
COVID-19: GUIDELINES FOR HOME HEALTH PREVENTION AND MANAGEMENT

What is COVID-19?

Coronaviruses are a family of viruses that can cause illnesses such as the common cold, severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). A novel coronavirus is a new coronavirus that has not been previously identified. Coronavirus disease 2019 (COVID-19), caused by the virus SARS-CoV-2, is a respiratory illness that can spread from person to person.

COVID-19 was discovered in December 2019 in Wuhan, China. It is very contagious and has quickly spread around the world.

Since its discovery and initial spread, several variants of the COVID-19 virus have been discovered. These variants are a result of genetic changes that occur in the virus over time, causing small changes, but the core virus still remains. These variants are still SARS-CoV-2, but may act differently.

Transmission of COVID-19

The virus that causes COVID-19 is spread mainly through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet). It is possible for respiratory droplets to linger in air for longer periods of time after a person has left a space, allowing for respiratory transmission of the virus. For this reason, it is important that an individual's respiratory droplets are contained by wearing a mask, covering one's mouth or nose when coughing/sneezing, and regularly disinfecting high-touch surfaces.

In some circumstances, COVID-19 respiratory droplets can contaminate surfaces and transmission may occur via touching these surfaces. There is no evidence, however, that handling or consuming foods can result in the transmission of COVID 19. In rare cases, the CDC has found that transmission from animals is possible, but this is uncommon.

Community Spread of COVID-19

As the spread of this novel coronavirus has grown, it has become clear that some there are some conditions under which COVID-19 spreads more easily. There is evidence that under certain conditions, people with COVID-19 seem to have infected others who were more than 6 feet away. These transmissions occurred within enclosed spaces that had inadequate ventilation, which may include certain living conditions where persons are in close contact and may already be at risk such as correctional facilities, senior living facilities/

housing, skilled nursing facilities (“nursing homes”). Under these circumstances, scientists believe that the amount of infectious smaller droplet and particles produced by the people with COVID-19 became concentrated enough to spread the virus to other people.

Spread of the COVID-19 virus is also more likely when exposure to the virus occurs over a longer time period. For example, contact longer than 15 minutes is more likely to result in transmission than two minutes of contact. Other factors such as mask wearing, active symptoms, and activities that involve a higher risk of respiratory droplets such as singing, shouting, or breathing heavily may also increase the risk of transmission.

Who is at risk for COVID-19?

Some individuals may be at greater risk for COVID-19, including older adults and those with certain comorbid medical conditions. According to the CDC, individuals with any of the following pre-existing conditions are at a higher risk of COVID-19 infection: cancer, chronic kidney disease, chronic lung disease, cystic fibrosis, dementia and other neurological conditions, heart disease, HIV, immune deficiency, or diabetes. Individuals with certain other conditions, such as spinal cord injuries, ADHD, cerebral palsy, Down Syndrome, or developmental disabilities, are often at increased risk of infection due to systemic health and social inequities, congregate living, and other underlying medical conditions. Individuals over 65 also are at significantly higher risk of infection and accounted for 81% of COVID-19 related deaths in 2020. These individuals should not only take all recommended precautions but should limit all possible interactions with others and contact a healthcare provider within 24-hours if experiencing symptoms of COVID-19.

Reinfection with COVID-19

When a person infected with COVID-19 recovers, and then later becomes infected again, this is called reinfection. While many persons who are infected with COVID-19 are less likely to become reinfected, these cases do occur. It is important to be aware that reinfection is possible and continue to report possible symptoms to a medical professional when present. The CDC also recommends that all eligible individuals receive a COVID-19 vaccination booster to reduce the risk of reinfection.

Preventing the Spread of COVID-19

All persons, including healthcare workers, should take steps to prevent the spread of COVID-19 and educate others on prevention as well. According to the CDC, all persons should wash their hands often using soap and water or a hand sanitizer with at least 60% isopropyl alcohol. Also cover your mouth and nose with a mask when around others, including in public and with persons outside of one’s household. This includes

patients and their families in the home health setting. Always cover coughs and sneezes even in your own home and disinfect high touch surfaces with an approved household disinfectant no less often than daily.

Vaccination for COVID-19 is also available for both healthcare workers and patients, as well as their family members. Vaccines for COVID-19 are currently available under an emergency use authorization (EUA) from the FDA and may be administered as authorized for specific populations, including persons with prior COVID-19 infections. As of September 15, 2021, COVID-19 vaccination is recommended for everyone aged six months and older in the United States for the prevention of COVID-19. Available evidence suggests vaccines offer protection against known variants in most cases, particularly against hospitalization and death.

