps or ties, throw it away*, and clean your hands again.

*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>



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cdc.gov/coronavirus

Facemask Do's and Don'ts

Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities

- ✓ Cancel all public or non-essential group activities and events
- ✓ Clean and disinfect all common areas and shared facilities
- ✓ Inform residents, workers, volunteers, and visitors about COVID-19
- ✓ Encourage personal protective measures
- ✓ Help Residents establish a “buddy” system to ensure they stay connected
- ✓ Consider limiting the number of non-essential visitors
- ✓ Screen, when possible, and advise workers and essential volunteers
- ✓ Follow guidance for businesses and employers

Detailed Information : [Retirement Communities and Independent Living Facilities Guidance](#)

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Advanced Directives

Community spread of COVID-19 has increased throughout the United States, and older adults are at higher risk of severe illness and even death associated with this disease. Following CDC recommended guidance on how to avoid getting sick and what to do in case you get sick is an important step in remaining healthy and helping slow the spread of COVID-19. Additionally, developing a care plan is vital during this crucial time in our country.

A care plan is a form that summarizes a person's health conditions and current treatments. Many care plans include a summary of your health conditions, medications, healthcare providers, emergency contacts, and end-of-life care options (for example, advance directives). People complete their care plans in consultation with their doctor, and if needed, with help from a family member or home nurse aide.

Developing a care plan now can have benefits beyond the current pandemic. You can update your care plan every year, or any time you have a change in your health or medications to keep the care plan current. Care plans can reduce emergency room visits and hospitalizations and improve overall medical management for people with a chronic health condition, resulting in better quality of life.

During the COVID-19 pandemic, having a care plan is an important part of emergency preparedness.

What is an Advance Directive?

- A way to tell others what medical care you do or do not want if you become too sick to make these decisions. Only you (not a family member) can complete and sign this directive.
- Types of Directives include:
 - Healthcare (Medical) Power of Attorney
 - Living Will
 - Prehospital Medical Care Directive
 - Mental Healthcare Power of Attorney

What happens if I am unable to communicate my healthcare decisions?

- If you have not named someone in a healthcare directive to make decision for you, your doctors must seek a surrogate to make decisions on your behalf.
- According to Arizona law, the order of people authorized to act as a surrogate and make healthcare decisions for you is:
 - Spouse, unless you are legally separated
 - Majority of Adult children over the age of 18
 - Parent
 - Domestic partner
 - Brother or Sister
 - Close friend
 - 2 physicians

Healthcare (Medical) Power of Attorney

- Allows you to appoint someone to make medical decisions if you cannot make them yourself. You should choose someone who know you well enough to know what is important to you and will respect and support your medical wishes.
- You can name an alternate Healthcare Power of Attorney in case the first person is not available.
- Must be signed you and dated in front of a witness or notary. The witness to your signature cannot be related to you by marriage or adoption or benefit from your estate.

Living Will

- A written statement about what treatment you would or would not want
- Must be signed you and dated in front of a witness or notary. Witness to your signature cannot be related to you by marriage or adoption or benefit from your estate.

Pre-Hospital Directive (also known as an Orange Form, Do Not Resuscitate)

- In the event that your heart stops or your stop breathing, you would not want CPR or life support (ventilator).
- This form is valid outside of the hospital and in the Emergency Room in the State of Arizona.

Mental Healthcare Power of Attorney

- Allows your designated decision maker to consent for psychiatric treatment if needed.

What do you do once you have completed your Advance Directive?

- Provide copies to the healthcare power of attorney that you have listed, your physicians and the health care facilities when you are admitted.

Resources:

[CDC PDF Fillable Complete Care Plan](#)

[Five Wishes COVID-19 Resources](#)

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HEALTH CARE DIRECTIVE (LIVING WILL)

I, _____ want everyone who cares for me to know what health care I want, when I cannot let others know what I want.

SECTION 1:

I want my doctor to try treatments that may get me back to an acceptable quality of life. However, if my quality of life becomes unacceptable to me and my condition will not improve (is irreversible), I direct that all treatments that extend my life be withdrawn.

