



Coronavirus Disease 2019 (COVID-19)

Home Health Agency and Worker Safety

As of March 25, 2020

The United States and Canada are experiencing a pandemic with significant implications for communities and workplaces. Public health agencies in both countries continue to closely monitor the situation and issue frequent updates and guidance. Home health agencies and their workers have “front line” responsibilities in serving their clients that may put them at risk for exposure to the virus as well as other hazards. Recognized prevention and mitigation practices can help reduce the threat to workers and their clients.

Background

Community transmission of COVID-19 is happening across the US and Canada with increasing severity. Suggestions of aggressive social distancing and closures are being followed with the hopes of stemming the tide of transmissions; however these tactics may have limited application to home health agencies (HHAs) and their employees.

The very populations being served by HHAs – the elderly and those with underlying medical conditions – point to the necessity of the industry being prepared to prevent, mitigate and generally reduce the threat of spread to their employees and to their clients.

General information on the virus, disease and the current situation can be found at [CDC COVID-19](#) and at [Public Health Agency of Canada](#).

The Public Health Agency of Canada (PHAC) has information specific to COVID-19 for health professionals to identify, report and manage potential cases. This guidance can be applied to any health professional providing services in any setting where healthcare is being provided. See [Canada/HealthProfessionals](#)

The Canadian Home Care Association (CHCA) provides, in addition to PHAC directives, a reference guide to the Ministry of Ontario’s “Guidance for Home and Community Care Providers”. See [Canada/Homecare](#)

On 10 March 2020 U.S. CMS issued a memorandum: “Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs)”, [CMS HHA Memorandum](#). CMS encourages all HHAs to monitor the CDC website for information and resources and contact their local health department when needed - [CDC Resources for Health Care Facilities](#).

CMS/CDC & PHAC/CHCA Guidance for Infection Control and Prevention

HHAs should be monitoring the health status of everyone (clients/visitors/staff) in the homecare setting for signs or symptoms of COVID-19. Reaching out to clients prior to a home/community visit can help determine steps necessary to protect all and if supervisors and other entities such as public health agencies need to be contacted for further direction.

Monitoring HHAs Employees

Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work. Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:

- Immediately stop work, put on a facemask, and self-isolate at home;
- Make sure the client is safe, leave the clients location,
- Inform the HHA clinical manager of information on individuals, equipment, and locations the person came in contact with; and
- Contact & follow local health department recommendations for next steps (e.g., testing & treatment).

Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work at: [Assessment](#), or the Government of Canada self-assessment link - [Canada/Self-Assessment](#)

Admitting and Treating Clients with Known or Suspected COVID-19

While many may be known to the Agency, HHAs need to identify those clients at risk for having COVID-19 infection before or immediately upon arrival to the home. They must ask the following:

- Any travel within the last 14 days? - [Travel-High Risk Countries](#)
- Any contact in the last 14 days with someone who is under investigation for COVID-19 or is ill with respiratory symptoms such as cough, fever, sore throat?
- Any signs or symptoms of a respiratory infection of the client?
- Is the client residing in a community where community-based spread of COVID-19 is occurring?

If any of the above questions are answered YES, the HHA should place a facemask over the client's nose and mouth – if not already in place and inform the HHA clinical manager about those questions that were answered YES.

HCP should always follow routine precautions for contact and droplet protection to include good hand hygiene, and appropriate PPE as available.

NOTE: Per CMS, HHAs must provide those services and equipment as personalized in the clients plan of care. HHA's are normally required to provide those supplies (hand sanitizers, masks, gowns, gloves, etc., for clients) however, due to possible shortages/unavailability, State and Federal surveyors should not cite agencies should they "prove" that they have attempted to mitigate any resource shortages and show that they have taken all appropriate steps to obtain the supplies as expeditiously as practicable.

Clients with Known/Suspected COVID-19 Infection and Hospitalization

Clients may not require hospitalization and can be managed at home if they are able to comply with monitoring requests. For more information see CDC - [Home Care Guidance](#) or PHAC - [Clinical Management](#)

Considerations for Determining if Clients Confirmed with COVID-19 are Safe at Home

Although COVID-19 clients with mild symptoms may be managed at home, the decision to do so is based upon compliance with isolation recommendations, as well the risk of secondary transmission to household members with immunocompromising conditions – see CDC - [Home Care Guidance](#) or PHAC - [Clinical Management](#)

Considering for Hospital Transfers

Initial symptoms may be mild and not require transfer to a hospital as long as the client individual with support of the HHA can follow the infection recommendations of the CDC at [Recommendations](#)

As some clients develop more severe symptoms that might require hospitalization, emergency medical services and the transferring hospital need to be alerted to the client's condition and a face mask placed on the client prior to transfer. The client should be isolated prior to the transfer in a room with a closed door.

