

## Coronavirus 2019 (COVID-19): Guidance for Home Health Settings

This guidance provides key reminders for preventing the spread of Coronavirus 2019 (COVID-19) within home health settings. This guidance is not intended for nursing homes or long-term care facilities. For guidance on other facility settings, please visit [coronavirus.dc.gov](https://coronavirus.dc.gov).

### PREVENT THE SPREAD OF COVID-19 AND OTHER RESPIRATORY PATHOGENS

- **Implement source control measures.**
  - Health care personnel (HCP) should wear a facemask (medical, surgical or procedure) for all patient visits. In addition to universal masking, HCP in home health settings can also consider implementing universal eye protection (e.g., face shield or goggles).
  - Encourage patients and household members to wear cloth face coverings as much as possible (regardless of symptoms) while the HCP is in the home. Cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
  
- **All HCP should, prior to the start of their shift, have screening that includes the following:**
  - **Symptom check:** Those with cough, shortness of breath, difficulty breathing, fever or chills, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea should be instructed to stay home and follow up with their healthcare provider.
  - **Temperature check:** Those with a subjective or objective (>100°F) fever should be instructed to stay home and follow up with their healthcare provider.
  
- **Actively encourage sick HCP to stay home.**
  - Inform all HCP in writing that they should not come to work if sick and of applicable paid leave provision. Implement leave policies that are flexible and non-punitive and allow sick HCP to stay home.
  
- **If a HCP develops symptoms consistent with COVID-19 during patient care activities or during the work shift, the HCP should put on a mask (if not already wearing it), leave the patient home as soon as possible, inform their agency or supervisor, and contact their healthcare provider.**
  
- **Perform screening for patients and household members prior to a patient visit to inform infection control measures. Screening should include the following:**
  - **Symptom check** (i.e., screening questionnaire)
  - **Exposure check:** Ask if patient or household member has been in close (less than 6 feet), prolonged (more than 15 min) contact with someone with confirmed COVID-19 in the past 14 days.

- Household members who report symptoms, or who have been exposed, should not be present for the visit (i.e., they should maintain at least 6 feet of distance, and preferably stay in another room, if possible, during the HCP visit).
- HCP should check the patient's temperature and report fever (100.4°F), and any additional symptoms, to the healthcare provider.
- **Ensure that HCP, patients, and household members are aware of appropriate hand hygiene practices.**
  - Alcohol-based hand rub that contains at least 60% alcohol should be made available to HCP.

## **INFECTION CONTROL PRACTICES FOR PATIENTS WITH COVID-19 SYMPTOMS, EXPOSURE, OR DIAGNOSIS**

- Appropriate personal protective equipment (PPE) should be provided to HCP.
  - HCP should put on (don) the following PPE if caring for a patient who is showing symptoms, has a history of exposure to someone with COVID-19, or has confirmed COVID-19: gown, facemask, goggles or a face shield, and gloves. In order to conserve respirator supply, respirators should be prioritized for use during aerosol-generating procedures. Respirators should only be used by those who are medically cleared and fit tested through their employer's respiratory protection program.
- Ensure appropriate PPE doffing and disposal processes are in place.
  - HCP should remove PPE outside the patient's home and discard PPE by placing it in a trash can outside of the home. Used PPE should not be taken from the patient's home or placed in the HCP's vehicle.
- Ensure adequate cleaning and disinfection supplies are available.
  - All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and agency policies.

## **ADDITIONAL STRATEGIES TO MINIMIZE HCP EXPOSURE**

- Substitute in-person visits with phone consultation or video chat (e.g., supervisory visits), when feasible.
- Minimize or eliminate all aerosol-generating procedures (AGPs):
  - All AGPs (e.g., BiPAP, CPAP, tracheostomy suctioning, nebulizer treatments) should be performed in a separate room with the door closed.
  - Consider using in-line suctioning for patients, as appropriate.
  - For patients with nebulizer treatments, collaborate with healthcare providers to explore alternative methods of delivery (e.g., metered dose inhalers).