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) 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 the coronavirus disease 2019 (COVID-19).

COVID-19 Background Information
There is widespread community transmission of 2019 novel coronavirus in New York City (NYC) and other parts of the U.S.

Our current understanding is that SARS-CoV-2 (the virus that causes COVID-19) is transmitted primarily via respiratory droplets like other respiratory viruses. In general, respiratory viruses are spread when a sick person coughs or sneezes. However, there is increased evidence that people without symptoms may be able to spread the virus, and that droplets produced when breathing, speaking, or singing may spread the virus from person to person. Further, while scientists disagree on whether SARS-CoV-2 can survive on surfaces for hours or days, it does persist on surfaces that people frequently touch; the virus can then be spread if someone touches their eyes, nose or mouth with unwashed hands that has virus on them. Using a face mask or face covering, maintaining physical distancing of at least 6 feet when feasible, and good hand hygiene are critical in stopping the spread of COVID-19 in a patient residence.

COVID-19-like illness (CLI) is an illness characterized by the new onset (within the last seven days) of any of the following symptoms (if not attributable to an underlying or previously recognized condition such as asthma or emphysema):

- Subjective or measured fever (temperature of 100.4 degrees F or 38.0 degrees C or greater)
- Cough
- Shortness of breath
- Loss of smell or taste
- Sore throat

A confirmed case of COVID-19 is a person with CLI and a positive laboratory test.
A possible case of COVID-19 is a person with CLI for whom testing was not performed.

How to Prepare and Manage Staff
Health care organizations that have staff who provide health care services in the 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. All such protocols need to be communicated to and understood by staff.
General Precautions for All Health Care Workers
Organizations should remind staff to take the following precautions to keep themselves and their clients protected. Staff should:

- Monitor their health daily and before each shift for COVID-19-like symptoms.
- **Stay home if sick.** Staff who are a confirmed or possible case of COVID-19 must stay home until all of the following are true:
  - It has been at least seven days since their symptoms started.
  - They never had fever OR they have not had a fever for the prior three days without use of fever-reducing drugs such as Tylenol or ibuprofen.
  - Their overall illness has improved.
- Stay informed, including by visiting the NYC Health Department ([nyc.gov/health/coronavirus](https://nyc.gov/health/coronavirus)), Centers for Disease Control and Prevention (CDC) ([cdc.gov/covid19](https://cdc.gov/covid19)), and New York State Department of Health webpages ([health.ny.gov/coronavirus](https://health.ny.gov/coronavirus)).
- Practice good personal hygiene. This is one of the best ways to prevent the spread of the COVID-19. Specifically, staff should:
  - 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 sleeve (not hands).
  - Avoid touching eyes, nose and mouth with unwashed hands.
- 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.

Implement Protocols and Plans
Each organization faces specific challenges associated with implementation of this guidance due to its population, physical space, staffing, etc., and will need to tailor recommendations accordingly. This guidance is intended to supplement, not replace, rules and guidance from regulatory agencies that oversee health care organizations. Organizations may develop their own policies, but these policies should be based on current science and facts, not fear, and they 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 can be found at [asprtracie.hhs.gov/technical-resources/resource/3206/emncypreparedness-packet-for-home-health-agencies](https://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 in advance by phone, and at the time of the visit, for CLI.
  - If screening identifies a person with CLI, have options for postponing or rescheduling visits for persons who do not require immediate care.
- Implement plans to manage clients with possible or confirmed COVID-19 and whose medical needs cannot be postponed.
  - Plans should include clear guidance on infection control and personal protective equipment (PPE) for managing clients.
  - Include plans for when it is someone else in the residence who is ill. For example, ensure the ill person is isolated in a separate room from the client.
  - Maintain a distance of at least 6 feet or more when direct care is not required.
  - Contact the ill person’s health care provider to report their patient’s illness.
- Have contingency plans for continuing client care with staff shortages. Identify minimum staffing needs and prioritize critical and essential services based on clients’ health status, functional limitations, disabilities, and essential needs.
  - If you need additional staff, learn how you can apply for or receive surge staffing during the COVID-19 outbreak 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 claim of effectiveness against human coronavirus or emerging viral pathogens.
- Identify ways to preserve PPE supplies. Develop protocols for managing patients with 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

