To: Home Healthcare Professionals Making Home Visits to Deliver Medical Care
From: Commissioner Renée D. Coleman-Mitchell, Connecticut Department of Public Health
RE: Interim Recommendations for PPE in Home Health Care during COVID-19 Pandemic

Introduction

Home health providers in Connecticut have questions about coronavirus (SARs-CoV-2), the cause of COVID-19, in the home health setting. CDC has published valuable guidance for health care professionals and the general public on their website about measures to protect themselves and patients. This document supplements the CDC guidance.

The signs and symptoms of COVID-19 include new onset dry or productive cough, shortness of breath, and subjective or documented fever. In elderly patients, fever may not be a significant presenting sign or symptom. A change in mental status, decreased appetite, and weakness may be more prominent in the elderly. COVID-19 is milder in the young. Persons at higher risk of complications and death are over 60 years of age, especially the frail elderly, and persons of any age with underlying health conditions (such as immunodeficiency, cancer, diabetes, and COPD).

SARS-CoV-2 coronavirus is most commonly transmitted by prolonged exposure to respiratory droplets created by speaking, sneezing, and coughing. It may also be transmitted by touching surfaces contaminated with virus and then touching the face. It may persist on surfaces for several hours, or less commonly, even days.

Patients with mild to moderate COVID-19 can be cared for at home. Patients recovering from COVID-19 may be discharged from acute care hospitals to their homes. Home health providers are a vital source of interpersonal contact, accurate medical assessment and information, and reassurance for their patients, and can continue to serve them with proper infection control practices. Home health providers should follow CDC guidelines on infection control practices that minimize their risk of COVID-19, which include proper use of personal protective equipment (PPE).
PPE is currently in short supply and needs to be carefully used in accordance with availability. CDC provides detailed guidance on proper choice and use of PPE during this COVID-19 outbreak when PPE supplies are low.3

Patient Education and Reassurance

Patients and in-home caregivers should be advised to limit the number of in-person visitors, and to use the phone and social media as an alternative. CDC has excellent educational materials online4 for health providers, patients and the public in several languages. This is an excellent resource for you to educate your patients and their caregivers.

Pre-visit assessment

Before making a home health visit, consider calling the patient’s home to determine the patient’s COVID-19 clinical status and the level of PPE needed for the visit. The assessment should include questions about possible exposure and signs and symptoms in the patient, household members, and recent visitors.

Personal protective equipment during home healthcare visits to patients and households with no signs and symptoms of COVID-19, or with a negative test

If the patient and household members do not have signs or symptoms of COVID-19, and have not had contact with COVID-19 patient in the past 14 days, home health care workers do not need PPE beyond the PPE normally used for that patient considering their underlying disease.

PPE for a patient with signs and symptoms of COVID-19, or with a positive COVID-19 test, or with pending test results5

The home healthcare worker should put on and take off PPE outside the home.

If the patient has signs or symptoms, a surgical mask should be placed on them if tolerated, unless they are intubated. Household members do not need to be masked unless they too are symptomatic.

When not providing direct patient care, a distance of 6 feet should be maintained between the home healthcare worker and the patient. A 6 feet distance should also be maintained from household members as possible.

Hand hygiene should be performed before putting on and after removing PPE with a 20 second scrub with soap and water or using alcohol-based hand sanitizer that contains 60 to 95% alcohol.

Gowns, gloves, and face shield or goggles should be worn if the patient or household members are experiencing symptoms of COVID-19. Reading glasses are not adequate for PPE. Surgical masks are also recommended for blocking droplets and splashes, the most likely form of transmission. Airborne protection (N95 respirator masks or other respirators) should be reserved for use during aerosolizing procedures such as suction and nebulizer treatments.
Expired respirators can be used but should be considered no more protective than surgical masks (i.e. droplet protection, but not aerosol protection).6

Other considerations

Schedule COVID-19 patient visits at end of day, if possible, to minimize spread during subsequent visits. Encourage the use of a separate bedroom and bathroom for the patient and minimizing the number of caregivers.

If a patient with documented COVID-19 or signs and symptoms requires evaluation in the ER or transportation to a healthcare facility for care, emergency transport personnel (EMS) and the receiving facility (e.g., ER) should be notified beforehand.

Healthcare workers with COVID-19 signs or symptoms

Healthcare workers (HCW) who are ill should not be allowed to work. If COVID-19 is suspected, the healthcare worker should be medically evaluated as soon as possible. HCW with signs and symptoms of COVID-19 should not be at work.

References (CDC guidelines)