

# **Covid-19 at homecare**

## **Introduction**

The essay focuses on the outbreak of the Covid-19 pandemic and discusses how this pandemic unfolded from the perspective of home care, where the author works. It also focuses on the use of protective equipment, vaccinations and testing of clients and staff. The essay also points to the lack of time for nurses in home care and the isolation of clients during the pandemic.

## **Covid-19 and beginning of vaccination**

The COVID-19 pandemic has affected all of us around the world. It was not and still is not easy to deal with the pandemic. The first occurrence of the disease Covid-19 was in December 2019 in Wuhan, China. In the Czech Republic, the first case was recorded on 1 March 2020 in three clients.

After the outbreak of the pandemic, vaccines against the SARS-CoV-2 virus, which causes the respiratory disease Covid-19, began to be developed. The vaccine has developed very quickly and since August 2020 vaccination with the Sputnik V vaccine has been started in Russia. This vaccine is not approved in the European Union. The European Union approved the AstraZeneca vaccine, which began to be vaccinated in the EU in January 2021. Subsequently, other vaccines were also approved in the EU. In the same period, the Ministry of the Interior of the Czech Republic received a plan for vaccination against the disease Covid-19 in the Czech Republic. The plan has several phases, the first phase started in January 2021, when at-risk groups and health workers were vaccinated. Vaccination is voluntary (Pandemie covidu-19 v Česku, 2020).

Today we know that vaccination is still voluntary as of December 2022. There were dialogues about whether vaccination should be mandatory or not, either for people or for health professionals. The Czech Republic is a democratic country, and everyone has the right to make their own decisions. On the other hand, could more human lives have been saved by vaccination? Currently in the Czech Republic, about 65% of the population has been vaccinated against covid-19 (Souhrnné statistiky, 2022).

A network of vaccination centers was created in the Czech Republic, in which vaccinations began. Vaccination was done only in vaccination centers. General practitioners were not able to have vaccines because they were in short supply. Although at-risk groups were vaccinated in the first phase of the vaccination plan, clients in home care who are immobile did not have the opportunity to be vaccinated, even though they belonged to the risk group, due to their immobility.

In order for the client to be vaccinated, an examination by a doctor is required. After vaccines became available to general practitioners as well, general practitioners were overwhelmed with vaccinations in surgeries and did not reach clients in the home environment. It therefore depended on the doctor whether he would indicate vaccination even without a physical examination of the client. If he gave the indication, the home care nurse administered the substance. If not, the client could not be vaccinated.

The vaccination certificate was issued physically at vaccination centers or remotely via email. Clients in home care are often very old and do not have email. It was very difficult to get the vaccination certificate. Clients not only don't have email, but they don't even have a smart phone, or they don't know how to use the internet and technology.

## **Testing**

The situation with Covid-19 has worsened so much that the government has approved anti-epidemic measures. One of them included testing for Covid-19. If people wanted to go somewhere, they had to have a vaccination or a test and prove themselves.

The extraordinary measure of the Ministry of the Interior of the Czech Republic was from 2.11.2020 to 4.12.2020 and consisted of testing all employed citizens, including clients in home care, every 5 days (MZDR 47828/2020-3/MIN/KAN, Mimořádné opatření - antigenní testování - klienti, s účinností od 4. 11. 2020, 2020).

Employees were to be tested once every 5 working days. Health workers who work in shifts were therefore tested more often than health workers who work in the morning shift.

Although the Ministry of the Interior issued an emergency measure, health insurance companies did not have a code for reporting testing in home care. The code was delivered after a year and the home cares were therefore paid only after the additional reporting of the code. Until then, they had to pay for testing from their own resources. After the expiry of the period of the extraordinary measure, i.e. from 5.12.2020, home care had to find a general practitioner who would guarantee testing clients in the home environment and at the same time indicate this testing. Without this guarantee, clients in home care could not be tested for payment by the health insurance company.

The clients therefore had two options. Pay for the test themselves or not to be tested and thus potentially endanger themselves, their family and the home care nurse, who could spread the virus to other clients despite the use of all protective equipment.

