



March 31, 2023

Personal Protective Equipment and Screening in Hospice Agencies:

Authority:

- [Guidance for use of Certain Industrial Respirators by Health Care Personnel \(QSO-20-17-ALL\)](#)
- [COVID-19 Focused Infection Control Survey Tool for Acute and Continuing Care Providers and Suppliers \(REVISED\) \[QSO-21-08-NLTC REVISED 09/26/2022\]](#)

Applicability: This guidance applies to hospices certified by the Centers for Medicare & Medicaid Services (CMS). Under [Oregon Administrative Rule 333-035-0055\(8\)](#), licensed hospice agencies in Oregon must meet all requirements in the CMS Conditions of Participation for hospice programs found in 42 CFR Part 418 regardless of CMS certification status.

I. Personal Protective Equipment

Facilities and agencies subject to this guidance shall adopt and enforce policies and procedures that align with the CMS requirement that certified facilities and agencies implement health care setting masking recommendations from the Centers for Disease Control and Prevention (CDC) for healthcare personnel, patients, support persons, clients, and visitors. CDC continues to recommend use of Personal Protective Equipment for the care of patient with suspect or confirmed COVID-19 as outlined in [CDC Interim Infection Prevention and Control Recommendations](#). The CDC definition of healthcare settings includes Hospice Agencies. OHA guidance for Hospice Agencies aligns with the CDC guidance.

II. Screening

CMS guidance instructs facilities and agencies to follow [CDC recommendations](#) regarding infection control guidance, including screening. Further, CMS states that “Facilities should continue to consult with state and local public health officials to determine if modifications to visitation and screening are appropriate on a case by case basis.”

The current CDC recommendations from their [infection control guidance](#) include multiple considerations in their [FAQ](#) regarding visitor restrictions:

Establish a process to make everyone entering the facility aware of recommended actions to prevent transmission to others if they have any of the following three criteria:

- 1) a positive viral test for SARS-CoV-2
- 2) [symptoms of COVID-19](#), or

3) close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a [higher-risk exposure \(for healthcare personnel \(HCP\)\)](#).

For example:

- Instruct HCP to report any of the 3 above criteria to occupational health or another point of contact designated by the facility so these HCP can be properly managed.
- Provide guidance (e.g., posted signs at entrances, instructions when scheduling appointments) about recommended actions for patients and visitors who have any of the above three criteria.
 - Patients should be managed with criteria used to discontinue isolation and quarantine, when indicated, for COVID-19
 - Visitors with confirmed SARS-CoV-2 infection or compatible symptoms should defer non-urgent in-person visitation until they have met the healthcare criteria to end isolation; this time period is longer than what is recommended in the community. For visitors who have had close contact with someone with SARS-CoV-2 infection or were in another situation that put them at [higher risk for transmission](#), it may be safest to defer non-urgent in-person visitation until 10 days after their close contact (additional considerations provided in [CDC Guidance](#)). In the event that there are co-circulating respiratory pathogens (e.g., influenza, RSV), similar steps should be taken to defer non-urgent visitation for those ill or with recent positive test.
- HCP, patients, support persons and visitors should be [offered resources and counseled](#) about the importance of receiving the COVID-19 vaccine.

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