



Alameda County Public Health Department

COVID-19 Guidance for Home Care, Home Health, and Hospice Agencies¹- May 26, 2020

This guidance is intended for organizations that have health care workers who provide care to individuals in a home residence, non-acute care facility 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). Those over 60 years old and those with [serious medical conditions](#) of any age are at higher risk for severe illness from COVID-19. It is important that you help your staff take precautions to protect their clients and themselves.

COVID-19 Background Information

Our current understanding is that SARS-CoV-2 (the virus that causes COVID-19) is transmitted primarily via respiratory droplets, similar to other respiratory viruses such as influenza. 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, exercising or singing may spread the virus from person to person. There are certain procedures which may produce aerosol (tiny droplets which travel farther and may persist longer) such as open suctioning of airways or nebulizer treatments, which can also transmit SARS-CoV-2. Body fluids other than respiratory secretions have not been clearly implicated in virus transmission, but unprotected contact with other body fluids might put a healthcare worker at risk of COVID-19.

When deposited on surfaces, infectious SARS-CoV-2 particles can survive for [hours to days](#). An uninfected person can then become infected by touching a contaminated surface and then transferring the virus to their eyes, nose, or mouth with unwashed hands. 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. Please note that while both face masks and coverings minimize the spread of the virus to **others**, only a mask or a face shield provides the wearer with protection against fluids/splashes. A fit-tested N95 respirator **minimizes the spread of virus to the wearer** by reducing the risk of inhaling airborne droplets containing virus.

COVID-19 illness is characterized by the new onset of any of the following [symptoms](#) (if not attributable to an underlying or previously recognized condition such as asthma or emphysema):

- Cough
- Shortness of breath or difficulty breathing
- Subjective or measured fever (temperature of 100 degrees F or 37.8 degrees C or greater)
- Chills
- Muscle pain

¹ Adapted from guidance documents from [NYC Health Department](#), [Washington State DoH](#), and [San Francisco DPH](#)

- New loss of smell or taste
- Sore throat

Guidance for Agency/Organizational Leadership

Health care organizations that have staff who provide health care services in clients' homes, hospice, Long Term Care Facilities (SNF, Assisted Living, Nursing Homes) or a community setting should have protocols in place to protect staff and clients from COVID-19. These should include prompt identification of possible cases in staff, clients, and clients' household members. There should also be protocols in place to manage clients with COVID-19. All protocols need to be communicated to and understood by staff.

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 and their staff should:

- Review the following guidance documents:
 - [Resumption of Non-Urgent Health Care Services in Alameda County](#)
 - [CMS Guidance for Home Health Agencies](#)
 - [CMS Guidance for Hospice Agencies](#)
 - [Guidance on Role of Hospice Services in LTC Facilities](#)
- Review and update emergency preparedness plans. If the organization does not have a plan, a template can be found [here](#).
- 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. Identify staff at higher risk for severe COVID-19 and have them work with non-COVID patients or stay home.
- Be familiar with [Alameda County Public Health Department's return-to-work guidance](#).
- Screen clients and household members in advance by phone, and at the time of the visit, for symptoms of COVID-19. Have options for telephone or video client visits when possible.
- Home health agencies and hospice caregivers should ask whether the patient has confirmed or suspected COVID-19, and if so, should determine whether transmission-based precautions are still indicated at the time of discharge (CDC guidance [here](#)).
 - Home health agencies and hospice providers may confer with the Alameda County Public Health Department, if needed, to determine when transmission-based precautions may be discontinued, especially in patients who have been seriously ill or who are immunocompromised (see Health Advisory [here](#)).
 - When a patient is discharged, **all necessary medical information (including communicable diseases) must be provided to any post-acute service provider**. For COVID-19 patients, this

must be communicated to the receiving service provider prior to the discharge/transfer and to the healthcare transport personnel (CMS guidance [here](#)). This aligns with [Medicare's Discharge Planning Requirements](#).]

