

# Ensuring the Safety of Home Health Agency Staff and Their Patients During the COVID-19 Pandemic

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Erika Cabato, MPH <sup>1</sup>, Emily Walits, MPH <sup>1</sup>, Israel Agaku, PhD <sup>2</sup>

<sup>1</sup> NYC Department of Health and Mental Hygiene

<sup>2</sup> Health Care Facilities Team, NYC Test & Trace Corps

## Objectives

**1**

Review the critical role played by HHAs in patient care

**2**

Describe infection prevention and control (IPC) in home health settings

**3**

Discuss the role of home health agencies in contact tracing and investigation

**4**

Summarize key points and provide a list of resources

# 1

## The Critical Role of HHAs in Patient Care

### What Are Home Health Agencies?

**What** are they?

A Home Health Agency (HHA) is an agency or organization which is primarily engaged in providing skilled nursing services and other therapeutic services in the home or in an assisted living residence

**Where** are they?

There are about 4,000 home care agencies across the U.S., with about 800 in New York State and close to a hundred in NYC.

**Who** is involved?

The clients may include seniors or other patients requiring supportive care. The care is provided by home health aides under the supervision of a nurse or physician

**Why** the concern?

Infection and prevention practices in a home setting may be less stringent than in a hospital setting, potentially leading to infection of the patients and/or the aides

## The Critical Role of HHAs in Patient Care

- HHAs play an important role by providing care for those who are sometimes unable to leave their home to receive care.
- Some home health aides work in non-home facilities, including congregate living settings
  - Examples are group homes, nursing homes, assisted living facilities and rehabilitation facilities
  - People living in these facilities are highly vulnerable
  - These facilities may have their own set guidelines for staff that home health aides must abide by (e.g., weekly COVID-19 testing for staff)
  - Taking the proper precautions are paramount when providing care
- Following infection prevention and control practices and coordinating with the NYC Department of Health and the NYC Test & Trace Corps is important to ensure safe care

## Barriers to IPC in Home Settings

Home  
health aide

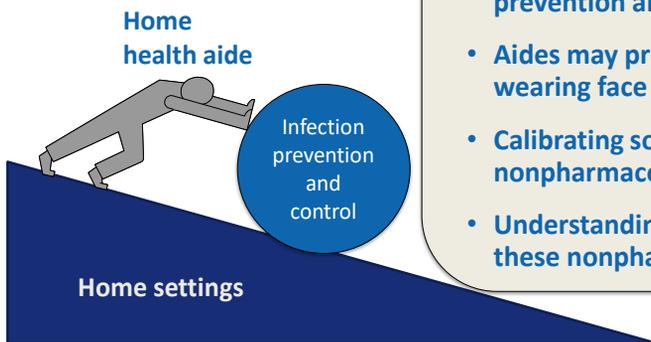


Infection  
prevention  
and control

Home settings

- The home is a social setting where health professionals may lower their guard
- May not have strict, enforceable IPC protocols like formal settings
- Resources, e.g., mask availability, for everyone in the home, may be a limitation
- Home health aides may not have the same breadth/depth of individual and institutional expertise on IPC like providers in formal health care settings
- Home health aides may not be fully aware of the patient's COVID-19 status unlike providers in hospitals where every new patient might be screened
- Home health aides may be seeing multiple patients in different places, all with varying risks of exposure and disease

