COVID-19 Guidance for Home Health Care Workers and Community Health Care Workers

Note: This guidance is based on the best information currently available and will be updated as necessary. See New York City (NYC) Department of Health and Mental Hygiene (Health Department) Health Alerts and other resources at nyc.gov/health/coronavirus and cdc.gov/covid19 for updates.

This guidance is intended for organizations that have health care workers who provide care to individuals in a home residence or community setting (e.g., outreach on the street). It provides general safety and health guidance in relation to COVID-19.

COVID-19 Background Information

There continues to be community transmission of COVID-19 in NYC and other parts of the U.S. Our current understanding is that COVID-19 is transmitted primarily via respiratory droplets when a sick person coughs, sneezes, sings or talks. COVID-19 can also be spread if someone touches a surface that has the virus on it and then touches their eyes, nose or mouth with unwashed hands. There is strong evidence that people without symptoms can spread the virus.

Symptoms may appear two to 14 days after exposure to the virus. Commonly reported symptoms include cough, shortness of breath and fever. A more complete list of symptoms can be found at nyc.gov/site/doh/covid/covid-19-symptoms-chronic-health-risks.page. As with other infections, older patients may present with atypical signs or symptoms, such as delirium or falls.

Children have similar symptoms as adults and generally have mild illness, with the exception of an extremely rare condition called multi-system inflammatory syndrome in children (MIS-C) that is associated with COVID-19.

For purposes of this document:
- A **confirmed case** is a person with a positive viral RNA (e.g., polymerase chain reaction [PCR]) or antigen-based laboratory test.
- A **possible case** is a person with symptoms of COVID-19 for whom testing was not or has not yet been performed.
- A **contact** is anyone identified by a NYC contract tracer (either by the NYC Test & Trace Corps or NYC Health Department) or their health care provider as having had close contact with a confirmed case within the past 14 days. (For more information about the NYC Test & Trace Corps, see nychealthandhospitals.org/test-and-trace/)

Using a face mask or face covering, maintaining at least 6 feet of distance from others when feasible, and practicing good hand hygiene are critical to stopping the spread of COVID-19. In addition, NYC is conducting contact tracing to minimize community transmission of the virus. Contact tracing identifies people who had close contact with a person who was recently diagnosed with confirmed COVID-19. Contacts should quarantine at home for 14 days from their last exposure to someone with confirmed COVID-19.

People who have COVID-19 symptoms and test positive should isolate at home or another safe location until all the following have occurred:
- At least 10 days have passed since they first developed symptoms (certain groups should isolate longer, see below).
- They have been afebrile for at least 3 days (without using antipyretic medications).
- Their overall illness has improved.

People without symptoms who test positive for COVID-19 should isolate for at least 10 days from when the positive specimen was collected.

In addition to the above criteria for ending isolation, people who reside or work in long-term care facilities, are hospitalized, are immunocompromised, or live in congregate settings, including supportive housing or shelters, should isolate for at least 14 days. A summary of recommended duration of isolation may be found here.

How to Prepare and Manage Staff

Health care organizations that have staff who provide health care services in clients' homes or a community setting ("organizations") should have protocols to protect staff and clients from COVID-19, including by promptly identifying possible cases in staff, clients, and clients' household members. There should also be protocols in place to manage clients with COVID-19, which should be communicated to staff.

General Precautions for All Health Care Workers

Organizations should remind staff to take the following precautions to protect themselves and their clients:
- Monitor their health daily and before each shift for COVID-19 symptoms.
- **Stay home if sick.** Staff with confirmed or possible COVID-19 must isolate at home or another safe location and may not return to work until completing isolation, as described above. See NYC Health Department guidance on discontinuation of isolation and monitoring at nyc.gov/assets/doh/downloads/pdf/han/advisory/2020/covid-19-update-05142020.pdf.
- Stay informed, including by visiting the NYC Health Department (nyc.gov/health/coronavirus), Centers for Disease Control and Prevention (CDC) (cdc.gov/covid19), and New York State Department of Health (health.ny.gov/coronavirus) webpages.
- Practice good respiratory and hand hygiene:
  - Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.
  - Cover coughs and sneezes with a tissue or inner arm (not hands).
  - Avoid touching eyes, nose and mouth with unwashed hands.
- Be familiar with and regularly trained on CDC's infection control practices and personal protective equipment (PPE) recommended for COVID-19: cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html.
- Maintain a distance of at least 6 feet from all people, including clients, whenever possible. This may not be possible for clients requiring direct care.

- Always wear a face covering while in public traveling to and from the clients' residence. While in the residence, wear a face covering or, if indicated, a mask that is medically appropriate to properly manage the client. See the NYC Health Department's answers to frequently asked questions on face coverings at nyc.gov/assets/doh/downloads/pdf/imm/covid-19-face-covering-faq.pdf.

