

Recommendation for Home and Community Health Care Workers during COVID-19 Pandemic

March 19, 2020

As the COVID-2019 pandemic spreads within the U.S., it will become necessary to institute strategies to reduce transmission of the SARS-CoV-2 virus within IHS healthcare facilities. The CDC has recommended interim strategies for [Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html). This guidance includes recommendations for people who are mildly ill with COVID-19 to self-isolate at home during their illness, except for getting medical care. The guidance further advises a patient seeking a medical appointment to call the healthcare provider's office and tell them that they have or may have COVID-19, allowing the office to take steps to keep people from getting infected or exposed.

When a Public Health Nurse (PHN) or Community Health Worker does visit a patient for care, all Health Care Personnel (HCP) should be guided by CDC recommendation for Public Health Personnel Evaluating persons under investigation and asymptomatic close contacts of confirmed cases at their home or non-home residential settings [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](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html)

Additionally, programs which provide home care should:

Create clear protocols and communicate them to staff and supervisors:

- **Public Health Nursing Programs** should implement protocol to prioritize home visits to provide services to the greatest need, if resources become strained (see your local Public Health Nursing Program Priority, Intensity and Timeliness of PHN Referrals).
- **Community Health Representative Programs** should consider protocol for home monitoring and outreach in coordination with local established policies and procedures (see your local tribal guidelines).
- Screening clients and household members in advance and/or at the time of a home visit for
 - Recent travel (i.e., within the past 14 days) from [COVID-19-affected geographic areas](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html) or contact with a person diagnosed with COVID-19, **AND**
 - Fever (subjective or confirmed, $\geq 100.4^{\circ}\text{F}$), cough, or shortness of breath.
- If such individuals are identified upon screening:
 - Postpone or reschedule visits for persons who do not require immediate care until their 14-day self-monitoring period has ended.
 - Develop plans to manage clients whose medical needs cannot be postponed during the 14-day self-monitoring period.
 - Contact the client's health care provider to report their patient's illness.

About Facemasks

Facilities should understand their facemask inventory and supply chain. Certain measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or

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Sources:

Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

the safety of healthcare personnel (HCP). These practices may be used temporarily during periods of expected facemask shortages. CDC guidance is available <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

Home and Community Health Care Worker Protection

See interim guidance for HCP on human infections with novel coronavirus 2019 [Information for Healthcare Professionals: COVID-19 | CDC](#)

Mental Health

The emotional impact of an emergency on a person can depend on the person's characteristics and experiences, the social and economic circumstances of the person and their community, and the availability of local resources. People can become more distressed if they see repeated images or hear repeated reports about the outbreak in the media. <https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>

Individuals may call the National Suicide Prevention Lifeline at 800-273-TALK (8255) visit the [Crisis Chat](#), or text the Crisis Text Line (text START to 741741) for access to a confidential help line. The National Suicide Prevention Lifeline is a national network of local crisis centers that provide access to trained counselors delivering free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Also, the national Disaster Distress Helpline is available with 24/7 emotional support and crisis counseling for anyone experiencing distress or other mental health concerns related to the coronavirus outbreak. Calls to (1-800-985-5990) and texts (text TalkWithUs to 66746) are answered by trained counselors who will listen to the caller's concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support.

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Sources:

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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

Always adhere to your program's safety measures, policies and CDC guidance. Home care workers performing home and community visits should consider the following:

Review [CDC website](#) for updates.

BOX 1. CALL AHEAD: Consider calling 1-2 days beforehand to confirm or schedule the visit. During the call, ask:

Question 1. On the day of the scheduled visit, will there be anyone in residence (e.g., household member, friend), including the client, who during the 14 days preceding the visit:

- Have symptoms [Symptoms | CDC](#)
- OR
- *had contact with a person diagnosed with COVID-19*

If NO - the health care organization can consider reassessing this on the day of the visit, prior to when its staff arrive for appointment.

If YES – ask **Question 2.**

Question 2. If this person is currently in the residence, do they have a fever, cough, or shortness of breath?

If NO – COVID-19 is not likely. There is no need to cancel or postpone the visit. The health care organization should reassess the health status on the day of visit prior to its staff entering the home.

BOX 2. ON THE DAY OF THE VISIT: Prior to entering the home, contact the client by phone or at the door and ask:

Question 1. During today's scheduled visit, will there be anyone in the residence (e.g., household member, friend), including the client, who during the 14 days preceding the visit:

- Have symptoms [Symptoms | CDC](#)
- OR
- *had contact with a person diagnosed with COVID-19*

If NO - Adhere to usual protocols.

If YES – ask **Question 2.**

Question 2. If this person is currently in the residence, do they have a fever, cough, or shortness of breath?

If NO – COVID-19 is not likely. There is no need to cancel or postpone the visit.

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Sources:

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