Implications of Medicare Discharge Planning Regulations for Persons with COVID-19

CMS discharge planning regulations from 11.2019 require that HHA assess the client's needs for post-HHA services and the availability of such services. Upon discharge, all medical information must be provided to any other service provider and need be communicated prior to the discharge to this service provider as well as to transport personnel.

Recommended Infection Prevention & Control Practices When Evaluating & Caring for Clients & Family with Known or Suspect COVID-19

CDC requires persons to stay home except to obtain medical care (calling 1st to confirm appointments), separate from others and pets in the home as practicable, and to wear a face mask in the presence of others.

For those in the home, the CDC advises covering coughs and sneezes followed by hand washing or the use of an alcohol-based hand rub (minimum 65% alcohol), not sharing personal items, cleaning all "high-touch" surfaces daily and monitoring for symptoms. HHAs should share these considerations with families.. See CDC - [Preventing Spread](#) and [Community/Home](#).

More detailed recommendations are available on the CDC website: [Infection Control](#)

Considerations for Persons Requiring Therapeutic Interventions

Clients with known/suspected COVID-19 should continue to receive the intervention appropriate for their clinical condition. Also:

- HCP must wear all recommended PPE,
- the number of HCP present should be limited to essential personnel, and
- Any supplies brought into/used/removed from the home must be cleaned and disinfected in accordance with appropriate guidelines?

Personal Protective Equipment Home Care Workers Should Use When Visiting with Clients Suspected of COVID-19 Exposure or Confirmed Exposure

When caring for clients with symptoms or if COVID-19 is presumed, HHAs should refer to the CDC's "Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings" see [Evaluating PUI](#)

- Hand hygiene must be performed both before and after removing PPE
- PPE respirator/face mask and eye protection must be put on prior to entering the home
- Once in the home, the gloves and gowns may be put on
- Clients within the home must be notified that the HHA is entering the home and must either move to a room by themselves or stay 6' away from the HHA in the same room
- HHA will request for a separate trash container to be left outside the home for the disposal of PPE – PPE may not be taken into the personal vehicle/belongings of the HHA. All PPE removed must be placed into this outside trash container.
- HHA must remove gloves and gowns outside of the home and perform hand hygiene with the alcohol-based hand sanitizer.
- After the use of the hand sanitizer, the HHA may remove the respirator and eye protection and use the hand sanitizer again.

Stopping Transmission-Based Precautions for Home Care Patients with COVID-19

Decisions to discontinue Transmission-Based Precautions should be made in consultation with clinicians, infection control specialists and public health officials. Decisions will include assessments of disease severity, illness signs and symptoms and the results of lab tests. For more details, see: [Disposition in Home Patients](#)

Protocols for Coordination/Investigation of HHAs with Actual/Suspect COVID-19

During a home health agency survey, when a COVID-19 confirmed or suspected case (including PUI) is identified, surveyors will confirm that the agency has reported the case to public health officials – as required by law – and will work with the agency to review infection control prevention and education practices. The agency must also confirm that their HHAs have been provided with the most recent CDC information.

Important COVID-19 Resources

CDC Resources for Health Care Facilities and Home and Community Based Setting

- CDC Resources for Health Care Facilities: [Resources](#)
- CDC FAQ for COVID-19: [FAQ](#)
- CDC Guidance for Preventing Spread in Home and Community Settings: [Prevention](#)
- Strategies for Optimizing the Supply of N95 Respirators: [N95 Respirators](#)
- CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: [Infection Control](#)
- Resources for Households [Community-Home](#)

CDC Updates

- Updates: [Updates](#)

FDA Resources

- Emergency Use Authorizations: [Emergency Use](#)

CMS Resources

- Home Health Agency Infection Control and Prevention regulations and guidance: 42 CFR 484.70, Infection Prevention and Control, Appendix B of the State Operations Manual, Infection Prevention and Control. [Infection Prevention and Control](#)

Canada Updates

- PHAC: [Canada/COVID-19](#)
- CHCA: [Canada/Home & Community Guidance](#)
- Government of Canada Self Assessment: [Canada/Self-Assessment](#)

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