COVID-19: Guidance for Home Health Service Providers

This guidance is based on the best information currently available and will be updated when appropriate. Please visit dshs.texas.gov/coronavirus and cdc.gov/coronavirus for updates.

This guidance is intended for healthcare workers and others who make home visits or provide health-related services in a home or community setting. This general safety guidance relates to the 2019 novel coronavirus disease (COVID-19).

Client Assessment Prior to Visit

- Communicate with the client ahead of a scheduled visit, either by telephone, text message, or video conference, if you can.
- If possible, conduct the entire visit virtually, either by phone or video conference.
- Ask client to report their temperature by phone or show it to you via video conferencing. A fever is a temperature of 100.0° Fahrenheit or 37.8° Celsius or greater. Make sure they have not recently taken fever-reducing medication.
- If you plan to visit in-person, ask the client beforehand if they or a member of the household have a fever, cough, shortness of breath, fatigue, aches and pains, sore throat, diarrhea/nausea, or a runny nose or have been diagnosed with COVID-19. Ask the client and all other household members to wear a cloth face mask covering during the visit. Further information about cloth face coverings can be found on the DSHS website at https://www.dshs.state.tx.us/coronavirus/.

Recommended Action

- If you are unable to reach the client ahead of the visit, conduct the first contact at least six feet away and outdoors or outside the residence, such as in a hallway, if feasible. Ask the client to wear a cloth face covering if they are not already wearing one.

- Ask the client if they or a member of their household have a fever, cough, shortness of breath, fatigue, aches and pains, sore throat, diarrhea/nausea, or a runny nose or have been diagnosed with COVID-19.
- You can instruct the client to check their own temperature. Then report the result. A fever is a temperature of 100.0° Fahrenheit or 37.8° Celsius or greater. Make sure they have not recently taken fever-reducing medication.

- If the client or household members have no fever or concerning symptoms (cough, shortness of breath, fatigue, aches and pains, sore throat, diarrhea/nausea, or a runny nose), it remains appropriate to stay at least six feet away during the client visit, ask the client to wear a cloth face covering, and limit the time of interaction as much as possible. Ask other household members to wear cloth face coverings and move to another room during the visit.
- If the client or household members have fever, cough, shortness of breath, fatigue, aches and pains, sore throat, diarrhea/nausea, or a runny nose, you should suspect COVID-19 infection and adhere to the following:

  - For all NON-CRITICAL services, reschedule until after the client or household members have:
    - Been without fever for at least 72 hours (without the use of fever-reducing medicine) AND
    - Other symptoms have improved (for example, improved cough or shortness of breath) AND
    - At least seven days have passed since their symptoms first appeared.

    Or
    - If they no longer have a fever (without the use of fever-reducing medicine) AND
    - Other symptoms have improved (for example, improved cough or shortness of breath) AND
    - They have received two negative tests in a row, 24 hours apart.

  - For all CRITICAL services that cannot be postponed, use all recommended personal protective equipment (PPE).

Recommended PPE for a Home Where You Suspect COVID-19

Conventional capacity (when there is no shortage of PPE supply):

- A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated.

- Disposable isolation gown.
- Respiratory protection (such as N95 or higher-level respirator if available, otherwise a use a surgical facemask).
- Eye protection (such as goggles or disposable face shield that fully covers the front and sides of the face).

If there is a shortage of PPE equipment, the following strategies can be implemented for PPE use:

- Gown: Consider use of coveralls or expired gowns beyond the manufacturer-designated shelf life, or gowns or coveralls that conform to international standards (see CDC website for guidance). If feasible, shift gown use toward cloth isolation/reusable gowns that can be laundered. Always change gown between clients.
- Respiratory Protection (N95 respirators): Consider reuse of N95 respirators according to manufacturer's guidelines or CDC guidance (see CDC guidelines on limited reuse of N95 respirators).
- Eye Protection: Consider use of re-usable goggles or face shields. Disposable eye protection can be cleaned and reused if it remains intact. (See manufacturer guidelines for cleaning or CDC website.)

Guidance for PPE Use in the Home

- Use alcohol-based hand sanitizer with at least 60% alcohol before putting on and after removing PPE. Put on PPE outside of the home prior to entering the home. If you cannot put all PPE on before you enter the home, put on eye protection and facemask or respirator before entering.
- Alert those in the home that you will be entering the home and ask them to move to a different room, if possible. If that is not possible, ask residents to keep at least a six-foot distance in the same room and wear cloth face coverings. Once the entry area is clear, enter the home and put on a gown and gloves (if you were not able to put them on outside).
- Conduct the interview in the area with best ventilation (such as outdoors or apartment hallway if feasible, or in the largest room available).
- If you have surgical masks (not N95 masks), have the client wear one.
- Make the indoor visit as brief as necessary.
- Wash your hands with soap and water or use an alcohol-based hand sanitizer with at least 60 percent alcohol after an interview/visit.
- Ask the client if an external trash can is present at the home, or if one can be left outside for the disposal of PPE.