- Implement plans to manage clients with possible or confirmed COVID-19 and whose medical needs cannot be postponed. Plans should include guidance on:
 - Maintaining a distance of at least 6 feet or more when direct care is not required
 - Using personal protective equipment (PPE) correctly, including knowing when direct care staff should use transmission-based precautions for clients (CDC guidance [here](#)). **Staff who will be using N95 respirators should undergo [fit testing](#).**
 - How to optimize your PPE supply; CDC guidance can be found [here](#).
 - How to clean and disinfect high touch surfaces with an Environmental Protection Agency (EPA)-registered disinfectant with a label claim of effectiveness against human coronavirus or emerging viral pathogens. CDC guidance on in-home cleaning can be found [here](#).
 - What to do when someone else besides the client in the residence is ill. For example, ensure the ill person is isolated in a separate room from the client, and contact the ill person's health care provider to report the illness (if necessary).
 - Scheduling home visits with people who have or may have COVID-19 at the end of the day to reduce risk of spreading COVID-19 during other visits.
- 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 an agency has an urgent and severe staffing shortage, a request can be submitted using *the [Online Resource Request Form for Medical Personnel for COVID-19](#)*.

Guidance for Home Care, Home Health and Hospice Workers²

- Practice good personal hygiene. This is one of the best ways to prevent the spread of COVID-19.
 - 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.
- Monitor 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 the following criteria are met:

² Please review CMS guidance [here](#).

- ✓ It has been at least ten days since the start of symptoms.
 - ✓ There was never fever **or** there has not been fever for the prior three days without use of fever-reducing drugs such as Tylenol or ibuprofen.
 - ✓ Respiratory symptoms (e.g. cough, shortness of breath) have improved.
- If a health care worker is asymptomatic but screens positive via molecular amplification detection test (e.g. PCR), they must remain in home isolation for 10 days after the positive test per [Alameda County Public Health Department's return-to-work guidance](#).
 - Those developing fever, cough, shortness of breath, chills, or other symptoms of COVID-19 **while on the job** should immediately inform their supervisor and leave work, noting which persons, equipment, and locations they were in contact with.
- Explore remote ways of providing care, such as via phone, video chat or webinar; intercom; or from an outdoor location such as a doorstep area, if it is not essential to enter the home to provide the service.
 - Before conducting a home visit, care providers should call ahead, use an intercom, or remain outdoors while they ask about acute illness (i.e. cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, new loss of smell or taste, and sore throat) in any member of the household or COVID-19 diagnosis in the home.
 - If anyone is experiencing symptoms of a respiratory illness, tell the person to first call their health care provider or if the condition is life-threatening, to please go to the nearest emergency room or call 911. Inform them that they must tell the provider, first responders or emergency room staff about their symptoms before visiting the doctor's office or emergency room. This is necessary so that the healthcare providers can take necessary actions, such as supplying the patient with a facemask, to protect others from infection.
 - Next steps should proceed according to agency policy if the individual/family member reports respiratory signs/symptoms. If the agency **is not** serving COVID-19 patients, reschedule the appointment for a later date and time, preferably 14 days into the future. If the agency **is** serving COVID-19 patients, please follow the steps outlined in this document.
 - When entering any home, even a home with no ill persons, practice and model social distancing behaviors. For example:
 - Wear a face covering or mask (see below), and ask that client and all household members don a face covering, as tolerated, in accord with the [Order of the Health Officer No. 20-08](#).
 - Wave hello rather than shake hands.
 - Avoid touching surfaces in the home that have not been cleaned and disinfected.
 - 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.
 - If possible, have household members, other than the client, move 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.
- When providing care to clients who are afebrile (temperature less than 100 degrees F or 37.8 degrees C) and otherwise without symptoms of COVID-19, health care workers should use PPE that is appropriate for managing the patient's condition.
 - The CDC recommends universal use of [Standard Precautions](#) when caring for any patient.
 - **All home and community health care workers should wear an N95 respirator (when possible) when entering a patient's residence because of the risk of asymptomatic spread.** If an N95 is unavailable, a surgical mask should be worn. If a staff member finds, after entering the residence, that there is someone who has symptoms of 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 (e.g. respirator or face mask if respirator not available, eye, gloves, gown protection); otherwise, clean hands before exiting the residence.
 - ✓ Notify their supervisor.
- When providing care that requires close physical contact with patients who are **known or suspected** to have COVID-19, Standard, Contact and Droplet Precautions with eye protection are required.
 - Please review guidance on [Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings](#).
 - "Ideal" PPE consists of an N95 respirator, disposable gloves and gown (impermeable to fluids if washing or bathing), and eye protection with either goggles or a face shield. While N95 respirators are in short supply, substituting a medical facemask is an acceptable alternative. See PPE guidance [here](#) and instructions for putting on and removing PPE [here](#). Video instructions for use of PPE are available [here](#).
 - Have the fewest amount of people present during aerosol-generating work (such as open suctioning of airways, nebulizer treatments, etc.) and use a higher level of protection: N95 respirator or higher, gown, gloves, and eye protection. Avoid aerosol-generating procedures if an alternative modality (e.g., use of a metered dose inhaler with spacer) is equally effective.
 - Don PPE **before** entering the home.
 - Place a facemask over the client's nose and mouth if that has not already been done
 - 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.

