



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Interim Coronavirus Disease 2019 (COVID-19) Guidance for Home and Community-Based Care Providers including family members

April 1, 2020

The virus that causes COVID-19 can be spread through respiratory droplets, close personal contact, and contact with mucous membranes. Providers of home and community-based services, including licensed home care agencies, licensed hospices, and providers of services covered under the Department of Health and Human Services' recently submitted Temporary Policy Modifications for 1915 Waivers (Appendix K), need to implement precautions to protect themselves and consumers from COVID-19. The Department recognizes that "providers" also includes family members, whether paid or unpaid, who are the principal caregivers of the consumer, and that caregiving occurs whether consumer receives formal services or not. This guidance is intended to minimize the risk of exposure to COVID-19 to providers and consumers and patients and to limit the spread of COVID-19 in the community.

Some of the people served through the system may have co-occurring conditions that put them in one of the high-risk groups for COVID-19. Individuals 65 and older, as well as people with pre-existing medical conditions such as diabetes, chronic lung disease and chronic heart disease, or a compromised immune system (e.g., cancer, cancer treatment, or other immunosuppressant treatments) have a greater risk of severe illness from COVID-19. Special precautions should be taken with these populations to ensure that they are not exposed to the virus.

Preventing transmission of respiratory pathogens in home and community-based settings requires adherence with, and application of, strong infection prevention practices and policies including environmental and engineering controls, administrative controls, safer work practices, and personal protective equipment (PPE). Successful implementation of many, if not all, of these strategies is dependent on the presence of clear communication, administrative policies, and organizational leadership that promote and facilitate adherence to these recommendations among the various people involved with the care of the consumer, including patients or consumers themselves, family members, direct care personnel, and other staff.

1. Minimize Opportunity for Exposures

Screen consumers (served by outside staff) for symptoms of respiratory illness and possible exposures.

- Implement a phone screening protocol prior to the visit. Ask if the consumer or anyone in the home has symptoms of COVID-19 (e.g., fever, cough, shortness of breath), or if the consumer has had close contact with a patient diagnosed with COVID-19 in the past 14 days. If they answer yes to any of these questions, reschedule the visit or use telehealth as appropriate. Instruct consumers with symptoms of COVID-19 to call their medical provider.
- Allow consumers or legally responsible persons to reschedule appointments on short notice due to illness without penalties.

Instruct staff to stay home when sick.

- Tell staff to stay home if they are sick or go home if they start feeling sick during work.
- Create flexible sick leave policies so employees stay home from work when they are at risk of spreading a communicable disease.
- Have staff self-screen prior to work each day for fever (temperature ≥ 100.4 F) and respiratory symptoms to determine their ability to work and notify supervisor if they have had direct contact with someone who has symptoms of or is being tested for COVID-19.

2. Adhere to Infection Prevention Precautions

Practice social distancing.

- The Centers for Disease Control and Prevention (CDC) recommend that people should practice social distancing by remaining six feet apart from one another.
- Behavioral health providers should remain six feet apart from consumers, except when necessary to provide care.
- When providing community-based supports, plan ahead to address goals and services in the person's home as much as possible to limit community exposure. If family are involved in the life of the person, and there is permission, discuss a care plan for instances where staff become sick and care is not available.

Bring supplies for hand hygiene and respiratory etiquette.

- Providers should bring hand sanitizer containing at least 60% alcohol, tissues, and a lined trash container to dispose of tissues (if not readily available in the consumer's home).
- Educate consumers about hand hygiene and respiratory etiquette.
- Practice proper handwashing procedures with people who need assistance to learn and complete tasks.

3. Caring for Consumers with Respiratory Illness

Home and community-based care providers should wear appropriate personal protective equipment (PPE) when evaluating or treating consumers with symptoms of respiratory illness. PPE should only be worn by individuals that have been trained and observed to be competent in putting it on and taking it off appropriately.