**Home and Community Health Care Worker PPE**

- There are critical shortages of PPE. When possible, identify ways to avoid direct contact and maintain physical distancing (6 feet or more) while providing care.
- When providing care to clients who are afebrile (temperature of 100.4 degrees F or 38.0 degrees C or grater) and otherwise without CLI, health care workers should use PPE that is appropriate for managing the patient’s condition. If a staff member finds, after entering the residence, that there is someone who has CLI or COVID-19, that staff member should:
  - Follow organization protocol as to whether the staff member should exit the residence or continue providing care.
If staying to provide care, clean hands with soap and water or use an alcohol-based hand sanitizer before putting on PPE; otherwise, before exiting the residence.

- Notify their supervisor.

**General PPE guidance for all clients:**
- All home and community health care workers should wear a face covering when entering a patient’s residence. If health care workers have a face mask that should be prioritized for visits to homes of clients with presumed or confirmed COVID. For more information, see Face Covering FAQ, available at [nyc.gov/assets/doh/downloads/pdf/imm/covid-19-face-covering-faq.pdf](https://nyc.gov/assets/doh/downloads/pdf/imm/covid-19-face-covering-faq.pdf).
- The CDC recommends universal use of Standard Precautions when caring for any patient. 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 with body fluid, etc. 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 are anticipated. Performing appropriate hand hygiene is a critical element of Standard Precautions.

**PATIENTS WITH CLI or COVID-19:** When providing care that requires close physical contact (e.g., bathing, dressing, feeding) with patients who are known or suspected to have COVID-19, Standard, Contact and Droplet Precautions with eye protection would be 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).

Due to the overwhelming demand for supplies, severe shortages in the supply chain, and limited stockpiled resources, requests to the NYC Health Department for PPE are prioritized based on the facility type and patient care provided.

At this time in the pandemic, the NYC Health Department will only consider requests from hospitals, emergency medical services (EMS), nursing homes, and dialysis centers. Other entities such as adult care facilities, homecare and visiting nurse agencies, and group homes regulated by the New York State Office for People with Developmental Disabilities (OPWDD), with staff that routinely have close physical contact to clients with confirmed or suspected COVID, are eligible to pick up PPE from distribution sites organized by their associations.

**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](https://nyc.gov/nycwell) for online tools to help you manage your health and emotional wellbeing.

- 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 with 24 hours a day, seven days a week, emotional support and crisis counseling for anyone experiencing distress or other mental health concerns related to the coronavirus outbreak. 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.
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 currently, or in the past 7 days, have new onset of fever OR cough OR shortness of breath OR loss of smell or taste OR sore throat?

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

If YES – If someone in the residence has possible or confirmed COVID-19, see box at bottom of page.

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

Does anyone who is, or will be in the residence at the time of the visit currently, or in the past 7 days, have new onset of fever OR cough OR shortness of breath OR loss of smell or taste OR sore throat?

If NO – COVID-19 is not likely a risk. There is no need to cancel or postpone the visit. If client reports other illness, manage as per your organization’s usual protocols, which may include rescheduling the visit. The health care organization should reassess the health status on the day of visit prior to its staff entering the home.

If YES – If someone in the residence has possible or confirmed COVID-19, see box below.

IF SOMEONE IN THE RESIDENCE HAS POSSIBLE OR CONFIRMED COVID-19:

If a client or someone else in the residence answers YES:

- Put on a face mask before entering residence; if unavailable, use a face covering.
- If direct care is not required, remember to maintain a distance of 6 feet or more from the person who is sick and any other persons in the residence.
- If possible, postpone the visit for a time when the person who is ill has had at least 7 days following onset of illness and 72 hours after being consistently afebrile without use of antipyretics and with resolving symptoms. If 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.
- In some cases, a consultation by phone or video chat may be substituted for an in-person visit.
- Notify the ill person’s 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 still safely receive home care or should be transferred to a hospital or other health care facility.
- If the client is sick and needs immediate medical attention (e.g., 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 and inform 911 that the client may have COVID-19 to ensure appropriate infection control precautions are implemented.
- Alert other staff scheduled to visit the same household.

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