



## 2019 Novel Coronavirus (COVID-19)

### COVID-19 Guidance for Home and Community Healthcare Workers

***NOTE:*** Please be aware that this guidance is based on the best information currently available and will be updated as more is learned about the COVID-19 outbreak. The New York City Department of Health and Mental Hygiene (DOHMH) may change its recommendations as the situation evolves. Review DOHMH health alerts and visit the [DOHMH website](#) and [CDC website](#) for updates.

This guidance is intended for home healthcare workers who provide healthcare to individuals in a home residence or community (e.g., outreach on the street) setting. It provides general safety and health guidance in relation to the 2019 Novel Coronavirus (COVID-2019).

#### **COVID-19 Background Information**

Human coronaviruses are a group of viruses that commonly cause mild-to-moderate illness, such as the common cold (with runny nose, headache, cough, sore throat, fever); occasionally, pneumonia can result. Examples of human coronaviruses include 229E, NL63, OC43, and HKU1. The recently discovered SARS-CoV-2 (formerly 2019-nCoV) is a "novel coronavirus," which means it is a new strain of coronavirus that has not been previously identified in humans, and this virus is the cause of a syndrome now named COVID-19. The newly identified SARS-CoV-2 is thought to have originated in animals and is related to the coronaviruses SARS-CoV and MERS-CoV, which also originated from animals and which can also infect humans.

Health officials are still learning how SARS-CoV-2 spreads and the spectrum of illness associated with infection. Our current understanding of SARS-CoV-2 suggests it is probably transmitted like other respiratory viruses. In general, respiratory viruses are spread when a sick person coughs or sneezes. It is also possible to become sick by touching surfaces contaminated with certain respiratory viruses and then touching your own nose or mouth. Covering coughs and sneezes and washing hands with soap and water or with an alcohol-based hand rub are essential in stopping the spread of respiratory viruses. During the influenza (flu) season, also consider getting a flu vaccine.

Based on current information, the health risk to New Yorkers is considered low because there is no evidence that person-to-person transmission is occurring in New York City. That assessment may change in the weeks to months ahead. If this occurs, additional information will be provided as soon as it becomes available.

A public health emergency (PHE) declared by the United States Department of Health and Human Services on January 31, 2020, and a federal directive that went into effect on February 2, 2020, led to the following travel restrictions:

- Foreign nationals other than immediate family of US citizens and permanent residents who have traveled from China within the last 14 days will be denied entry into the US.
- Any US citizen, permanent resident, or immediate family member of a US citizen or permanent resident who left:
  - Hubei Province, the epicenter of the outbreak in China, in the previous 14 days will be subject to up to 14 days of quarantine.
  - Other parts of mainland China in the previous 14 days is being advised to stay home and monitor for fever and respiratory symptoms for the 14-day period after their last day in mainland China. They have been asked to not attend school or work, not use public transportation, and to minimize public activities.



## Health

The CDC devised an assessment and management framework within which to develop guidance for persons with possible exposure to SARS-CoV-2. At this time, most people with possible exposure include travelers who recently arrived in New York City after spending time in mainland China and other COVID-19-affected geographic areas, community contacts of cases of COVID-19, and healthcare workers who cared for COVID-19 patients. CDC has posted interim guidance for assessing risk to travelers from COVID-19-affected countries as well as guidance for assessing risk to healthcare workers who have cared for COVID-19 patients.

At this time when there is no evidence of community transmission in NYC, home healthcare workers should plan for the possibility of clients arriving in NYC from mainland China who will be undergoing self-monitoring in their residence. **It is important for healthcare workers to keep in mind that persons who have been asked to remain at home for up to 14 days are likely to be asymptomatic and to pose minimal to no risk of disease transmission. As such, there should be no interruption to home healthcare services for persons who remain healthy.**

Organizations providing home healthcare (“organizations”) should plan for providing services to persons under home monitoring by having clear plans and protocols in place that are communicated to staff and supervisors. This should include:

