

COVID-19 General Guidance for In-Home Caregivers Direct Service Professionals, Personal Care Assistants, etc.

June 22, 2020 – Alaska Department of Health and Social Services has developed this guidance to assist providers who deliver in-home supports that use direct service professionals and personal care assistants in response to the COVID-19 outbreak. Risk of illness increases with age. Patients over the age of 65 and those with chronic medical conditions appear to be at particularly high risk of severe illness from COVID-19. Providers with experience managing respiratory infections (i.e. influenza) should apply the same practices to manage COVID-19 illness.

We recommend that you review the guidance and resources at the CDC website on a daily basis at cdc.gov/covid19

Based on CDC guidance, we recommend in-home care providers take the following measures:

- 1. Make sure that everyone (staff, household members, recipients) is following basic infection prevention practices:
 - a. Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing or sneezing. Care providers should wash their hands before and after each contact with a recipient. Also, do this before and after preparing/serving food and toileting. When washing hands, use a disposable towel to dry hands. Use that paper product to turn off water before continuing care. CDC guidance on handwashing can be found at

www.cdc.gov/handhygiene/providers/guideline.html.

b. If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.

Follow foam in and foam out: Use sanitizer when entering and exiting areas that recipients are receiving care and do so that the recipient can see your actions.

- c. Avoid touching your eyes, nose and mouth as much as possible. Never touch your face with unwashed hands.
- d. Use personal protective equipment (PPE), including universal masking and eye protection. CDC recommends universal use of Standard Precautions when caring for any client and during all client encounters. Standard Precautions are based on the principles that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. Staff should always wear a facemask and eye protection when in the presence of clients. Clients should wear a facemask or a cloth face covering, if tolerated. Gowns add an additional layer of protection and should be worn especially if splashes, sprays, coughs or extensive direct contact is anticipated during the client encounter. Similarly, gloves should be worn if contact with body fluids, mucous membranes or non-intact skin is anticipated. Consider having someone trained in the use of PPE observe staff donning and doffing such equipment to be sure it is being worn appropriately.

In-home care providers should not use homemade cloth coverings when working with clients. If shortages of PPE exist, use strategies to extend the supply of PPE: www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/

- e. **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow. Ask recipients and others to do the same. Keep tissues on your person when providing care for easy access. Throw used tissues in the trash. Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.
- f. Health care providers (HCPs) should wear a facemask at all times while in spaces where they might encounter co-workers. When available, facemasks are preferred over cloth face coverings for HCPs as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others.
- g. **Clothing standards:** Recommend staff wear standard set of clothing to provide care that must be laundered daily at the end of work schedule. Clothing should be changed between community interactions, like shopping, prior to entering a recipient home. Extra clothing should be available during a shift in case staff

comes in contact with bodily fluids (sneezing in their elbow, recipient cough, etc.) prior to contact with another recipient. Don't forget to wash outerwear (coats, jackets, gloves, scarfs). Recommend showering immediately upon returning home to prevent any possible spread.

- Monitor staff health daily: Symptoms to screen for include fever (higher than 100° F) or newly developed illness such as cough, shortness of breath, sore throat, loss of taste or smell, general aches and fatigue, congestion, runny nose, nausea, vomiting, or diarrhea.
- i. **Staff must take their temperature** prior to entering any recipient home. If they have any of the above health concerns they should not enter the home and contact their provider agency to enact a recipient emergency backup plan care.
- j. Travel watch: If staff or someone in the household they are serving has had interstate or international travel they should follow current state guidelines or mandates. Monitor guidelines for the most current state and federal recommendations. Information on Alaska COVID-19 can be found at <u>dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/</u>.
- Make your plan. Review and update your infection control or influenza plan to include what you need to do for COVID-19. For CDC guidance on infection control please see the following: <u>www.cdc.gov/infectioncontrol/</u> for additional information. A checklist is also available at <u>www.cdc.gov/coronavirus/2019-ncov/community/retirement/checklist.html</u>

We recommend your plan include A-G:

A. Review provider and recipient back-up plans to ensure they are current for organizational staffing and to meet recipient needs. Providers should work with care coordinators to conduct a review of individuals they are serving to identify clients that are at high risk if services are interrupted. If services must be triaged due to limited capacity, they have information to make decisions based on whether the client may have health and safety needs if services could not be delivered. Use professional judgement to make a determination of how to respond, balancing health and safety of the client, the worker, COVID-19 local public heath declarations for the geographic area and workforce capacity. Identify minimum staffing needs and prioritize critical and non-essential services based on clients' health status, functional limitations, disabilities, and essential needs.

