



2019 Novel Coronavirus (COVID-19) Guidance for Home and Community Health Care Workers

NOTE: *This guidance is based on the best information currently available and will be updated as more is learned. Review New York City (NYC) Health Department health alerts and visit the [NYC Health Department website](#) and [CDC website](#) for updates.*

This guidance is intended for home health care workers who provide health care 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 illness, such as the common cold; occasionally, pneumonia can result. A novel coronavirus (a new strain not previously identified in humans) first identified in Hubei Province, China in 2019 is now circulating on multiple continents and has caused tens of thousands of illnesses to date. Although the outbreak was initially most severe in China, there is currently more active transmission occurring in locations outside of China, including South Korea, Italy, and Iran. The virus has been named SARS-CoV-2, and the disease it causes is called coronavirus disease 2019 (COVID-19). Cases have recently been reported in several United States (US) locations, including California, Washington state, and NYC (updated information is available on the [CDC](#) and [NYC Health Department](#) websites).

Health officials are still learning how SARS-CoV-2 spreads and the spectrum of illness associated with infection. Our current understanding is that SARS-CoV-2 is 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.

A public health emergency declared by the US Department of Health and Human Services on January 31, 2020, and a federal directive that went into effect on February 2, 2020, led to travel restrictions for persons traveling from China. Since that time, restrictions have been expanded to Iran. Some people returning from these and other COVID-19-affected geographic areas, as well as some persons who have had close contact with a person with laboratory-confirmed COVID-19, have been asked to remain at home for 14 days after arriving in the US or after their known exposure. See updated US Centers for Disease Control and Prevention (CDC) [travel guidance](#). Some people known to have had close contact with someone with confirmed COVID-19 have also been asked to remain at home for 14 days after the exposure.

It is important for health care 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. Therefore, there should be no interruption to home health care services for persons who remain healthy.

At this time, NYC residents at highest risk for exposure to SARS-CoV-2 include travelers who recently spent time in [COVID-19-affected geographic areas](#); close contacts of persons with laboratory-confirmed COVID-19; and health care workers who cared for severely ill patients with laboratory-confirmed COVID-19.

Although the risk of acquiring COVID-19 remains low for most New Yorkers, there are steps that can be taken to prevent the spread of this illness. Organizations that provide home health care (“organizations”) should plan for providing services to persons under home monitoring by creating clear protocols and communicating them to staff and supervisors. This should include:

- Screening 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 [COVID-19-affected geographic areas](#) 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 whose medical needs cannot be postponed during the 14-day self-monitoring period.
 - Contact the client’s health care provider to report their patient’s illness.
 - Ask the provider to report that their patient may have COVID-19 by calling the NYC Health Department’s **Provider Access Line (PAL) at 866-692-3641**.

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 organizations.** 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 NYC Health Department and the CDC do not currently recommend the use of facemasks for the asymptomatic general public. Some health care 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 Health Care 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 health care 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.
- For clients who are currently self-monitoring and are afebrile ($T < 100.4^{\circ}\text{F}$) and otherwise without symptoms that might be consistent with COVID-19, health care workers are not required to use PPE or precautions specific to COVID-19. Client management should be consistent with the condition for which they are being evaluated (e.g., colonization 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 a 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 a 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 NYC Health Department, the Centers for Disease Control and Prevention and the New York State Department of Health and search on COVID-19.

www.nyc.gov/health

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 health care services should develop plans and protocols for staff to manage visits with clients with potential exposure to the virus that causes COVID-19. Always adhere to your company's safety measures and policies. Based on the current situation, home health care 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 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. However, the health care 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 health care organization should reassess the health status on the day of visit prior to its staff entering the home.

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 health care facility.
- Ask the provider to call the NYC Health Department **Provider Access Line (PAL) at 866-692-3641** to report the issue and determine next steps.
- If the 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 the 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.