- Immediately dispose of PPE in a plastic bag and then place in regular trash. Then clean hands again.
- Any non-disposable supplies brought into the home should be cleaned and disinfected using standard EPA-approved disinfectant agents.
- Educate patients and their family members about steps taken to prevent spread of COVID-19. Review [CDC advice](#) for people living with someone with COVID-19.
 - Set up patients who are known or suspected to have COVID-19 in a separate bedroom with a separate bathroom away from others, if possible. Review ACPHD's [Home Isolation and Quarantine Instructions for People with COVID-19 Infection and Their Household or Close Contacts](#).
 - Ensure that all people in the home have personal protective equipment to use (at least gloves and facemask) and use healthy habits (such as covering their coughs and sneezes, throwing used tissues away, and washing their hands often).
 - Make sure that pets in the home are cared for by non-infected persons.
 - Ask household members to track the date and time of all visitors, health care providers, and others in the home. This information may be needed by public health contact tracing teams.
- Since individuals with COVID-19 can worsen fast, **call 9-1-1 if patients experience any symptoms indicating need for emergency intervention**, such as blue lips, problems breathing, change in consciousness, or high fever.
- Staff should clean surfaces with soap and water or other cleaning agent to disinfect. At least once during a visit, wipe high-touch areas (door knobs, handrails, etc.) with a disinfectant.
 - Staff should use an EPA approved disinfectant from [List N](#) and follow CDC guidance for cleaning and disinfection [here](#) and [here](#).
 - Diluted household bleach (at least 1000 ppm sodium hypochlorite: 5 tablespoons [1/3 cup] bleach per gallon of water or 4 teaspoons bleach per quart of water) can be used to disinfect surfaces not damaged by bleach.
 - Staff should read the label before use of any disinfectant and follow the label's instructions. Never mix household bleach with ammonia or any other cleanser.

Guidance for Hospice Providers Seeing Patients in Long-Term Care Facilities (LTCF)

- [CMS Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 \(COVID-19\) by Hospice Agencies](#) states that nursing homes have been advised to allow entry to hospice staff provided they follow the appropriate [CDC guidelines for Transmission-Based Precautions](#) and use PPE properly.
- Please review [Guidance on the Role of Hospice Services in LTC Facilities During COVID-19 Pandemic](#) and [CMS guidance for hospice providers](#).

- Please review Alameda County Public Health Department's [Long Term Care Facility \(LTCF\) Guidance](#). Specifically, the guidance states that:
 - Individuals should not be allowed to come into the facility, except for certain situations, such as end-of-life care, essential ancillary care services, or when a visitor is essential for the resident's emotional well-being and care. Hospice workers should consider which services can be effectively provided by telehealth and conduct visits in person only when they deem face-to-face interaction as essential.
 - **All** visitors to a LTCF, including hospice workers, must undergo documented screening for the following risk factors:
 - ✓ Signs or symptoms of a respiratory infection. Facilities should perform temperature checks for visitors. Visitors with subjective fever or measured temperature >100°F [37.8 °C] degrees should not be allowed entry.
 - ✓ High-risk activities within the last 14 days, such as international travel to countries with sustained community transmission (see [list](#)), trips on cruise ships, participation in other settings where crowds are confined to a common location (e.g. convention, large sporting events, concerts, etc.) or contact with someone with confirmed or suspected COVID-19.
 - ✓ If visitors meet any of the above criteria, they should not enter the facility.
 - **Every LCTF should tell hospice workers which patients are COVID-19 positive** and must post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE. It must also provide the right supplies to ensure easy and correct use of PPE.

Additional Resources

[Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)

[Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 \(COVID-19\)](#)

[Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)
[Coronavirus Resources for Home Care & Hospice](#)