SANAD Response to COVID-19 Crisis

Background

SANAD is a non-governmental, not-for-profit, organization that provides home hospice care services to patients who have advanced chronic and terminal conditions through an interdisciplinary team composed of nurses, physicians and psychologists.

In response to the COVID-19, SANAD will be modifying its operations following the below guidelines while ensuring its commitment to the following principles:

- Preserving the safety and the best interest of the patients
- Preserving the safety and the best interest of the team
- Respecting our public health responsibility and duty
- Ensuring a functional operation from home

Service Provision

SANAD cares for patients who have advanced chronic and terminal conditions; who are mostly oncology patients, during their end of life phase. As such, SANAD patients are considered to be among the vulnerable high risk patients. Caring for patients who are COVID-19 positive requires healthcare staff to be allocated only to COVID-19 cases. In order to ensure utmost protection of our patients from any possible risk for COVID-19 exposure, and in order to support a maximum number of our patients during these critical times where hospitals are overloaded with the COVID-19 outbreak, SANAD team will not be conducting home visits when it is suspected or confirmed that any of our patients or a family member who lives with them has COVID-19. As such SANAD will follow the below guidelines during the COVID-19 pandemic.
Nursing Team

Triaging Patients, Home Visits & New Admissions

In the current situation, the direction is to conduct the very necessary and urgent visits in order to reduce risk of exposure of staff and consequently of patients to COVID-19 as much as possible. Patients are now classified into three categories:

1. **Stable patients**: are those who do not have active physical symptoms.
   - a. Stable patients will not be visited; instead they will be followed up remotely through phone and/or video calls.
   - b. These patients will be stocked with the quantity of medications they need.
   - c. Patients who are **newly referred** to SANAD, will be triaged by phone for any active and uncontrolled physical symptoms. Those who are stable and with no active symptoms will not be admitted. The patient's primary physician will be notified. The family will be instructed to contact SANAD in case of the emergence of new symptoms especially, pain, shortness of breath, decreased level of consciousness, confusion, etc.

2. **Active patients**: these are patients who have active moderate to severe physical symptoms.
   - a. Prior to visiting the patient, the nurse will conduct a phone screening for COVID-19 to the patient/any close family member including caregiver. Refer to **Appendix A** for COVID-19 screening.
   - b. If the patient and/or any family member screened positive, SANAD team will refer the concerned person to Rafik Hariri University Hospital (RHUH) or to any other COVID-19 designated hospital. The primary physician will be notified accordingly.
   - c. If the patient and any family member screened negative, the nurse will conduct the home visit.
d. The decision to resume care for patients who were COVID-19 positive and then were discharged after testing negative, will be decided on case by case basis after ensuring that the patient and close family members followed all proper and needed measures for testing and quarantine.

e. Patients who are newly referred to SANAD, will be triaged by phone for any active and uncontrolled physical symptoms.

f. Newly referred active patients will be admitted after screening for COVID-19 following step 2a. Patients/any family member who screen positive will not be admitted and will be referred to RHUH or to any other COVID-19 designated hospital. The primary physician will be notified accordingly.

3. Patients who are dying (in the last 72 hours of life): patients might be symptomatic or asymptomatic.

a. Patients who are asymptomatic will be supported remotely through phone and/or video calls if needed.

b. Patients who are symptomatic will be screened for COVID-19 (Appendix A) and will be visited by the nurse if the screening is negative.

c. Patients who are newly referred to SANAD, will be triaged by phone for any active and uncontrolled physical symptoms.

d. Newly referred patients who are in the last 72 hours will be admitted after screening for COVID-19 (Appendix A).

e. Newly referred patients/any family member who screen positive will not be admitted and will be referred to RHUH or to any other COVID-19 designated hospital. The primary physician will be notified accordingly.
Medical Team

The visits of the medical doctors at SANAD will follow suit the same aforementioned process. Medical doctors will visit active patients; i.e. patients who have active physical symptoms and symptomatic patients who are in the last 72 hours of life, at least once and as needed (after discussion between the nurse and the medical doctor). All newly admitted patients will be visited at least once by the physician.

Mental Health Team

1. Online sessions (video or phone call) will be provided to all the patients and their families that the Mental Health Unit is already following with [exceptions are listed below in 2.a]. The choice of video or phone call support will be decided upon by the patient. In specific situations where the effectiveness of phone or video sessions is questioned, a home visit will be conducted.

2. The psychologist will conduct visits in urgent cases. Urgent cases will be defined by any of the following criteria:

   a. Any hospice team member notices concerning thoughts or behaviors characterized by:

      - Suicidal or homicidal thoughts [mild, moderate, or severe]
      - Development of hallucinations or delusions that are not due to the medical condition
      - Abrupt mood changes
      - Problematic behaviors (e.g. aggressiveness, agitation), impulsive or risk-taking behaviors as well (e.g. a harmful episode of substance use), or increased violence in the household (to or from any family member).
      - Severe decline in functioning or severe increase in distress.

   b. Families (patient/caregiver) who are already being followed up by the psychologists and whose patient is now in the imminently dying phase.

