Guidance for Home Health, Hospice, Home Services and Home Nursing Agencies on Care for COVID-19 and Potential COVID 19 Patients/Clients

This guidance has been prepared by the Illinois Department of Public Health based on federal and State guidance as of May 8, 2020.

This guidance may change as new directives, recommendations and information are received from the Centers for Medicare and Medicaid Services (CMS) [www.cms.gov](http://www.cms.gov) and the Centers for Disease Control and Prevention (CDC) [www.cdc.gov](http://www.cdc.gov). Home Health, Hospice, Home Services and Home Nursing providers are encouraged to create policies and procedures that reflect their own agency operations, capabilities and community/patient needs during an emergency.

Current Patient Management of Home Care for Existing Clients

All staff shall follow CDC infection control guidelines on handwashing and personal protective equipment (PPE)

1) The agency shall screen their staff before entering the home and or scheduling a home visit. The agency shall screen all staff for any signs and symptoms of respiratory illness, direct contact and exposure to a COVID-19 positive individual, determine whether they have had contact with individuals who have been or are sick with a cold or flu in the past 14 days and or have had a fever, nausea and vomiting, or diarrhea within the past 7 days. If the answer is yes to any of these, then please refer to CDC guidelines Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 [https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)

Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19


2) The agency or staff shall determine prior to each visit, the patient and or family member’s current COVID-19 clinical status. Inquire if the patient and or family has had contact with a confirmed COVID-19 individual within the past 14 days and if the patient and or family has symptoms of fever, cough, shortness of breath to prepare and bring the appropriate PPE for the home visit.

3) Provide staff with PPE (facemask, isolation gown, gloves, goggles or disposable face shield; consider N95 or other respirators where indicated if possible) for use during home healthcare visits. For visits with patients and households with no signs and symptoms of
COVID-19, or with a negative test, and who have not had contact with COVID-19 individual in the past 14 days, staff should follow current infection control guidelines for use of PPE. PPE should be put on outside the home prior to entry into the home of a confirmed positive COVID-19 patient and the PPE shall be removed outside the home. Refer to CMS QTSO 20-18 HHA revised 4/23/20

4) Recommend social distancing and infection control measure during home visits and for direct live-in caregivers:
   - Have the patient/client stay in one room, away from others as much as possible;
   - Avoid sharing household items, dishes, towels, and bedding between patient/family and caregiver;
   - Have the patient/client wear a face mask/ cloth covering (covers nose and mouth); when interacting with family and caregivers;
   - The healthcare professional or home service worker should always wear a mask while in the same room with a suspected or confirmed COVID-19 patient/client;
   - Perform hand hygiene using alcohol-based hand sanitizer that contains 60 to 95% alcohol. Wash hands with soap and water for at least 20 seconds, if hands are soiled, after blowing nose, coughing or sneezing, going to the bathroom and before preparing or eating food;
   - Staff, patient/client, and household members should avoid touching eyes, nose and mouth;
   - Every day, clean all surfaces that are touched often, like counters, tabletops, doorknobs;
   - If handling laundry and it is soiled, wear disposable gloves and keep soiled items away from body and wash hands immediately after removing gloves;
   - Educate the patient/client and others in the home on hand hygiene and cough etiquette;
   - Avoid having unnecessary visitors;
   - Limit in-person home visits by staff to essential home visits only;
   - Provide minimum necessary services in-person to meet the patient/client’s needs, and ensure patient/client safety through appropriate visit utilization in order to address any status changes;
   - The home health provider should attempt to practice social distancing and stay at least 6 feet away from the patient and household members to the extent possible with the understanding that care will require closer contact during a portion of the visit;
   - Where possible, use the same staff for the same patient/client to limit multiple contacts;
   - Schedule COVID-19 home visits at the end of the day if possible, to minimize spread during subsequent visits; and
   - All supplies bought into, used and removed from the home must be cleaned and disinfected in accordance with environmental infection control guidelines. (if possible, dedicate equipment specifically for that COVID-19 patient)
**Screening and acceptance of patients who have been diagnosed with COVID-19 from a hospital, or a referral for a COVID-19 patient/client.**

A home health/hospice/home nursing agency or home services agency can accept a patient diagnosed with COVID-19 who is still under Transmission Based Precautions (as described by the CDC) for COVID-19 when:

- the agency has available PPE and staffing to be able to follow CDC infection prevention and control guidance;
- the patient and other household members have access to appropriate, recommended PPE per CDC (facemask, isolation gown, gloves, goggles or disposable face shield; consider N95 or other respirators where indicated if available) and are capable of adhering to precautions recommended as part of home care and isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene and isolation of patient in a separate room from family);
- the patient meets eligibility requirements for home health, hospice, home nursing and/or home services per agency policies and applicable regulatory and payer requirements;
- the patient can adhere to the discharge instructions and or instructions from the healthcare providers; and
- there are appropriate caregivers available at home.

**Discontinuation of Transmission-based Precautions for home care patients with COVID-19**
The decision to discontinue the Transmission-Based Precautions should be made in consultation with clinicians, and public health officials. The decision will factor in disease severity, illness signs and symptoms, and results of laboratory testing. For more details, please refer to: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)

Symptoms of Coronavirus

Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19)

Caring for Someone Sick at Home or other non-healthcare settings

CDC: Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities


Strategies for Optimizing the Supply of Facemasks

Cleaning and Disinfection for Households Interim Recommendations for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19)

Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)

Medicare QSO-20-18-HHA revised

Medicare QSO-20-16-Hospice