A quality of life that is unacceptable to me means (check all that apply):

- Unconscious (chronic coma or persistent vegetative state)
- Unable to communicate my needs
- Unable to recognize family or friends
- Total or near total dependence on others for care
- Other: _____

Check only one:

- Even if I have the quality of life described above, I still wish to be treated with food and water by tube or intravenously (IV).
- If I have the quality of life described above, I do NOT wish to be treated with food and water by tube or intravenously (IV).

SECTION 2: (You may leave this section blank.)

Some people do not want certain treatments under any circumstance, even if they might recover.

Check the treatments below that you do not want under any circumstances:

- Cardiopulmonary Resuscitation (CPR)
- Ventilation (breathing machine)
- Feeding tube
- Dialysis
- Other: _____

SECTION 3:

When I am near death, it is important to me that: _____

(Such as hospice care, place of death, funeral arrangements, cremation or burial preferences.)

BE SURE TO SIGN PAGE TWO OF THIS FORM

- If you only want a Health Care (Medical) Power of Attorney, draw a large X through this page.
- Talk about this form with the person you have chosen to make decisions for you, your doctor(s), your family and friends. Give each of them a copy of this form.
- Take a copy of this with you whenever you go to the hospital or on a trip.
- You should review this form often.
- You can cancel or change this form at any time.

FOR MORE INFORMATION CONTACT HEALTH CARE DECISIONS, (602) 222-2229 OR WWW.HCDECISIONS.ORG

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**HEALTH CARE (MEDICAL) POWER OF ATTORNEY
WITH MENTAL HEALTH AUTHORITY**

It is important to choose someone to make healthcare decisions for you when you cannot. **Tell the person (agent) you choose what you would want.** The person you choose has the right to make any decision to ensure that your wishes are honored. If you **DO NOT** choose someone to make decisions for you, write **NONE** in the line for the agent's name.

I, _____, as principal, designate
_____ as my agent for all matters relating to my health (including mental health) and including, without limitation, full power to give or refuse consent to all medical, surgical, hospital and related health care. This power of attorney is effective on my inability to make or communicate health care decisions. All of my agent's actions under this power during any period when I am unable to make or communicate health care decisions or when there is uncertainty whether I am dead or alive have the same effect on my heirs, devisees and personal representatives as if I were alive, competent and acting for myself.

_____ By initialing here, I specifically consent to giving my agent the power to admit me to an inpatient or partial psychiatric hospitalization program if ordered by my physician.

_____ By initialing here, this Health Care Directive including Mental Health Care Power of Attorney may not be revoked if I am incapacitated.

Print agent ADDRESS and PHONE:

If my agent is unwilling or unable to serve or continue to serve, I hereby appoint:

_____ as my agent.

Print alternate agent ADDRESS and PHONE:

I intend for my agent to be treated as I would regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1420D and 45 CFR 160-164.

SIGN HERE for the Health Care (Medical) Power of Attorney and/or the Health Care Directive forms

Please ask one person to witness your signature who is not related to you or financially connected to you or your estate.

Signature _____ Date _____

The above named person is personally known to me, and I believe him/her to be of sound mind and to have completed this document voluntarily. I am at least 18 years old, not related to him/her by blood, marriage or adoption, and not an agent named in this document. I am not to my knowledge a beneficiary of his/her will or any codicil, and I have no claim against his/her estate. I am not directly involved in his/her health care.

Witness _____ Date _____

This document may be notarized instead of witnessed.

On this _____ day of _____, in the year of _____, personally appeared before me the person signing, known by me to be the person who completed this document and acknowledged it as his/her free act and deed. IN WITNESS THEREOF, I have set my hand and affixed my official seal in the County of _____, State of _____, on the date written above.

