



Health

2019 Novel Coronavirus (COVID-19) Interim Guidance for Home and Community Healthcare Workers

NOTE: This guidance is based on the best information currently available and will be updated as more is learned. Review New York City (NYC) Health Department health alerts and visit the [NYC Health Department website](#) and [CDC website](#) for updates.

This guidance is intended for home healthcare workers who provide healthcare 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 2019 Novel Coronavirus (COVID-2019).

COVID-19 Background Information

The World Health Organization (WHO) has announced that the current coronavirus disease 2019 (COVID-19) outbreak is now a pandemic. Widespread community transmission of SARS-CoV-2, the virus that causes COVID-19, is occurring in New York City (NYC) and other parts of the United States (U.S.). Updated information is available on the [CDC](#) and [NYC Health Department](#) websites.

Our current understanding is that SARS-CoV-2 is transmitted primarily via respiratory droplets like other respiratory viruses. In general, respiratory viruses are spread when a sick person coughs or sneezes. Covering coughs and sneezes and washing hands with soap and water or with an alcohol-based hand rub are essential in stopping the spread of respiratory viruses. During the influenza (flu) season, staff should also get a flu vaccine to prevent respiratory illness that may be mistaken for COVID-19.

A public health emergency declared by the US Department of Health and Human Services on January 31, 2020, and a federal directive led to travel restrictions for persons traveling from certain [COVID-19-affected geographic areas](#). [Returning travelers](#) have been asked to remain at home and self-monitor for 14 days after arriving in the US. Travelers from such areas who have been asked to remain at home for up to 14 days should be screened, as described below, similar to all clients.

How to Prepare and Manage Staff

Before entering a residence or meeting with a client, healthcare organizations that have staff who provide health services in the residence of a client, or a community setting, should have protocols in place to identify and appropriately manage persons with COVID-19. **COVID-19 like illness** is an illness characterized by new onset of subjective or measured **fever ($\geq 100.4^{\circ}\text{F}$ or $\geq 38.0^{\circ}\text{C}$) OR cough OR shortness of breath OR sore throat** that cannot be attributed to an underlying or previously recognized condition (e.g., asthma or emphysema). A **confirmed case** of COVID-19 is defined as a person with COVID-19 like illness and a positive laboratory test. A **possible case** of COVID-19 is defined as a person with COVID-19 like illness for whom testing was not performed.

Take steps to keep staff and clients safe while providing home health services. Organizations that provide home healthcare (“organizations”) should create clear protocols and communicate them to staff and supervisors.

General Precautions for All Healthcare Workers:

Organizations should remind staff to take the following precautions to keep themselves and their clients protected.

- Monitor your health daily, and before each shift for COVID-like symptoms (new onset of fever, cough, sore throat and/or shortness of breath).
 - STAY HOME IF SICK. If you had or may have had COVID-19, stay home for seven days after your symptoms started, or for three days after your fever has stopped without the use of fever-reducing drugs, such as Tylenol and ibuprofen, and your cough or sore throat symptoms have improved, whichever is longer. Refer to the NYC DOHMH isolating at home document.

- Be familiar the NYC Health Departments [Guidance for Healthcare Worker Self-Monitoring and Work Restriction In the Presence of Sustained Community Transmission of Coronavirus Disease 2019 \(COVID-19\)](#)
- Stay informed, visit websites for the [NYC Health Department](#), the [Centers for Disease Control and Prevention](#) and the [New York State Department of Health](#) and search on COVID-19.
- Practice good personal hygiene. This is the best way to prevent the spread of the COVID-19 virus.
 - 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 your hands).
 - Avoid touching your eyes, nose and mouth with unwashed hands.
 - Have tissues and hand sanitizer available.
- Ensure staff are familiar with and regularly trained on [CDCs infection control practices and personal protective equipment \(PPE\) recommended for COVID-19](#).
- Maintain a distance of 6 feet from all persons in the residence. This may not be possible for clients requiring direct care.

