

1/13/22

Hello Hospice Care Volunteers,

If you are receiving this notice, it is because you are currently assigned to a client(s). Please carefully read the important safety changes below.

In an effort to reduce the spread of COVID infections and protect the safety of volunteers and clients during the current Omicron surge, until the end of January we are implementing the following guidelines (below). On February 1st, we will assess the infection rates and let you know if there will be an update to this policy.

- Discontinue in-person visits to our clients who live in nursing homes or assisted living facilities.
- Suspend in-person visits to clients' homes *unless your absence would present a hardship* for them and their caregivers. (John and I are in the process of making phone calls to each of you to assess/discuss your client's situation).
- If it is determined that in-person visits are needed, but *you* are uncomfortable visiting at this time, let us know and we will work together to find a solution for your client.
- For volunteers who will be suspending their visits, please find alternative ways to support your client and maintain contact, if possible.
Reminder: we have Google Slates (large tablets) to loan your client to enable you to maintain face-to-face contact via Zoom.
- We will reassess these protocols at the end of January to determine best practice for maintaining safety. In the meantime, please call if you need us, our support for you and our clients will continue.

Following CDC and VHD guidelines, if you are continuing face-to-face visits with your client(s), follow the safety protocols below:

CDC guidelines for Health Care Personnel (HCP):

- Hospice patient-care volunteers are considered HCP because the clients we visit are seriously ill (see CDC definition below).
- The CDC safety guidelines for HCP are more stringent than those for the general public. (Example: the CDC just shortened the recommended isolation time after a COVID infection for the general public, but for HCP it remains as it was).

Vaccinations/Boosters:

- Only vaccinated (and boosted) hospice volunteers are permitted to visit clients face-to-face.
- The CDC recommends that HCP be vaccinated. HCP are considered vaccinated if they have received all COVID-19 doses, including a booster.

Monitor Symptoms:

- If you have COVID symptoms, *STAY HOME and get tested*. Call your Care Coordinator if you receive a positive COVID test.
- Before each visit, call your client to ask the COVID screening questions (see attached).

Testing:

- PCR tests are the most reliable, but it can take 1-3 days to get results and must be scheduled in advance now. Antigen (rapid) tests are thought to be effective for determining when an individual is infected and able to transmit COVID, but availability is limited. We do not have a supply of these for volunteers. Check your pharmacy and the State: <https://www.healthvermont.gov/covid-19/testing>
- See *Testing Guidelines for Hospice Volunteers* (attached).

Masks:

- Wear N95 or KN95 masks *ONLY*; we have a large supply of N95's at the office.
- We need/expect clients (and their household members) to wear masks while you are visiting, *if your client can reasonably do this*.
- Wear eye protection (face shields or goggles) while the infection rate is high. We have a supply of both at the office.

Isolation/Resuming Visits:

- If you tested positive for COVID and are *mildly symptomatic* or *asymptomatic*, before resuming volunteer visits:
 - self-isolate for 10 days from the appearance of 1st symptoms (or 7 days with a negative test within 48 hrs before resuming visits)

- ensure at least 24 hours have passed since last fever *without the use of fever-reducing medications*
- ensure that symptoms have improved (e.g., cough, shortness of breath)
- If you were **exposed** to someone with COVID and are *asymptomatic*, you may resume volunteer visits after receiving 2 negative tests (on day 2 and 5-7*).
 - **To calculate day of test: consider day of exposure as day 0*

We honor and appreciate the support and care you give our clients. Please bear with us as we navigate the ups and downs of this pandemic. We always welcome your questions, concerns, and feedback.

**With Warmth and Fondness, (despite my business-like tone),
And Heartful Gratitude,
Patty (on behalf of the BAH Staff and Board)**

CDC Definition of Healthcare Personnel (HCP): HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and **volunteer personnel**).