Notary Public _____

FOR MORE INFORMATION CONTACT HEALTH CARE DECISIONS, (602) 222-2229 OR WWW.HCDECISIONS.ORG

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Partner Resources

United Telehealth Corporation COVID + Protocols

To request care: 480-268-2670 *Specify COVID-19 + patient



“Our focus at United Telehealth Corp is centered around not only testing and screening for covid-19, but also in treating and managing the patient’s symptoms with frequent visits and a medical care plan. We dispatch a qualified health technician to a patient’s private residence, group home or nursing center wearing full personal protective equipment; this includes shoe covers, a protective gown, gloves, goggles or face shield and an N95 mask.

During the screening process we evaluate the patient’s condition, symptoms and onset of symptoms as well as obtaining the patients vital signs. We also connect the patient to a provider via telemedicine to discuss the patients’ health condition, medical history and possible risk factors. Once the visit has been completed the technician conducts a nasopharyngeal swab and promptly delivers the sample to the designated lab company. We offer two separate tests, a basic covid19 test as well as a full respiratory panel test that can diagnose for over 50 different viruses, bacterial and fungal infections. Once the specimen has been submitted, we typically obtain the results within 2-5 days. If a patient does return with a positive result our provider will conduct a treatment plan to manage the patient’s symptoms. We also follow up with the patient by scheduling at least one medical visit a week until the patient has recovered.

Lastly, once symptoms have diminished, we typically test the patient again to ensure a negative nasopharyngeal result. We also offer an antibody blood test if the provider prefers. During this pandemic, we are taking all the precautionary steps that are necessary to maintain the highest level of testing and treatment procedures possible for our patients. It is our mission at United Telehealth Corp to safely contain, manage and treat the virus effecting our community. “

Dispatch Health

480.493.3444

FAQ's**Can Dispatch Health test for COVID-19?**

Dispatch Health can test for COVID-19. However, tests will be administered when our providers deem appropriate. Samples are sent to a national lab for processing, and results can take up to 3-5 days. The lab we are using has FDA Emergency Use Authorization. Insurance is billed directly for the test. Beneficiaries enrolled in Medicare should not have any out-of-pocket charges for the test under the new CARES Act.

Can Dispatch Health treat and support COVID-19 + patients?

Dispatch Health can treat people that have tested positive for COVID-19. Dispatch Health medical teams can evaluate and treat symptoms and secondary conditions. They have nearly all the capabilities of an emergency room and can administer IV fluids, prescribe medication, and more.

Dispatch protective gear and sanitized equipment

Dispatch Health has put extensive protocols have been put in place to ensure medical teams are taking utmost precautions when treating patients. Their medical teams wear surgical masks, gloves, and protective eyewear for every patient encounter. For patients with respiratory and/or COVID-19 symptoms, teams also wear N95 respirator masks, gowns, and shoe covers. Additionally, Dispatch Health medical teams, wipe down their medical cases and equipment before and after every visit, as well as disinfect their car. Plus, teams follow strict guidelines for entering and exiting patient homes, and for disposing material used during patient care.

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Palliative Care Resources for COVID +/- PUI Patients (Vetted Providers)

Palliative Care Alliance

****Not in-person visits/Telehealth monitoring**

60 E. Rio Salado Parkway, Suite 900 Tempe, AZ 85281

602-269-6011

www.palliativeca.com

Arizona Palliative Home Care

1510 E. Flower St. Phoenix, AZ 85014

(602) 212-3000

www.azphc.org

Seasons Hospice & Palliative Care

1144 E. Jefferson St. Phoenix, AZ 85034

(480) 606-1011

www.seasons.org

Sage Hospice & Palliative Care

5111 N. Scottsdale Rd. #204 Scottsdale, Arizona 85250

480-777-5117

www.sagehospice.org

Serenity Hospice & Palliative Care

2999 N. 44th Street, Suite 225 Phoenix, AZ 85018

(602) 216-2273

<https://serenityhospiceaz.com>

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Resource list for PPE Supply