## Facilitators of IPC in Home Settings

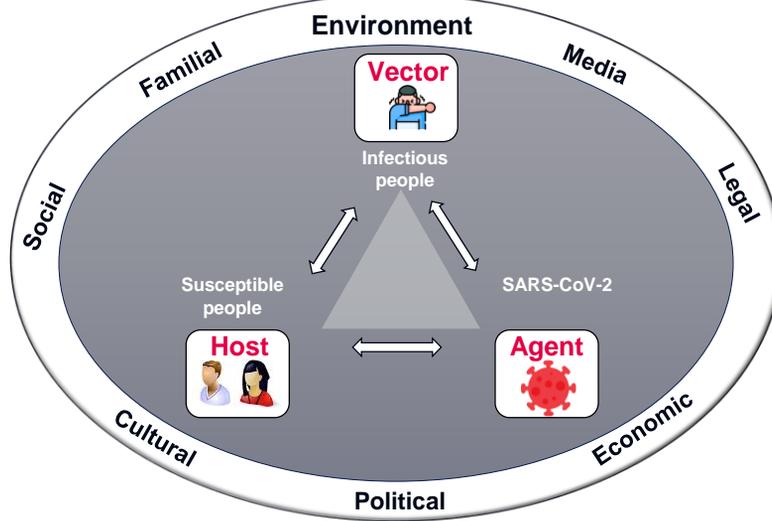


- The inter-personal relationship may lead to home health aides being viewed as trusted sources of health information
- Culturally sensitive and appropriate training on infection prevention and control
- Aides may provide important cues to action, such as wearing face coverings
- Calibrating social norms regarding the use of nonpharmacologic IPC measures, e.g., mask wearing
- Understanding and addressing barriers to the adoption of these nonpharmacologic IPC measures