- Screening of clients and household members in advance and/or at the time of a home visit for
  - Recent travel (i.e., within the past 14 days) from mainland China or other COVID-19-affected geographic area or contact with a person diagnosed with COVID-19, **AND**
  - Fever (subjective or confirmed,  $\geq 100.4^{\circ}\text{F.}$ ), cough, or shortness of breath
- If such individuals are identified upon screening, organizations should:
  - Have options for postponing or rescheduling visits for persons who do not require immediate care until their 14-day self-monitoring period has ended;
  - Develop plans to manage clients during the 14-day self-monitoring period whose medical needs cannot be postponed.
  - Contact the client’s healthcare provider to report their patient’s illness
  - Ask the provider to report to the New York City Department of Health and Mental Hygiene’s (DOHMH) **Provider Access Line (PAL) at 866-692-3641** about their patient who has illness that could be COVID-19 infection.

Each organization faces specific challenges associated with implementation based on its population, physical space, staffing, etc., and will need to tailor these guidelines accordingly. **This guidance is intended to supplement, not supplant, provisions from regulatory agencies that oversee health care organization.** Organizations may develop their own policies, but these policies should be based on current science and facts, not fear, and they should never compromise a client’s or employee’s health.

### ***About Facemasks***

Use of a facemask is sometimes indicated for persons with a respiratory infection, as this can help prevent a sick person from spreading infections to others. The DOHMH and the CDC do not currently recommend the use of facemasks for the asymptomatic general public. Some healthcare workers might be required to use either facemasks or N95 respirators depending on the type of visit/inspection or per their organizations protocol for reasons unrelated to the current COVID-19 outbreak (including their vaccination status for influenza). If so, these staff should proceed to use facemasks or N95 respirators as is their standard protocol. They are not needed when caring for persons who are asymptomatic while under self-monitoring.

### ***Home and Community Healthcare Worker Protection***

- CDC recommends universal use of Standard Precautions when caring for any patient. Reinforce with staff the importance of strict adherence to Standard Precautions during all client encounters. Standard Precautions

are based on the principles that all blood, body fluids, secretions, excretions (except sweat), nonintact skin, and mucous membranes may contain transmissible infectious agents. The application of Standard Precautions is determined by the interaction that occurs between the client and the healthcare provider and the extent of anticipated blood, body fluids, and pathogen exposure. For example, a facemask and eye protection should be worn during the care of any client if splashes, sprays or coughs could occur during the client encounter. Similarly, gloves should be worn if contact with body fluids, mucous membranes, or nonintact skin are anticipated.

- Clients who are currently self-monitoring and are afebrile ( $T < 100.4^{\circ}F$ ) and otherwise without symptoms that might be consistent with COVID-19 do not require that healthcare workers use PPE or precautions specific to COVID-19. Client management should be consistent with the condition for which they are being evaluated (e.g., client colonized with a drug-resistant organism).
- If a staff member finds after entering the residence that there is someone who has fever, cough, or shortness of breath and reports either travel from mainland China, another COVID-19-affected geographic area, or contact with a person diagnosed with COVID-19 within the past 14 days, that staff member should:
  - Immediately exit the residence;
  - Clean their hands with soap and water or an alcohol-based sanitizer;
  - Notify their supervisor
  - Refer below to **BOX 3. Determined that someone in residence has fever, cough, or shortness of breath that began within 14 days after leaving China or another COVID-19-affected geographic area or was exposed to person with COVID-19**

### ***Mental Health***

Emotional reactions to stressful situations such as this emerging health crisis are expected. Remind staff and clients that feeling sad, anxious, overwhelmed, or having trouble sleeping or other symptoms of distress is normal. If symptoms become worse, last longer than a month, or a person struggles to participate in their usual daily activities, encourage them to reach out for support and help. Those living in NYC can call NYC Well at 888-NYC WELL or 888 692-9355, or text "WELL" to 65173 for access to a confidential help line. NYC Well is staffed 24/7 by trained counselors who can provide brief supportive therapy, crisis counseling, and connections to behavioral health treatment and support. For those living outside NYC, the national Disaster Distress Helpline is available with 24/7 emotional support and crisis counseling for anyone experiencing distress or other mental health concerns related to the coronavirus outbreak. Calls (1-800-985-5990) and texts (text TalkWithUs to 66746) are answered by trained counselors who will listen to the caller's concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support.