However, our company did not want to endanger any client, its nurses or their families, and if the nurses suspected a client of covid-19, they performed an antigen test at the company's expense, which the company perceives as ethical.

A problem arose if the client refused testing even though he had symptoms of the disease. The nurse had to decide whether she would continue to care for the client even without testing for compliance with all measures with the risk of infection and transmission of infection, or whether she would stop caring for the client for the necessary time. In our company, this situation happened only once and the client's condition allowed the care to be interrupted.

## **Protective equipment in home care during the pandemic**

We used respirators, gloves, and shields. It was not possible to wear protective suits. There was a shortage of them and it was difficult to implement from a practical and economic point of view. Shields were disinfected after each client visit, gloves were discarded, and respirators were changed every 4 hours.

Due to the high demand for protective equipment, even our company had a big problem during the first wave of the pandemic in getting enough protective equipment for the staff.

The company where the author works also had a negative experience. A caregiver from another organization did not wear protective equipment, she tested positive and infected clients. Unfortunately, two of them died. It is not possible to prove the transfer from the carer to the client and thus there is a so-called presumption of innocence. However, the lady of the nursing service should think about whether it was ethical and moral not to protect herself with the risk of infecting not only herself but also others.

### **Isolation of clients in the home environment**

Positive clients often could not be isolated from their families because they are fully or partially dependent on help from others. On the contrary, if an active family member was infected, there was a problem in caring for the client and his basic needs. Families often did not want to care for their elderly because of the increased risk of infection. They were afraid. If the client were to become infected and have a severe course of respiratory disease, the client could even die.

Clients not only in home care, but seniors in general, were at risk as a risk group and were often alone precisely because of the family's fear of possible infection. Which had a negative effect on all of us, especially the elderly.

### **Lack of time in home care for nurses**

The work of a nurse in home care is time-consuming. The nurse has to go to the client's home within a certain time, treat the client, enter the treatment in the documentation and move on to the next client. During the pandemic, disinfection and replacement of protective equipment added to this. If the client is in care for the first time, the nurse must record the client's personal information. When sampling biological material, the material must be taken to the relevant laboratory.

There is a need to think about the quality and quantity of care provided due to time constraints. Health insurance companies carry out an inspection of the reported care in companies. Care can be shown after 15, 30, 45 and 60 minutes. If the auditing doctor of the health insurance company recognizes during the inspection that the company reported more time to the health insurance company than it had, then the company must return part of the money to the insurance company.

After such an audit, these may not be small amounts. It is a balance between the quality and quantity of care provided. You need time for quality work, but you run the risk that the insurance company will not recognize your work on time and the company will have to return

the money. Or you can provide care quantitatively, which means that the nurse is pressed for time and is in a hurry to see all the patients in the shortest possible time, but there is a greater chance that the company will not have to reimburse her after the review by the reviewing doctor from the health insurance company.

An example from practice can be the dressing of a large leg ulcer on the lower limbs. A high-quality dressing while maintaining sterility can take up to 40 minutes for large defects, plus documentation and a transfer to the client. The real time is therefore something like 1 hour of work. However, the reviewing doctor may tell you that 30 or 45 minutes is enough. Another problem can be, for example, giving an injection. According to nursing procedures, you should wait up to 30 minutes after each injection for the body to react to the injection. The reviewing doctor may feel that 10 minutes is enough for you to administer the injection.

### **Covid – 19 in home care today**

Clients are already vaccinated. Re-vaccination usually no longer takes place, because the clients would have to come to the hospital where the vaccination is carried out and they do not have the opportunity or the possibility of transport. Nurses have reduced the use of protective equipment during work as the pandemic subsided. Clients are instructed that if they have symptoms of covid-19, they must report this to the company by phone in advance and must wear a respirator during treatment. This also applies to family members. They also have the possibility to arrange for testing of the client.

### **Conclusion**

The essay points to the problems of clients and nurses in home care during the covid 19 pandemic. It was the company's first experience with a pandemic of this nature. It is good to learn from the mistakes made during the pandemic and to maintain practices that were good, appropriate and ethical for the company, clients and staff.

### **References**

Based on the author's experience

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