- B. Work to reduce exposure:
 - 1. Limit, as much as possible, the number of homes a service provider must enter, particularly in the course of a single day when such workers would have limited opportunities to shower and change clothes.
 - 2. Arrange schedules so that small sets of staff work with small sets of clients to reduce mixing and contact between multiple individuals.
 - 3. A caregiver should <u>not</u> visit more than the effected household if one of their clients tests positive for COVID.
- C. Ensure that workers and clients have contact information for supervisors and public health partners to answer questions or offer assistance:
 - 1. Provider supervisor name: ______ Phone: ______
 - 2. Medical Support/consult (RN, NP or other):
 - 3. Local Health Department:______
 Phone:_____
 - 4. State Public Health Department, Epidemiology Phone: 907-269-8000
- D. Staff should actively screen clients to <u>COVID-19 symptoms</u> each day, including taking the client's temperature. Staff should know how to use the appropriate personal protective equipment (PPE) and know whom to call (e.g., supervisor, medical support) if they need assistance or have questions.
 - If staff believe one of their recipients needs to be hospitalized, call 911 if it is a life threatening emergency. If staff observe a recipient to have new symptoms, they should report this to the provider agency and recipient's primary healthcare provider immediately for follow-up.
 - 2. Follow instructions from your local or state health department if you have a recipient that is a **confirmed** (tested positive) case of COVID-19.
- E. Screen all staff at the beginning of the shift by taking their temperature and assessing for symptoms.
 - 1. If staff member has symptoms of COVID-19, have the staff member wear a mask and send the staff member to isolate at home and seek medical care as needed. Any person with symptoms of COVID-19 should be tested.
 - 2. Reinforce sick leave policies. Remind staff not to report to work when ill.
 - 3. Develop a plan to meet minimum staffing needs and prioritize critical services to meet your resident's needs.

- 4. Do not report ill staff members to the health department, send ill staff home and follow instructions from your supervisor.
- 5. Follow instructions from your local or state health department if you have a staff member that is a **confirmed** (tested positive) case of COVID-19.
- F. Upon entering a recipient's home, if there are other household members or visitors, care providers should practice social distancing remaining six (6) feet apart.
 - 1. Communicate with visitors why restrictions are in place and how important it is to protect recipient.
 - Limit close personal contact to necessary activities of daily living (ADLs) (e.g., bathing, dressing, movement, personal hygiene, toileting and transfers).
 Practice social distancing at all other times.
- G. Maintenance of durable medical equipment (e.g., walkers, canes, and other assistive devices). Make sure to clean medical supplies and equipment frequently in accordance with product manufacture guidance.
- 3. Increase cleaning and disinfection procedures. Use a two-step process that includes first cleaning surfaces with a detergent to remove any dirt/grime and then apply an <u>EPA-registered</u> disinfectant (link: <u>https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</u>) as indicated on the product's label. Wipe all high-touch surfaces with disinfectant including kitchen counters, dining tables, other tabletops, doorknobs, bathroom fixtures (toilet seat, toilet handle, sink and fixtures, phones, tablets, keyboards, pens and remotes frequently throughout the day, at minimum the beginning and end of every shift.
- 4. Stay up-to-date with current Alaska specific guidance: <u>dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/</u>

Resources:

- 1. CDC COVID-19: <u>www.cdc.gov/coronavirus/2019-ncov/</u>
- 2. CDC infection control practices: <u>www.cdc.gov/coronavirus/2019-ncov/infection-</u> <u>control/control-recommendations.html</u>
- 3. CDC stay home if sick CDC guidance: <u>www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html</u>
- 4. CDC Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities: <u>www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html</u>
- CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 in Healthcare Settings. <u>www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</u>