Implement Protocols and Plans:

- Review and update your emergency preparedness plans. If you do not have a plan, a template can be found here <https://asprtracie.hhs.gov/technical-resources/resource/3206/emncypreparedness-packet-for-home-health-agencies>
- Create an emergency contact list.
- Mandate, and ensure staff are aware of sick leave policies.
- Have options for telephone or video client visits.
- Screen clients and household members in advance, and at the time of the visit, for COVID-19 like illness
 - If screening identifies a person with COVID-19 like illness, organizations should:
 - Have options for postponing or rescheduling visits for persons who do not require immediate care.
 - Develop 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 PPE for managing patients with COVID-19. 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. If in an outdoor setting, maintain a distance of 6 feet or more when direct care is not required.
 - Contact the client’s healthcare provider to report their patient’s illness.
- Have contingency plans for continuing client care should a large proportion of staff become sick which identify minimum staffing needs and prioritize critical and non-essential services based on residents’ health status, functional limitations, disabilities, and essential needs.
- Review, implement and reinforce an infection control plan for preventing communicable disease among residents, visitors, and staff. Address when direct care staff should use transmission-based precautions for residents with symptoms of respiratory infection. [See CDC guidance](#) , and cleaning and disinfection of high touch surfaces with 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 personal protective equipment (PPE). See [CDC Strategies for Optimizing the Supply of PPE](#) and refer to the NYC Health Department guidance. This includes identifying ways of providing care without direct contact to maintain physical distancing.
- If you need additional staff, learn how you can [apply for or receive surge staffing during the COVID-19 outbreak](#).

Each organization faces specific challenges associated with implementation based on its population, physical space, staffing, etc., and will need to tailor these recommendations accordingly. **This guidance is intended to supplement, not replace, provisions from regulatory agencies that oversee healthcare organizations.** Organizations may develop



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their own policies, but these policies should be based on current science and facts, not fear, and they should never compromise a client's or employee's health.

Home and Community Healthcare Worker Personal Protective Equipment (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. Otherwise:
- ALL CLIENTS – 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), nonintact 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 healthcare provider and the extent of anticipated pathogen exposure through contact with body fluid, etc. For example, a facemask 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 nonintact skin are anticipated. Performing appropriate hand hygiene is a critical element of Standard Precautions.
- PATIENTS WITH COVID-19 LIKE ILLNESS - The use of standard, contact, and droplet precautions with eye protection is appropriate when caring for patients with possible or confirmed COVID-19. PPE should include a facemask (procedure or surgical mask) AND gown AND gloves AND eye protection (goggles or face shield). The use of a fit tested N95 respirator or PAPR is recommended for aerosol-generating procedures (e.g., intubation, suctioning, nebulizer therapy) and when caring for patients with severe illness requiring intensive care.
- When providing care to clients who are afebrile ($T < 100.4^{\circ}F$ or $< 38.0^{\circ}C$) and otherwise without symptoms that might be consistent with COVID-19, healthcare workers should implement PPE that would be appropriate for managing the patient's condition. If a staff member finds, after entering the residence, that there is someone who has a COVID-19 like illness, that staff member should:
 - Follow organizations protocol as to whether the staff member should exit the residence or continue providing care.
 - Clean their hands with soap and water or an alcohol-based sanitizer.
 - Notify their supervisor.

Due to the overwhelming demand for supplies, severe shortages in the supply chain, and limited stockpiled resources, requests for PPE will be prioritized based on the facility type and stratified by the type of patient care provided. At this time in the pandemic, only requests from hospitals, emergency medical services (EMS), nursing homes, dialysis centers, visiting nurses providing necessary medical care (e.g., wound care) to patients with suspected or confirmed COVID-19; home care organizations providing services to some clients with confirmed or suspected COVID-19; and group homes for low-functioning residents, licensed by the New York State Office for People with Developmental Disabilities (OPWDD), and whose staff routinely have close physical contact when caring for the residents.

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. 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 24/7 emotional support and crisis counseling for anyone experiencing distress or other mental health concerns related to the coronavirus outbreak. Calls (1-800-985-5990) 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 healthcare services should develop plans and protocols for staff to manage visits with clients with possible or confirmed COVID-19. Always adhere to your company's safety measures and policies. Based on the current situation, home healthcare 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 sore throat that cannot be attributed to an underlying or previously recognized condition (e.g., asthma, emphysema)?

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 sore throat that cannot be attributed to an underlying or previously recognized condition (e.g., asthma, emphysema)?

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 healthcare 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, parent, or caregiver answers **YES**:

- 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 respiratory 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 client'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 healthcare facility.
- If the client is sick and needs immediate medical attention (e.g., difficulty breathing persistent pain or pressure in the chest, new confusion or inability to arouse, 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 is implemented.
- Alert other staff scheduled to visit the same household.