



COVID Infections – Question:

With COVID cases on the rise, several of our participants and their family/caregivers are testing positive. How should we handle this? What is the guidance on telehealth visits? Can you provide additional guidance? Thank you!

Additional Guidance:

Unfortunately, the uptick in COVID cases and managing around this pandemic seems as if it is our new way of life for the foreseeable future. In the Johns Hopkins Home Care program (Baltimore) they have: (1) kept a spreadsheet of quarantined households and when to check back with them on their status and (2) utilized a telehealth approach in limited circumstances on certain visits (see below):

JHU would advise the following:

1. Put the client on hold until everyone in the households' quarantine period is over and are cleared medically. (See CDC for quarantine period)
2. If the client is positive for COVID and past peak period but still has mild symptoms being managed at home, they might have to be on hold a little longer until they feel ready to resume in-home visits.
3. If a brainstorming visit (around goal attainment/strategy) can be done on the phone, following the rapport-building that has been done previously in person, clinicians should follow the JHU telehealth guidance as previously discussed:
 - The first and second OT and first RN visits **MUST** be done in the home
 - The final OT and RN visits **MUST** be done in the home
 - The handyworker repairs/work (obviously) must be done before the final RN and OT visits
 - The participant drives the determination of whether any of the other visits can be done via telephone or over a virtual meeting platform.
 - If the participant does not hear well or does not feel that he/she/they will get much out of a phone or virtual visit, then do not attempt to do any visits that way. Instead, suspend the visits until the person feels up to home visits and the danger of infection is passed.
4. Get creative! Ally (from JHU) has done a phone visit in the car in front of clients' homes during the height of COVID and then went into the home (masked, vaccinated) with their supplies, set them up in the appropriate placement, and made sure the person could safely use the items with demonstration in her presence.

Please contact the JHU CAPABLE team with additional questions or if you discover other useful strategies to share. Ally at: aevelyn1@jhu.edu and Deborah: dpaone1@jhu.edu