# 2

## Infection Prevention and Control in Home Health Settings

# Epidemiologic Model of Disease Transmission

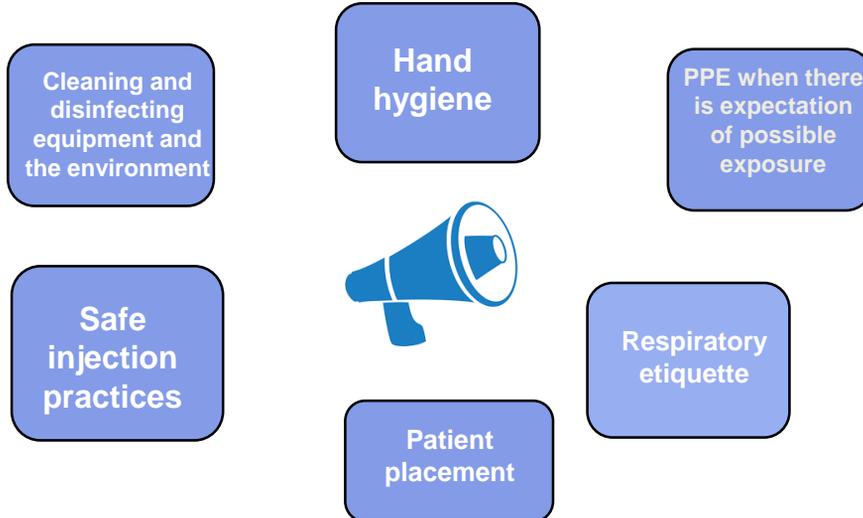


# Four Levels of Prevention

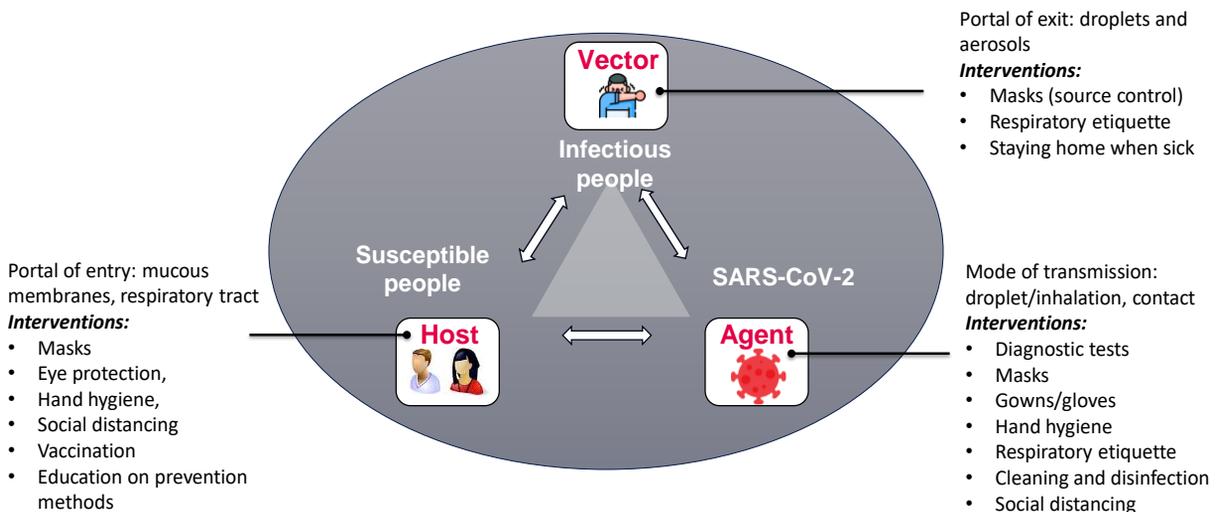


Source: Kisling LA, M Das J. Prevention Strategies. StatPearls Publishing; 2021

## Universal Precautions



## Breaking the Chain of Transmission



## Preventing Transmission in Home Health Settings is as Easy as A B C !



**Apart: United we stand, 6 feet apart!**  
(social distancing)



**Body and/or face coverings for everyone (PPE and masks)**



**Clean, clean check! (Clean hands, clean surfaces, check temperature)**

13

## Preventing Transmission in Home Health Settings is as Easy as A B C !



**Apart: United we stand, 6 feet apart!**  
(social distancing)

14

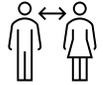
## Maintaining Social Distancing

### DO



- Do take care of the patient. This may require you to physically touch the patient as home care aides also support bathing/eating
- Do ensure you are wearing proper PPE when performing tasks such as the above where it is not realistic to maintain social distancing

### DO NOT



- Do not allow others in the home to crowd around you. Where possible, use a room with its self-contained bathroom that will not be used by others during your visit, or seek out a corner of the home where foot traffic is low
- Do not come to work when sick. Home health aides must self-isolate when sick to avoid transmitting COVID-19 to patients or other health care personnel

## Preventing Transmission in Home Health Settings is as Easy as A B C !



**Body and/or face coverings for everyone (PPE and masks)**

## What Parts of the Body Need to Be Covered?

“ full PPE includes an N95 respirator, gown, gloves and eye protection



Source: [NYC Health Advisory #4](#)

## Eye Protection for HHAs

- New York State Department of Health (NYSDOH) recommends that health care personnel use both eye protection and face masks for all patient interactions

- Respirator alone
- Face mask alone
- Face shield alone
- Eye goggle alone
- Face mask + face shield
- Face mask + eye goggle
- Respirator + face shield
- Respirator + eye goggle



Content source: [NYSDOH](#), Image source: [Halyard Health](#)

## All eye protective devices:

- Not disposable, can be re-used
- Do not share between individuals
- Should be disinfected before and after use, see guidance [here](#)
- Masks still required even with face shields



### Goggles:

- Directly-vented- slow penetration by splashes or sprays
- Indirectly-vented or non-vented preferred
- Must fit snugly, from corners of the eye across the brow

### Face shield:

- Provides better face and eye protection from splashes and sprays

### Safety glasses:

- Limited level of splash and droplet protection

Order of protection level

## Masks

### Don

- Don a fit-tested **respirator** if you have been fit-tested in the past year. Ensure you have been fit-tested for the respirator you plan to use.
- Don a well-fitting **surgical or medical face mask** if you have not been fit-tested for a respirator in the past year or if you subsequently experienced any physical changes to your face that might alter fit (e.g., dental or cosmetic procedures).
- Don the respirator or face covering **before** entering the room.
- Don the respirator or face covering so it goes **over** your nose and mouth

### Do not don

- Do not don a **KN-95** mask as it is often counterfeit. If wearing one, it needs to be NIOSH approved.
- Do not don a **cloth mask** as it is not recommended for home health aides; a surgical or medical mask is preferred over a cloth face mask.
- Do not don a surgical or medical mask **over** an N95 or respirator EXCEPT when reusing the N95 or respirator.