Implement Protocols and Plans

This guidance is intended to supplement, not replace, rules and guidance from regulatory agencies that oversee health care organizations. Each organization will need to tailor these recommendations based on the types of clients they care for, physical space, staffing and other considerations. Organizations may develop their own policies, but these policies should be based on current science and facts, not fear, and should never compromise client or employee health.

Organizations and their staff should:
- Review and update emergency preparedness plans. If the organization does not have a plan, a template from the U.S. Department of Health and Human Services can be found at asprtracie.hhs.gov/technical-resources/resource/3206/emncypreparedness-packet-for-home-health-agencies.
- Create an emergency contact list.
- Have a sick leave policy that encourages staff to stay home when sick and ensure staff are aware of sick leave policies.
- Have options for telephone or video client visits when possible.
- Screen clients and household members for symptoms of COVID-19 and ask if they have been identified by a NYC contact tracer as a contact. Do this in advance by phone, and again at the time of the visit.
  - If screening identifies a person with symptoms of COVID-19, or if the client has been identified as a contact, have options for rescheduling visits for people who do not require immediate care.
- Implement plans to manage clients with possible or confirmed COVID-19 or who are contacts, and whose medical needs cannot be postponed.
  - Plans should include clear guidance on infection control and PPE for managing clients.
  - Maintain a distance of at least 6 feet when direct care is not required.
  - Include plans for when someone else in the residence is ill. For example, ensure the ill person is isolated in a separate room from the health care worker and client. Advise the ill person to contact their health care provider.
- Have contingency plans for continuing client care during staff shortages. Identify minimum staffing needs and prioritize critical and essential services based on clients' health status, functional limitations, disabilities and essential needs.
  - Learn how you can apply for or receive surge staffing during the COVID-19 pandemic at nyc.gov/site/helpnownyc/index.page.
- Review, implement and reinforce an infection control plan for preventing disease transmission.
  - Address when direct care staff should use transmission-based precautions for clients with symptoms of respiratory infection. See CDC guidance at cdc.gov/infectioncontrol/basics/transmission-based-precautions.html.

- Clean and disinfect high-touch surfaces with Environmental Protection Agency (EPA)-registered disinfectant with a label stating it is effective against human coronavirus or emerging viral pathogens. See list of EPA-registered sanitizers and disinfectants effective against COVID-19.
- Identify ways to preserve PPE supplies. Develop protocols for managing clients using limited or no PPE, including identifying ways to provide care without direct contact to maintain physical distancing.
    - See CDC strategies for optimizing the supply of PPE at cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
    - See NYC Health Department guidance about PPE preservation at nyc.gov/assets/doh/downloads/pdf/imm/strategies-for-the-conservation-of-respiratory-ppe.pdf.
    - At this time, the supply chain for PPE is recovering from the severe shortages experienced earlier in the pandemic. The NYC Health Department encourages all providers to contact their usual suppliers for PPE. For a list of suppliers in the NYC area, see nyc.gov/assets/doh/downloads/pdf/imm/covid-19-ppe-suppliers.pdf.

Home and Community Health Care Worker PPE

- Shortages of some types of PPE (such as N95 respirators) continue. When possible, identify ways to avoid direct contact and maintain physical distancing (6 feet or more) while providing care to conserve PPE.
- When providing care to clients who are afebrile and otherwise without symptoms of COVID-19, health care workers should use PPE that is appropriate for managing the client's condition. If a staff member finds, after entering the residence, that there is someone who has or may have COVID-19, that staff member should:
    - Follow organization protocol as to whether the staff member should exit the residence or continue providing care; use hand sanitizer immediately upon exiting the residence.
    - If staying to provide care, clean hands with soap and water or use an alcohol-based hand sanitizer before putting on PPE.
    - Notify their supervisor.
- General guidance on PPE to use with all clients:
    - All home and community health care workers should wear a face covering when entering a client's residence. Face masks should be prioritized for visits to homes of clients with possible or confirmed COVID-19.
    - Home and community health care workers should also use eye protection (goggles or a face shield) during close or prolonged contact with all clients. Examples include performing tasks that require close contact, such as transferring, changing or bathing.
    - The CDC recommends universal use of standard precautions when caring for any client. Reinforce with staff the importance of strict adherence to standard precautions during all client encounters. Standard precautions are based on the principles that all blood, body fluids, secretions, excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents. The application of standard precautions is determined by the interaction that occurs between the client and the health care provider and the extent of anticipated pathogen exposure through contact. For example, a face mask

and eye protection should be worn during the care of any client if splashes, sprays or coughs could occur during the client encounter. Similarly, gloves should be worn if contact with body fluids, mucous membranes or non-intact skin is anticipated. Appropriate hand hygiene is a critical element of standard precautions.