- If a patient with respiratory illness is in crisis and needs urgent treatment, wear gloves, gown, facemask, and eye protection (i.e., goggles or face shield) when evaluating or caring for the patient.
 - If possible, call the patient in advance to explain why you will be wearing PPE to reduce concern.
 - All PPE should be discarded after use. Masks may not be washed and re-used. Providers should bring a lined trash container with a lid for discarded PPE.
- PPE requests should be routed through your local county emergency management. Priority is being given to acute care and first responders. Given the shortage of PPE some providers are making facemasks to be used when other options are not available. Please see [CDC guidance on facemasks](#).

Take preventive measures.

- Limit the number of providers who have contact with the consumer.

- If serving more than one consumer and when possible, schedule the consumer for the last appointment of the day.

Clean all surfaces the consumer came into contact with.

- Use an [EPA-registered disinfectant that is active against coronaviruses](#).
- Disinfect all equipment used on the consumer according to manufacturer's instructions.
- For in-home services, wipe down all commonly touched surfaces upon entry at beginning of shift and before exit at end of shift.
- You do not have to close your agency unless advised to do so by the local health department.

In case of exposure to COVID-19:

- If a service provider may have been exposed to COVID-19, next steps depend on the level of risk involved. Consult the [CDC risk assessment guidelines for healthcare personnel](#) to determine appropriate actions.
- If a family caregiver may have been exposed to COVID-19, the following additional guidelines may minimize risk of other family members or caregiver themselves becoming sick:
 - Ill person should stay in a separate bedroom from others if possible;
 - Ideally only one caregiver should assist ill person while they are ill;
 - PPE should be used by caregiver, and a face mask by consumer if available, during caregiver.
 - Condition of consumer should be monitored for worsening symptoms following guidance of the individual's primary care provider.
 - Room should be kept well ventilated and surfaces cleaned.

4. Plan Ahead

Manage your supply of PPE.

- Ensure that staff have gloves, masks, gowns, and eye protection (i.e., goggles or face shields) available if needed.
- Train staff who may need to care for consumers with suspected or confirmed COVID-19 on PPE use. (Please see the last page of this document.)

Plan for employee absences.

- Identify key positions and cross-train employees to ensure those roles can be filled.
- Allow employees to telework as clinically appropriate.
- If you have employees who are at a [higher risk](#) for complications from COVID-19, including people 65 years and older and people with chronic medical conditions or a compromised immune system, find them work that minimizes contact with the public, if at all possible.

For family member caregivers, discuss a plan for if caregiver becomes ill, or consumer becomes ill

- In advance of possible caregiver illness, determine who might substitute care for the person.
 - Make sure that the designated caregiver has all critical information needed for health and safety, i.e. medication and allergy list, medical and behavioral health provider contact list, and, emergency contacts.
- In advance of possible consumer illness, make a plan for where the individual will reside and who will care for individual throughout the duration of illness, if consumer is determined to not medically require hospitalization.

Stay informed.

- ❑ Regularly check reliable sources of information like the [NC coronavirus website](#) and the [CDC coronavirus website](#).
- ❑ For more information, please see the following resources:
 - [CDC infection prevention guidance for healthcare settings](#)

Donning and Doffing of Personal Protective Equipment (PPE) when caring for individuals with suspected or confirmed COVID19

Donning (Putting on):

- Put on PPE before entering the consumer's home
- **Perform hand hygiene** (i.e., use alcohol-based hand sanitizer containing at least 60% alcohol) before putting on any PPE
- General approach to putting on this PPE combination for respiratory pathogens:
 - gown
 - facemask
 - goggles or face shield
 - gloves

Dooffing (Taking off):

- **Consider performing hand hygiene** using an alcohol-based hand rub with gloves on prior to removing any PPE
- General approach to removing PPE for respiratory pathogens:
 - gloves
 - goggles or face shield
 - gown
 - facemask
- **Remove all PPE except facemask** at exterior door
- **Perform hand hygiene**
- Exit consumer's home
- Remove facemask **after leaving home and closing door**. Dispose of facemask in lined trash container. Careful attention should be given to prevent contamination of clothing and skin during the process of removing PPE.
- **Perform hand hygiene** after removing all PPE

PPE Training Resources:

- [Handwashing video](#)
- [Hand rub video](#)
- [Donning and doffing PPE video](#)