Vendor	Contact	Phone	Email	Website	Items Supplied	Comments	Vetted
AZ Mediquip	Sara Barber	(480) 455-2353	sara@azmediquip.com	https://azmediquip.com	Surgical Masks KN95 Masks Hand Sanitizer Gloves Bleach Alcohol Wipes Cleaning supplies Thermometers Heavy Surgical Gowns	Local Supplier They have had items sporadically throughout the last couple months. Some items had limited availability and may not be available now	YES
Nomad Goods	Scott Beatty	(412) 266-6321	scott@nomadgood.com	https://nomadgoods.com/pages/medical-supplies	Surgical Masks KN95s Hand Sanitizer Cleaning Spray	This has been our main source for Surgical masks as they have lower prices than other vendors. They manufacture them so the price savings is passed on. You will need to visit their website to set up a healthcare account	YES
SanTan Brewery	Jaime	N/A	jamie@santanbrewery.com	https://santanbrewing.com	Hand Sanitizer	SanTan is making and selling sanitizer in a liquid form. You will need to contact Jamie to arrange a time to pick up and you will need to bring your own containers	YES
AZBuild3D	Alex	(602) 319-7121	N/A	https://azbuild3d.com/covid-19	Face Shields	Local 3D printer now selling Face Shields at \$15/piece.	YES
Phillip Hoppes	Phillip Hoppes	(602) 525-3257	rimcrazy@me.com	N/A	Mask Adapters/Ear Guards	Local 3D printer making mask ear protectors that allow you to adapt the KN95 masks to a tighter fit	YES
SPH Medical	Steve Nevrla	(719) 229-9500	steven@sphmedical.com	https://www.sphmedical.com	Surgical Masks KN95 Masks Level 1 and 3 Gowns	High minimum quantities required	YES
American Studio Designs	David Engel	(480) 751-9991	david@americanstudio.com	N/A	Multiple Items	High minimum quantities required	NO
Hamlet Consulting	Tom Park	(310) 999-5625	tfpark3@gmail.com	N/A	Multiple Items	High minimum quantities required	NO
Joelaurie Ltd.	Laurie Dickman	N/A	lauriedickman@aol.com	N/A	Surgical Masks	Only has surgical masks	NO
Syncardia Systems	Brock Vendsel	(480) 205-7479	BVendsel@syncardia.com	N/A	KN95 Masks Surgical Masks		NO
KND Promos	N/A	(925) 297-6770	N/A	www.kndpromos-intl.com/fighththvirus	Multiple Items	High minimum quantities required	NO

Additionally, Amazon, Home Depot, Lowes, Staples, Office Depot, and Costco sporadically have the following items:

- o Hand sanitizer
- o Disinfectant cleaners and wipes
- o Bleach
- o Gloves
- o Rain ponchos (in lieu of isolation gowns)

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HonorHealth Outreach Questionnaire for LTC Facilities

Outreach Call to Congregate Living Situations (Assisted Living, Group Home, Memory Care, SNF or any residential setting where there are multiple vulnerable individuals receiving care)

(Call to be made when a patient from one of these settings is admitted to any HonorHealth hospital in hopes that we can determine that settings current status so we can prepare; give resources, etc.)

Date of Call: _____

Facility Name: _____

Name/Position of Person Providing Information: _____

Hospital where resident is currently admitted: _____

1. How many residents in the building?
2. Have all residents and staff in their facility been tested and when?
3. How many have come back positive?
4. Do they know source/date of outbreak?
5. Are they able to continue to care for residents in the facility?
6. Do they have PPE?
7. Are staff trained to care for these patients? Appropriate IP protocols in place, as per CDC and CMS guileless?
(If not – offer for HonorHealth IP to contact)
8. Are procedures in place to prevent staff and patient cross-contamination?
9. Do they need to place residents outside of the facility?
10. What resources do they need?
11. How can HonorHealth/ICP assist them?
12. Have you performed advanced care planning, discuss DNR/I code status or do not hospitalize order with your patients or families?
13. Are you open to transferring clinically stable COVID-19 patients to another PAC facility to help cohort these patients?