

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. **Except for current mandates in effect under a Mayor’s Order or other existing local or federal regulation, any definitive action statements made in this guidance (e.g., “must”) are considered essential best practice recommendations to mitigate the spread of COVID-19.** This guidance is not intended for nursing homes or long-term care facilities. For guidance on other facility settings, please visit coronavirus.dc.gov/healthguidance.

PREVENT THE SPREAD OF COVID-19 AND OTHER RESPIRATORY PATHOGENS

- **Source control & eye protection**
 - Encourage patients and household members to wear masks as much as possible (regardless of symptoms) while the HCP is in the home. Masks 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.
 - Staff must continue to wear well-fitting source control (i.e., medical face mask or respirator) while at the patient’s home.
 - Staff are expected to follow guidance, including eye protection, as outlined in **Required Personal Protective Equipment (PPE) for Healthcare Facilities** at coronavirus.dc.gov/healthguidance.
 - Staff do not need to wear eye protection while outside the patient’s home, unless required upon entry by a healthcare facility.
 - Staff must be provided with adequate PPE. If considering crisis capacity measures due to PPE shortage (e.g., limited reuse of face masks), email DC Health at dc.hmc@dc.gov.
 - **For detailed guidance on *Conserving the Supply of Personal Protective Equipment (PPE) in Healthcare Facilities*, see dchealth.dc.gov/node/1469386.**
- **Require staff symptom screening**
 - There must be a written policy in place to instruct staff to screen themselves prior to the start of each shift, Screening must include:
 - A screen for fever.
 - Screening questions to assess for:
 - Other symptoms of COVID-19 infection¹.
 - Known exposure to a COVID-19 positive individual within the last 14 days.
 - Awaiting test results due to exposure to a person with COVID-19 or because of travel.
 - For more information, see *Sample Health Screening Tool and Guidance for Travel* coronavirus.dc.gov/healthguidance.
 - A process must be developed to ensure that any staff member reporting a symptom (s) of COVID-19 or exposure to COVID-19 during their screening is followed up on by occupational health or designated individual per facility policy.
 - For information on determining when HCP may be removed from work restriction, see **Guidance for Healthcare Personnel Monitoring, Restriction and Return to Work** can be found at coronavirus.dc.gov/healthguidance.
 - Employers may elect to allow staff to complete daily screening in various formats (e.g., in-person, over the phone, or survey link via an automated phone line, electronic survey,

¹ **Symptoms of COVID-19** may include: fever (subjective or 100.4 degrees Fahrenheit), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.

- etc.).
 - Conduct random audits to ensure appropriate accuracy and compliance.
- **Actively encourage sick HCP to stay home**
 - There must be a written policy in place to instruct staff to not come to work when they are sick and informing them of applicable paid leave provisions.
 - Implement leave policies that are flexible and non-punitive and allow sick HCP to stay home. Leave policies are recommended to account for the following:
 - HCP who report COVID-19 symptoms
 - HCP who were tested for COVID-19 due to symptoms or exposure and test results are pending
 - HCP who tested positive for COVID-19
 - HCP who are a close contact of someone who tested positive for COVID-19
 - A close contact is someone who was within 6 feet of an infected person for at least 15 minutes cumulatively over a 24-hour period, while the person was infectious.
 - HCP who need to stay home with their children if there are school or childcare closures, or to care for sick family members
 - HCP who need to get the COVID-19 vaccine
 - HCP who are experiencing side effects from the COVID-19 vaccine.
- **If an HCP develops symptoms consistent with COVID-19 during patient care activities or during the work shift, the HCP must leave the patient's home as soon as possible, inform their agency or supervisor, and should contact their personal healthcare provider.**
- **Perform screening for patients and household members prior to a patient visit to inform infection control measures. Screening must include the following:**
 - **Symptom check**
 - A verbal report of fever is acceptable for prescreening prior to visit.
 - Even if no fever or symptoms are reported on the pre-screen, HCP must actively check the patient's temperature during the visit reporting any fever (100°F) and any additional symptoms to the patient's healthcare provider.
 - **Exposure check**
 - Patients who have been exposed to a person with COVID-19 while that person was infectious should have their appointment rescheduled until after their quarantine period is completed, if patient condition permits.
 - For *Screening Tool Guidance*, visit coronavirus.dc.gov/healthguidance.
- Household members who report symptoms, are COVID-19 positive, or under quarantine, should not participate in the visit (i.e., they must maintain at least 6 feet of distance, and preferably stay in another room with a closed door, if possible, during the HCP visit).