For more information about COVID-19, please visit websites for the New York City Department of Health, the Centers for Disease Control and Prevention and the New York State Department of Health and search on COVID-19.

[www.nyc.gov/health](http://www.nyc.gov/health)

[www.cdc.gov](http://www.cdc.gov)

<https://www.health.ny.gov>



## COVID-19 Safety and Health Considerations for Staff Performing Home or Community Visits

Organizations providing in-home healthcare services should develop plans and protocols for staff to manage visits with clients with potential exposure to SARS-CoV-2. Always adhere to safety measures and policies that exist within your company. Based on the current COVID-19 situation, home healthcare workers performing home and community visits should consider the following:

### BOX 1. CALL AHEAD:

Consider calling 1-2 days beforehand to confirm or schedule the visit. During the call, ask:

**Question 1. On the day of the scheduled visit, will there be anyone in residence (e.g., household member, friend), including client, who during the 14 days preceding the visit:**

- left from a COVID-19-affected geographic area, OR;
- had contact with a person diagnosed with COVID-19;

**If NO** - Adhere to usual protocols. There is no special COVID-19 guidance. However, the healthcare organization can consider reassessing this on the day of the visit, prior to when its staff arrive for appointment.

**If YES** – ask **Question 2**.

**Question 2. If this person is currently in the residence, do they have a fever, cough, or shortness of breath?**

**If NO** – COVID-19 is not likely. There is no need to cancel or postpone the visit. If client reports acute onset of other possible infectious process (e.g., diarrhea, sore throat), manage as per your organization’s usual protocols which may include rescheduling the visit. The healthcare organization should reassess the health status on the day of visit prior to its staff entering the home.

**If YES** – to **Questions 1 and 2, see Box 3**

### BOX 2. ON THE DAY OF THE VISIT:

Prior to entering the home, contact the client by phone or at the door and ask:

**Question 1. During today’s scheduled visit, will there be anyone in the residence (e.g., household member, friend), including the client, who during the 14 days preceding the visit:**

- left from a COVID-19-affected geographic area, OR;
- had contact with a person diagnosed with COVID-19;

**If NO** - Adhere to usual protocols. There is no special COVID-19 guidance.

**If YES** – ask **Question 2**.

**Question 2. If this person is currently in the residence, do they have a fever, cough or shortness of breath?**

**If NO** – COVID-19 is not likely. There is no need to cancel or postpone the visit. If client reports acute onset of other possible infectious process (e.g., diarrhea, sore throat), manage as per your organization’s usual protocols which may include rescheduling the visit.

**If YES** – to **Questions 1 and 2, see Box 3**

### BOX 3. Determined that someone in residence has fever, cough, or shortness of breath that began within 14 days after leaving a COVID-19-affected country or was exposed to person with COVID-19

- If a client, parent, or caregiver answers **YES** to Questions 1 and 2 in either Box 1 or Box 2, consider whether the appointment can be rescheduled for a time when the person is no longer sick. In some cases, a consultation by phone may be substituted for an in-person visit. If this occurs on the day of appointment, leave the premises.
- Notify the client’s medical provider. For some clients, rescheduling the appointment may not be an acceptable option. If so, the medical provider, your organization, and public health staff may need to evaluate whether the client can still safely receive home care or should be transferred to a hospital or other healthcare facility.
- Ask the provider to call the DOHMH **Provider Access Line (PAL) at 866-692-3641** to report the issue and determine next steps.
- If client is sick and needs immediate medical attention, an organization supervisor should determine whether to call 911 for transport to a hospital. If warranted, inform 911 that client was in a COVID-19-affected country or had exposure to a person with COVID-19 and describe symptoms to ensure appropriate infection control is implemented.
- Alert other staff scheduled to visit the same household.