## Mask Usage in HHA Settings

- All home health aides should undergo annual fit testing, or after any physical changes that may affect fit (dental, cosmetic)
  - Helps to ensure the respirator fits well and reduces occupational exposure
  - OSHA requires that fit testing be a part of the respiratory protection program in place at health care facilities
  
- To protect the home health aide, all individuals within the patient’s residence should be wearing a face mask during the visit, regardless of COVID-19 status or symptoms, including residents not being cared for by HHAs
  
- Mask the patient for source control.
  - If a patient does not have a face mask, it should be available and provided



Source: [CMS](#), [CDC](#), [NYSDOH](#), [OSHA](#)

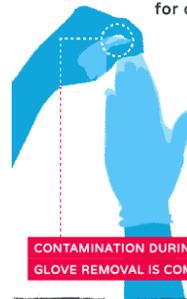
## Gloves

- **Gloves are not a substitute for hand hygiene!**
- Hand hygiene should always be performed before putting on and after taking off gloves
- Dispose gloves promptly after use
  - Never reuse gloves: 1 glove: 1 patient
  - Change your gloves and perform hand hygiene from moving from one patient to the other
- Change gloves and perform hand hygiene after performing a “dirty” task
- Put on gloves last when donning PPE to avoid contaminating gloves before interacting with the patient

Image source: [CDC](#)

### GLOVES ARE NOT ENOUGH

Wearing gloves is NOT a substitute for cleaning your hands.



- ▶ Your hands can get contaminated while wearing or removing gloves.
- ▶ Cleaning your hands after removing your gloves will help prevent the spread of potentially deadly germs.



Protect Yourself.  
Protect Your Patients.

Who do your [#CLEANHANDSCOUNT](#) for?



[www.cdc.gov/HandHygiene](http://www.cdc.gov/HandHygiene)

This material was developed by CDC. The Clean Hands Count Campaign is made possible by a partnership between the CDC Foundation and GOJO.

## Gown

- Ensure gown fits properly
  - Can tie or fasten around neck and back
  - Arm length is long enough to tuck into gloves
  - Should not slip below shoulders
- Back and shoulders should not be exposed even with movement
- Don a gown and gloves for any interaction with patient or patient's environment before room entry and take off gown and gloves before exiting the room



Image and content source: [CDC](https://www.cdc.gov)

## Remembering how to don (put on) and doff (take off) PPE

- As a general rule, remember that the **gloves** are the **last to come on** and the **first to go off**.

### PUTTING ON PPE (DONNING)

- TIP: Picture a man standing with his hands above his head. The order in which PPE comes on will be from bottom to top.

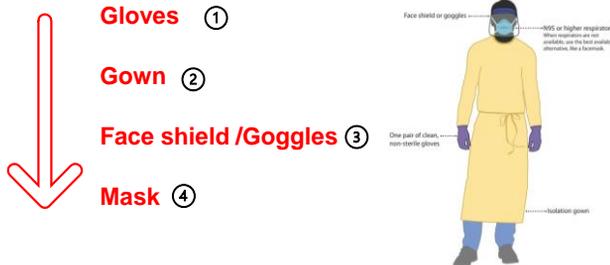


## Remembering how to don (put on) and doff (take off) PPE

- As a general rule, remember that the **gloves** are the **last to come on** and the **first to go off**.

### TAKING OFF PPE (DOFFING)

- TIP:** Picture a man wearing the PPE shown below with his hands by his side. We remove from the items closest and most accessible to his hands (starting with his hands, i.e., gloves), to those further away and less accessible. The face shield goes before the mask because it is more accessible. Between each item, hand hygiene is done. The two most soiled items (gloves and gown) are removed and disposed in the treatment room.



## PPE Donning and Doffing Overview

- Important to follow all the steps of donning and doffing as instructed
- Breaches can result in risks of self-contamination
- After use, gloves and the front of gowns, masks and eye protection/face shields are considered contaminated
- Items that are reusable (e.g. safety goggles/glasses, face shields) should be disinfected:
  - Disinfect after removal to stop the spread to inanimate objects (e.g., a hook where you store your eye shield)
  - Disinfect prior to donning to stop the spread to oneself
- Disposable items should be properly and safely disposed
- 1 PPE: 1 patient (i.e., PPE should be changed between patients)

## Donning and Doffing PPE for HHAs

- PPE should be donned outside of the residence
- PPE should be doffed when exiting the residence
- PPE should be disposed of in an external trash can and not taken to the car of the home health aide
  - If this is not possible, eye protection and face mask/respirator should be kept on until exiting the residence, and doffed outside of the residence
- Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer with greater than 60% ethanol or 70% isopropanol

