



Interim Guidance: Protecting Home Care Providers and Clients from COVID-19 March 19, 2020

AUDIENCE: Providers of care for people in home settings, for example home health agencies, in-home caregivers, and community residential services.

BACKGROUND AND SITUATION:

Novel coronavirus disease, or COVID-19, is a new respiratory disease that spreads from person to person. Most people who get the infection have mild symptoms or no symptoms at all. Some develop severe illness requiring hospitalization, especially people who are older and/or have chronic medical conditions like heart disease, lung disease, diabetes, kidney disease and weakened immune systems. The elderly and those with chronic conditions are often recipients of home care services.

The most common signs and symptoms of COVID-19 infection include acute (newly developed) fever, cough, difficulty breathing, fatigue, muscle aches, sore throat, and headache. Acute nausea, vomiting, or diarrhea are less commonly reported symptoms of COVID-19 infection. At present, there is no vaccine to prevent COVID-19 and no treatment after someone has been exposed to COVID-19.

Testing for COVID-19 is not yet widely available and is currently prioritized for the sickest patients. Few home care clients with acute illnesses will have been tested for COVID-19, so home care workers will typically not know whether their acutely ill clients are infected with COVID-19 or have another cause of illness.

N95 respirators, when properly fit-tested and worn, protect wearers from inhaling COVID-19. However, most home care workers have not been fit-tested or trained to use N95 respirators. N95 respirators are also in short supply at present. The latest CDC infection control guidance states that in healthcare settings, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand, and that N95 respirators should be prioritized for procedures (such as respiratory suctioning or sputum induction) that generate respiratory aerosols.¹

RECOMMENDATIONS – PROTECTING CLIENTS

- Care providers with fever or respiratory illness should not work while ill.
- Agencies should ensure that sick leave policies allow employees to stay home when sick.
- Those developing fever, respiratory infection, flu-like illness, or other symptoms of acute illness while on the job should immediately inform their supervisor, put on a facemask and leave work, noting which persons, equipment, and locations they were in contact with.
- Care providers should consult with their own medical providers and follow CDC guidelines for when it is safe to return to work following an illness that included symptoms of COVID-19 (even if the worker was

¹ <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>



not formally tested or diagnosed with COVID-19). See <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>.

- Care providers should also follow everyday preventive actions to avoid becoming ill, and should instruct and encourage clients to do the same, including:
 - Follow social distancing recommendations to avoid large gatherings and to stay home except when performing essential services (<https://www.sfdph.org/dph/alerts/coronavirus-healthorders.asp>)
 - Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% ethanol. Always wash hands with soap and water if your hands are visibly dirty.
 - Avoid touching eyes, nose, and mouth with unwashed hands.
 - Do not share personal household items such as dishes, drinking glasses, eating utensils, or bedding
 - Clean all “high-touch” surfaces every day, including counters, phones, remote controls, doorknobs, bathroom fixtures, toilets, keyboards, and bedside tables. Use soap and water or another detergent if the area is dirty. Then use a household disinfectant, being sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Some recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Get a flu shot every year to protect against influenza, which has symptoms like COVID-19.

RECOMMENDATIONS – PROTECTING CARE PROVIDERS

- If it is not essential to enter the home to provide the service, conduct the visit by telephone or intercom, or from an outdoor location such as a doorstep area
- Before entering the home, care providers should call ahead, use an intercom, or remain outdoors while they ask about acute illness or COVID-19 diagnosis in the home.
 - Ask about acute (newly developed) fever, cough, difficulty breathing, fatigue, muscle aches, sore throat, headache, vomiting, or diarrhea in any member of the household.
 - Ask about confirmed diagnosis of COVID-19 in any member of the household
- When entering any home, even a home with no ill persons, practice and model social distancing behaviors. For example:
 - Wave hello rather than shake hands
 - Avoid touching surfaces in the home that have not been cleaned and sanitized
 - To the greatest extent possible, keep a distance of at least 6 feet between the care provider and others in the home
 - If possible, have household members other than the client move temporarily to another room or another area of the home while conducting the visit with the client



- Conduct the visit in a well-ventilated space (e.g. open windows), if possible.
- If the client or another household member has acute (newly developed) fever, cough, difficulty breathing, fatigue, muscle aches, sore throat, headache, vomiting, or diarrhea, or a confirmed diagnosis of COVID-19, and it is not possible to conduct the visit remotely, the care provider should don personal protective equipment (PPE) to conduct the visit inside the home. It is preferable to don PPE before entering the home.
 - Place a facemask over the client’s nose and mouth if that has not already been done
 - “Ideal” PPE consists of an N95 respirator, disposable gloves and gown, and eye protection with either goggles or a face shield. Ideal PPE is strongly recommended to be used if any aerosol-generating procedures are to be performed in the home (respiratory suctioning, for example).
 - While N95 respirators are in short supply, substituting a medical facemask is an acceptable alternative.
 - Perform hand hygiene with soap and water or a hand sanitizer containing at least 60% ethanol before putting on and after removing PPE.
 - PPE should be removed outside the home, if possible. If gown and gloves must be removed inside the home, leave facemask on until exiting the home. See instructions for putting on and removing PPE at <https://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf>
 - Immediately dispose of PPE in a plastic bag and then place in regular trash. PPE contaminated with the client’s body fluids such as feces, blood, or vomit, should be placed in a biohazard bag and disposed with medical waste.
 - Any non-disposable supplies brought into the home should be cleaned and disinfected using standard EPA-approved disinfectant agents.

FOR ADDITIONAL INFORMATION, SEE:

Centers for Medicare & Medicaid Services Guidance for Home Health Agencies

<https://www.cms.gov/files/document/qso-20-18-hha.pdf>

Centers for Disease Control and Prevention Guidance on Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>