3. Prior to conducting urgent visits, the psychologist will follow up with the nurse in charge of the patient regarding any suspicion for COVID-19 and will only visit patients/families who screen negative.
4. Newly referred patients to the Mental Health Unit will be triaged via phone call to assess the presence of the above-mentioned urgent factors. If they are deemed as urgent cases, they will be visited at home. Otherwise, they will be offered video or phone call support following the protocol of all other patients.

**Infection Prevention and Control Measures during Home Visits**

SANAD interdisciplinary team will abide by the CDC recommendations\(^1\) for donning and doffing personal protective equipment (PPE):

1. On arrival to the patient’s house, the staff member will put on (don) PPE including disposable gown, mask, gloves, hair and shoe cover following the steps specified in Appendix B.

2. When leaving the house, the staff member will remove PPE following the steps specified in Appendix B and dispose of them using a disposable bag.

3. The staff member will carry the minimum and only needed supplies and equipment for the visit.

4. The nurse will ask the patient, when applicable, to wash his/her hands before taking the vital signs.

5. The nurse will disinfect re-usable equipment such as the blood pressure machine and pulse oximeter using an alcohol-based disinfectant.

6. The nurse will share WHO recommendations\(^2,3\) for COVID-19 precautions at home with the

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patient/family members through a soft or hard copy. The nurse will re-enforce education to the patient and family members during the home visits.

### Equipment Disinfection

This section includes the procedure to disinfect equipment, including medical beds, wheelchairs, potty chairs, walkers, canes, and mattresses.

1. All equipment at SANAD store should be kept clean and disinfected.

2. Equipment collected from the patient’s house will be cleaned and disinfected by field officers twice at two distinct times before being used again; first time, upon collecting it from the patient's house and the second time at the new destination whether the organization's store or a new patient’s house.

3. The field officers will clean the equipment with soap and water and then disinfect them using an alcohol-based disinfectant as per manufacturer’s recommendations.

4. While cleaning and disinfecting the equipment, field officers will put on PPE including disposable gown, mask, gloves, hair and shoe cover following the steps in Appendix B.

5. Field officers will remove PPE following the steps in Appendix B.
Working from Home

1. SANAD’s staff will work from home as per the government’s state of health emergency.

2. Each unit, including Medical, Nursing, Mental Health, Quality, Research and Development (QRD), Fundraising and Administration units, are asked to do the following:
   a. Send a list of projects and activities on weekly basis, with a corresponding timeline,
   b. Hold daily online meetings as needed,
   c. Ensure documentation of meeting minutes,
   d. Conduct online IDT meetings,
   e. Ensure inter- and intra- daily coordination among units,

3. The office will be open as needed by two staff members form the administration team to respond to arising needs. Staff at the office will kindly respect the following working from the office protocol:
   a. Regular cleaning and disinfecting of the office: floor, doorknobs, tables, chairs, PC, water dispenser, microwave, and all other surfaces,
   b. Reducing the opening hours of the office,
   c. Keeping safe distance,
   d. Avoiding any direct contact and reducing social interaction,
   e. Respecting the hygiene rules especially hand washing,

4. Staff members who present with any respiratory symptom or fever or have had any contact with a suspected or confirmed COVID-19 case, are asked not to come to the office or see patients. Staff will consult the MD who will decide on the referral to RHUH or to any other COVID-19 designated hospital and the quarantine for at least 2 weeks.
Appendix A: Protocol to Screen Patients/Family Members for Suspected COVID-19

Case Definition Protocol:

A: Any travel history of patient or a close family member within the last 14 days

OR

Close contact with a suspected or confirmed contact with COVID_19 case within the last 14 days

B: Patient has respiratory tract infection symptoms (fever, cough, shortness of breath)

1. If A & B are present, then screening is considered positive

2. If A is present and B is not present, then screening is considered positive

3. If B is present and A is not present, then screening is considered negative
Appendix B: Sequence for Safe Donning and Doffing of Personal Protective Equipment

This sequence follows the CDC guidelines[^1] for safe donning and doffing of PPEs, except for the use of goggles and shoe cover. The use of goggles was removed from the sequence due to the absence of exposure to aerosol-generating procedures at home settings. The use of shoe cover was added.

**Donning PPE:**

- a. Perform hand hygiene
- b. Put on shoe covers (if hands touch the ground, perform hand hygiene again)
- c. Put on gown
- d. Put on mask
- e. Put on head cover
- f. Put on gloves

**Doffing PPE:**

- a. Remove shoe covers
- b. Remove gloves
- c. Remove gown
- d. Perform hand hygiene
- e. Remove head cover
- f. Remove mask
- g. Perform hand hygiene