INFECTION CONTROL PRACTICES FOR PATIENTS WITH COVID-19 SYMPTOMS, UNDER QUARANTINE OR POSITIVE FOR COVID-19.

- HCP must put on (don) the following PPE if caring for a patient who is under quarantine, has symptoms consistent with COVID-19 or is positive for COVID-19:
 - **Gown,**
 - **N-95 Respirator,**
 - **Goggles or a face shield,**
 - **Gloves.**
- Respirators should only be used by those who are medically cleared and fit tested through their employer's respiratory protection program.
 - NIOSH approved N95 respirators with exhalation valves must not be worn when being used as PPE (i.e., to protect HCP's nose and mouth from exposure to splashes, sprays, splatter, and airborne transmission).

- Ensure appropriate PPE doffing and disposal processes are in place. Employers of health care personnel must provide comprehensive PPE training to employees. More information, including training videos, can be found on the CDC website at [cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html).
- HCP should remove PPE outside the patient’s home and discard PPE by placing it in a trash can outside of the home. Except for extended use or limited reuse of PPE (e.g., eye protection, medical facemasks), used PPE must 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 must be cleaned and disinfected according to manufacturer’s instructions and agency policies.

ADDITIONAL STRATEGIES TO MINIMIZE TRANSMISSION

- Ensure that HCP, patients, and household members are aware of appropriate hand hygiene practices.
 - Alcohol-based hand rub that contains at least 60% alcohol must be made available to HCP.
- Consider asking patients to increase ventilation by opening the windows or using the home’s central heating, ventilation, and air conditioning (HVAC) system at a setting of continuous ventilation (e.g., set the fan to the “on” position instead of “auto”) to maximize exchange with the outside air as safety and weather permits.
- Reusable PPE must be properly cleaned, disinfected, and stored after each use and between uses in a manner that minimizes environmental contamination.
- Disposable eye protection must be discarded after each use.
- 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 ordered, collaborate with healthcare providers to explore alternative methods of delivery (e.g., metered dose inhalers).

PLAN FOR HCP EXPOSURE

- Establish a plan in the event that an employee is diagnosed with COVID-19.
- Home health agencies should identify a point of contact that an employee can notify if they test positive for COVID-19.
- If an employee develops any symptoms of COVID-19 during the work shift, there should be a plan in place for the employee to immediately isolate, notify their supervisor, and leave the home.
- For detailed guidance on how to respond in the event of an exposure, please refer to the *Guidance for Healthcare Personnel Personal Monitoring, Restriction and Return to Work* at coronavirus.dc.gov/healthguidance.

PLAN FOR PATIENT EXPOSURE

- Home health agencies should notify patients who have been in close contact with HCP with confirmed COVID-19. A close contact is someone who was within 6 feet of an infected person for at least 15 minutes cumulatively over a 24-hour period, while the person with COVID-19 was infectious.
- For sample template notification letters, please refer to *COVID-19 Template Letter for Patients with Direct Exposure* or *COVID-19 Template Letter for Patients WITHOUT Direct Exposure* at coronavirus.dc.gov/healthguidance.

REPORTING CASES AMONG HEALTHCARE PERSONNEL

- Any staff member who tests positive for COVID-19 must be reported to DC Health by the home health agency within 24 hours.
- Home health agencies must follow DC Health reporting requirements. For detailed guidance, please refer to COVID-19 reporting requirements at dchealth.dc.gov/page/covid-19-reporting-requirements.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov regularly for the most current information.