It is recommended that most individuals also receive a booster vaccination against COVID-19. Not all vaccines available may be given as a booster vaccine and individuals should check with their physician and the current CDC recommendations for administration of COVID-19 vaccine boosters to assure that they remain fully protected.

Maintaining social distancing is one of the most important actions to take in preventing the transmission of COVID-19. Social distancing means keeping a safe space between yourself and other people who are not from your household. To practice safe social distancing, both in the home and in public spaces:

- Stay at least 6 feet (about 2 arms' length) from other people who are not from your household in both indoor and outdoor spaces.
- When using public transit, try to keep at least 6 feet from all others, including passengers and transit staff. When using rideshares or taxis, avoid pooled rides where multiple passengers are picked up, and sit in the back seat in larger vehicles so you can remain at least 6 feet away from the driver.
- Only visit stores selling household essentials in person when you absolutely need to and stay at least 6 feet away from others who are not from your household while shopping and in lines. If possible, use drive-thru, curbside pick-up, or delivery services to limit face-to-face contact with others.
- If meeting others in person (e.g., at small outdoor gatherings, yard or driveway gathering with a small group of friends or family members), stay at least 6 feet from others who are not from your household.
- If you decide to visit a nearby park, trail, or recreational facility, first check for closures or restrictions. If open, consider how many other people might be there and choose a location where it will be possible to keep at least 6 feet of space between yourself and other people who are not from your household.

Reducing COVID-19 Risk For Home Health Patients & Staff

It is important to practice not only standard infection control precautions but also all measures listed above for prevention of COVID-19 transmission and exposure in the routine care of home health patients. In addition, the CDC has developed guidelines for healthcare providers who care for patients in their homes, as well as guidelines specific to the care and home setting for COVID-19 positive patients.

Preventing COVID-19 Transmission in the Home Health Care Setting

Home health care providers frequently provide services to more than one patient throughout the day or week. These services are often essential to serve homebound or otherwise disabled patients who depend on the aide, nurse, therapist, or other provider to assist them with various activities. Preventing transmission of COVID-19 to patients and providers is critical to assure the delivery of these services.

The CDC recommends that the following actions should be taken by the healthcare provider in the home to actively prevent transmission of COVID-19:

- Maintain social distancing whenever possible for all individuals. In the patient's home, you should only be in close contact with the patient and when close contact is not necessary for direct care, maintain a physical distance of at least six feet. In some cases, distances of more than 6 feet might also be of concern, particularly when exposures occur over long periods of time in indoor areas with poor ventilation.
- Always use appropriate personal protective equipment when delivering care. In most home health settings, standard precautions should be followed, keeping in mind that COVID-19 is spread primarily by droplet transmission, but may be spread by respiratory transmission. It is important that healthcare providers remember that prolonged exposure over 15 minutes is likely to increase the risk of COVID-19 transmission. A facemask should always be worn. When providing care in any area considered "high community transmission" or with a patient who has a confirmed or suspected exposure to or diagnosis of COVID-19, an N95 respirator facemask and eye protection is recommended. All discarded PPE should be bagged and disposed of by the user.
- In addition to standard precautions, hand hygiene is recommended before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. Always use soap and water (not an alcohol-based sanitizer) for hand hygiene if hands are visibly soiled.
- Healthcare providers who are included in a high risk group for virus transmission and severe illness, should NOT act as caregivers for patients with active COVID-19 infections whenever possible.

The CDC recommends that the following actions should be taken by the patient and/or information provided to the patient in the home to actively prevent transmission of COVID-19:

- Patients who are over the age of 65 or have existing respiratory, cardiac/circulatory, neurologic, endocrine (diabetes), liver or other conditions causing immunocompromise are at increased risk for COVID-19 and should limit all possible interactions out of the home. The Centers for Medicare and Medicaid Services has made it possible for patients to fulfill the face to face visit requirement for home health eligibility via an audiovisual telehealth appointment. Patients at risk should be encouraged to take advantage of any service or flexibility that allows them to have their needs met with less out of home interaction.
- Patients should wear a face mask during encounters with home health clinical professionals and any other non-residents of their home that may visit (although these interactions should be limited).
- Patients and any other residents of the home should be instructed in standard precautions, COVID-19 transmission and prevention, social distancing, and daily surface disinfection.
- Patients should be provided to at risk patients regarding COVID-19 symptoms, how to check a temperature daily and a plan for notifying the patient's health care provider within 24 hours for appropriate action and/or testing should symptoms develop.