- Remove PPE outside of the home and discard in an external trash can before departing the location. Don't transport worn PPE in your vehicle.
- If you are unable to remove all PPE outside of the home, keep your face protection (such as respirator and eye protection) on after exiting the home.
- If you need to remove your gown and gloves in the home, ask residents to move to a different room, if possible. If that is not possible, ask residents to keep at least a six-foot distance in the same room and wear cloth face coverings. Once the entry area is clear, remove the gown and gloves and exit the home.
- Once outside the home, use alcohol-based hand sanitizer with at least 60 percent alcohol, remove face protection and discard PPE by placing in external trash can before departing the location. Clean your hands with sanitizer again.
- For visual aids on putting on and taking off PPE equipment safely, see CDC website (Find out more by reading CDC guidelines for putting on and taking off PPE).

Concern about Exposure after Entering a Home without PPE

If after entering the home there is someone with fever, cough, shortness of breath, fatigue, aches and pains, sore throat, diarrhea/nausea, or a runny nose, or the client or family member reports a diagnosis of COVID-19, that staff member should:

- Immediately exit the home.
- Clean their hands with soap and water or an alcohol-based sanitizer.
- Notify their supervisor.

Crisis Capacity during Periods of Known PPE Shortage

Consider excluding home health service providers at a higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients. Higher risk conditions include those of older age, with chronic medical conditions, or those who may be pregnant. Consider designating home health service providers who have clinically recovered from COVID-19 and have been cleared to return to work to provide care for clients with suspected or confirmed COVID-19.

- Gown: Consider re-use of cloth gowns without laundering between clients. (Disposable gowns are harder to re-use because the ties typically tear when removing.) Prioritize the use of gowns to procedures where splashes/sprays

may be expected or during high-contact patient care activities, such as dressing/bathing/turning clients. When no gowns are available, consider using alternatives such as reusable (washable) laboratory coats, disposable laboratory coats or aprons, or a combination of these items that provide similar coverage.

- Facemasks: Use facemasks beyond manufacturer-designated shelf life. Prioritize use for:
    - activities where splashes and sprays occur or during aerosol generating procedures (for example, sputum induction, open suctioning of airways); and
    - prolonged face-to-face or close contact with potentially infectious patients.

  Use the same facemask (for example, those with elastic ear hooks) for multiple encounters with different clients, but remove it after each encounter. Fold facemasks carefully so the outer surface is held inward and against itself to reduce contact with the outer surface during storage and stored between uses in a clean, sealable paper bag or breathable container. When no facemask is available, use a face shield that covers the entire front and sides of the face with no facemask. If no facemask is available, consider homemade masks as a last resort* (although this may provide only limited protection).
- N95 Respirators: Use N95 respirators or equivalent alternative devices beyond manufacturer-designated shelf life. Use respirators approved under standards in other countries that are similar to NIOSH-approved N95 respirators. Some N95 respirators can be re-used (see CDC Guidelines)
    - **When N95 supplies are extremely low:** Prioritize use for: 1) Unmasked patients where healthcare provider is within three feet of a symptomatic patient or providing direct care; and 2) anytime a healthcare provider is present in a room during aerosol-generating procedures.
    - **When no N95 respirators are left*:** Use masks not evaluated or approved by NIOSH or homemade masks as a last resort (although this may provide only limited protection).
- Eye Protection: Use eye protection devices beyond the manufacturer-designated shelf life if there are no concerns after visually inspecting the product. Prioritize use for:
    - activities where splashes and sprays occur or during aerosol generating procedures (for example, sputum induction, open suctioning of airways); and

- prolonged face-to-face or close contact with potentially infectious patients.

**In settings where N95 respirators are so limited that routinely practiced standards of care for wearing N95 respirators and equivalent or higher level of protection respirators are no longer possible, and surgical masks are not available, as a last resort, it may be necessary to use masks that have never been evaluated or approved by NIOSH or homemade masks. However, caution should be exercised when considering this option.[1,2]*

References

[1]Dato, VM, Hostler, D, and Hahn, ME. Simple Respiratory Mask, Emerg Infect Dis. 2006;12(6):1033–1034.

[2]Rengasamy S, Eimer B, and Shaffer R. Simple respiratory protection-evaluation of the filtration performance of cloth masks and common fabric materials against 20-1000 nm size, Ann Occup Hyg. 2010;54(7):789-98.

Because the novel coronavirus (the virus that causes COVID-19) response is rapidly changing, this is interim guidance.

Reliable Information Sources

Find up-to-date novel coronavirus information at dshs.texas.gov/coronavirus, and on DSHS's Facebook, Twitter and Instagram at @TexasDSHS. Also visit the CDC's website at cdc.gov/coronavirus.