- PPE for clients with confirmed or possible COVID-19 or who have been identified as a contact within the past 14 days:
    o When providing care that requires close physical contact (e.g., bathing, dressing, feeding) with clients who are known or suspected to have COVID-19, the use of standard, contact and droplet precautions, plus eye protection, is appropriate. PPE should include gloves, a gown (impermeable to fluids if washing or bathing), a face mask (procedure or surgical mask) and eye protection (goggles or face shield). In the outpatient sector, use of a fit-tested N95 respirator or a powered, air-purifying respirator (PAPR) is recommended for aerosol-generating procedures (e.g., suctioning, nebulizer therapy).

Mental Health

Emotional reactions to stressful situations such as this emerging health crisis are expected. Remind staff and clients that feeling sad, anxious, overwhelmed, or having trouble sleeping or other symptoms of distress is normal. If symptoms become worse, last longer than a month or a person struggles to participate in their usual daily activities, encourage them to reach out for support and help.

Resources

- Visit the "App Library" at nyc.gov/nycwell for online tools to help you manage your health and emotional well-being.
- New York State's COVID-19 Emotional Support Helpline at 844-863-9314 is available 8 a.m. to 10 p.m., seven days a week. The phone line is staffed with specially trained volunteer professionals who are there to listen, support and refer if needed.
- Those living in NYC can call NYC Well at 888-NYC WELL or 888-692-9355, or text "WELL" to 65173, for access to a confidential help line. NYC Well is staffed 24/7 by trained counselors who can provide brief supportive therapy, crisis counseling and connections to behavioral health treatment and support.
- For those living outside NYC, the national Disaster Distress Helpline is available 24/7 with emotional support and crisis counseling for anyone experiencing distress or other mental health concerns related to the coronavirus pandemic. Calls (800-985-5990) and texts (text "TalkWithUs" to 66746) are answered by trained counselors who will listen to the caller's concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support.

The NYC Health Department may change recommendations as the situation evolves.   7.18.20

COVID-19 Safety and Health Considerations for Staff Performing Home or Community Visits

Organizations providing in-home health care services should develop plans and protocols for staff to manage visits for clients with possible or confirmed COVID-19. Always adhere to your company's safety measures and policies. Based on the current situation, home health care workers performing home and community visits should consider the following:

CALL AHEAD:
Consider calling 1-2 days beforehand to confirm or schedule the visit. During the call, ask:

Does anyone who will be in the residence at the time of the visit have symptoms of COVID-19 that began during the past 10 days? Has anyone who will be in the residence at the time of the visit been identified as a close contact (by their health care provider or a NYC contact tracer) within the past 14 days?

NO – COVID-19 is not likely a risk. If the client reports other illness, manage per your organization's usual protocols, which may include rescheduling the visit.

YES – See below.

ON THE DAY OF THE VISIT:
Before entering the home, contact the client by phone or at the door and ask:

Does anyone who will be in the residence at the time of the visit have symptoms of COVID-19 that began during the past 10 days? Has anyone who will be in the residence at the time of the visit been identified as a close contact (by their health care provider or a NYC contact tracer) within the past 14 days?

NO – COVID-19 is not likely a risk. There is no need to cancel or postpone the visit. If the client reports other illness, manage per your organization's usual protocols, which may include rescheduling the visit.

YES – See below.

IF SOMEONE IN THE RESIDENCE HAS POSSIBLE OR CONFIRMED COVID-19 OR WAS IDENTIFIED AS A CLOSE CONTACT:

- Put on a medical grade face mask before entering residence; if unavailable, use a face covering.
- If direct care is not required, maintain a distance of ≥6 feet from the person who is sick and any other persons in the residence.
- If someone in the household has possible or confirmed COVID-19, consider postponing the visit until it has been ≥10 days after the onset of illness, the person has been afebrile for ≥ 72 hours (without use of antipyretics), and their symptoms are resolving. If postponing is not possible, and it is the client who is sick, prepare to manage them with appropriate PPE and in accordance with your organization's COVID-19 protocols.
- If the client is ill, notify their medical provider (or, if someone other than the client is ill, recommend that they contact their medical provider). If staff are unable to enter the residence and rescheduling the appointment may not be an acceptable option, the medical provider and your organization may need to evaluate whether the client can safely receive home care or should be transferred to a hospital or other health care facility.
- If the client is a contact, consider postponing the visit until 14 days after the client's last exposure to a case. If postponing is not possible, prepare to manage them with appropriate PPE and in accordance with your organization's COVID-19 protocols.
- If a household member other than the client is a contact, ask them to use a face covering during your visit and to stay in another room, if possible. Maintain ≥6 feet of distance from the contact during your visit.
- In some cases, a consultation by phone or video may be substituted for an in-person visit.
- If the client is sick and needs immediate medical attention (e.g., has difficulty breathing, persistent pain or pressure in the chest, new confusion, inability to arouse or bluish lips or face), call **911** for transport to a hospital. If there is concern that the client may have COVID-19, inform **911** to ensure appropriate infection control precautions are implemented.
- Alert other staff scheduled to visit the same household.