Managing Exposures to COVID-19

- Healthcare providers, caregivers, and patients alike should wear a mask, even when indoors, for a minimum of ten days or until confirming 2 negative COVID-19 test results in a 48 hour period to protect others following a confirmed or suspected COVID-19 exposure.
- While it is not necessary for asymptomatic individuals to quarantine following exposure to COVID-19, proper precautions should be taken to minimize further exposure, particularly for persons at a higher risk of transmission.
- Following a confirmed or suspected exposure, the CDC recommends that individuals test for COVID-19 on day 5 after exposure.
- Any individual confirmed positive for COVID-19 should isolate for at least five days, regardless of symptoms and severity. Some persons with more significant symptoms may need to isolate for an extended period of time.

Guidance for Caring for COVID-19 Patients in the Home

Appropriateness of Home Health Care for Individuals with COVID-19

The home health setting is often more appropriate for patients with COVID-19, including those patients who are medically stable enough to not require any hospitalization or patients who are discharged home for further rehabilitative care and recovery following hospitalization for confirmed COVID-19. The risk of community spread is lower in the home setting when considering where a person with confirmed COVID-19 should be placed and allows for better isolation of the individual in an environment where that person may be able to work and better access other comforts while in isolation.

The CDC has developed specific guidelines for when a COVID-19 patient is appropriate for isolation and care in the home setting. In consultation with state or local health department staff, a healthcare professional should assess whether the residential setting is appropriate for home care. Considerations for care at home include whether:

- The patient is stable enough to receive care at home.
- Appropriate caregivers are available at home.
- There is a separate bedroom where the patient can recover without sharing immediate space with others. Ideally, the patient should eat, sleep, and use the bathroom separately from all members of the home until no longer infected. This includes not sharing dishes/silverware, bedding, electronics, or other items.
- Resources for access to food and other necessities are available.
- The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);
- There are household members who may be at increased risk of complications from COVID-19 infection (e.g., older people and people with severe chronic health conditions, such as heart disease, lung disease, and diabetes). If there are and the patient cannot isolate away from these persons or they cannot stay elsewhere, care at home may not be appropriate.

If home healthcare is deemed appropriate, healthcare providers should provide the CDC guidance for Caring for Someone Sick at Home to the patient, caregiver, and household members, which can be found at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>, as well as additional COVID-19 infection control guidance from CMS for home health agencies and religious nonmedical healthcare institutions, which may be found at <https://www.cms.gov/files/document/qso-20-18-bha-revised.pdf>

Using Appropriate Personal Protective Equipment (PPE)

In addition to the application of standard precautions, hand hygiene, and isolation of the individual with COVID-19 in the home, healthcare providers caring for patients who are positive for COVID-19, must also use PPE appropriately to prevent the spread of infection, while providing patient care. When caring for a patient who is COVID-19 positive in the home, healthcare providers should have the following PPE on hand:

- Isolation gown
- NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available)
- Face shield or goggles
- Gloves

Before donning PPE, perform hand hygiene using at least 60% ethanol or 70% isopropanol based hand sanitizer (or soap and water if sanitizer is not available or hands are visibly soiled). PPE should ideally be put on outside of the home prior to entry into the home. If unable to put on all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be put on before entering the home. Alert persons within the home that the public health personnel will be entering the home and ask them to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves. PPE should ideally be removed outside of the home and discarded by placing in external trash can before departing location. Ask the person if an external trash can is present at the home, or if one can be left outside for the disposal of PPE. PPE should not be taken from the home of the person into the public health personnel's vehicle. Hand hygiene using at least 60% ethanol or 70% isopropanol based hand sanitizer (or soap and water if sanitizer is not available or hands are visibly soiled) should always be performed after removing PPE.

Additional Precautions

In addition to assuring that a patient is appropriate for care in the home environment, using appropriate PPE and standard infection control precautions, when providing care for a COVID-19 positive patient at home, healthcare providers should:

- Maintain social (physical) distancing when in the patient's home around other household members
- Instruct the patient and household members to disinfect all high-touch surfaces in the home daily
- Instruct the patient to wear a mask during direct care interaction with the healthcare provider as well as any other interactions with others who have been cleared to interact with the patient during isolation.
- Instruct other household members to wear a mask during the healthcare provider's visit.
- Assist the patient in securing available resources for healthcare needs, including telehealth

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appointments with other healthcare providers, such as physicians or nurse practitioners, or using telehealth for the delivery of some home health services to assure optimal recovery for the patient.

- Consider limiting the staff who may visit COVID-19 positive patients, as well as restricting assigned staff to those who have received vaccination.
- Consideration for when to end isolation and precaution for COVID-19 positive patients in the home setting should be taken following current CDC guidelines available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>