Source: [CMS](#) and [CDC/CDC](#)

## Preventing Transmission in Home Health Settings is as Easy as A B C !



**Clean, clean, check!**

*(Clean hands, clean surfaces, check temperature)*

## Importance of Proper Hand Hygiene for HHAs

- This prevents spread through portals of entry (respirator tract and open cuts), portals of exit (body fluid, open wounds) and modes of transmission (such as touching hands or touching the mouth).
- Home health aides can “break the chain” of transmission by practicing hand hygiene at several steps. This includes:
  - When donning and doffing PPE, specifically the isolation gown
  - Before and after touching a patient
  - Before a clean procedure needs to be completed
  - After there has been an opportunity for body fluid exposure
  - After touching patient surroundings

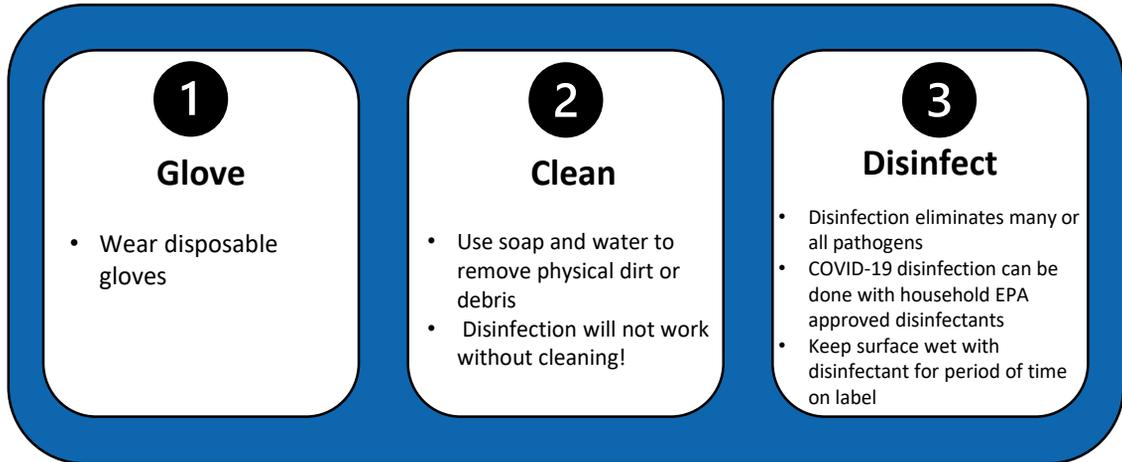
Source: [World Health Organization \(WHO\)](#)

## Hand Washing Methods

	Alcohol-based hand rub (ABHR)	Soap and water
How does it work?	Kills certain germs on the skin (should be at least 60% alcohol) <sup>1</sup>	Physically destroys and removes germs from hands <sup>1</sup>
When to use it?	<ul style="list-style-type: none"> <li>• Before and after touching a patient or their environment</li> <li>• Before an aseptic task</li> <li>• Before moving from a soiled task to a clean task</li> <li>• Immediately after glove use<sup>2</sup></li> <li>• Any time in the community!</li> </ul>	<ul style="list-style-type: none"> <li>• When hands are visibly soiled</li> <li>• Before eating</li> <li>• After using the bathroom</li> <li>• After known or suspected exposure to spores (e.g., anthrax, <i>C. difficile</i>) or infectious diarrhea<sup>2</sup></li> </ul>
Considerations	<ul style="list-style-type: none"> <li>• Preferred method of hand hygiene</li> <li>• More effective at killing most germs</li> <li>• Easier to use during routine activities</li> <li>• Less irritation than soap and water</li> <li>• Not effective against spores<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Effective for removing spores<sup>1</sup></li> <li>• Physical constraints (e.g., must have a sink)</li> </ul>

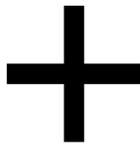
1. [CDC](#), 2. [CDC](#), 3. [CDC](#)

## Steps for Cleaning & Disinfection



## Disinfecting with bleach

Use within 24 hours of mixing. After 24 hours, discard and reconstitute as needed.



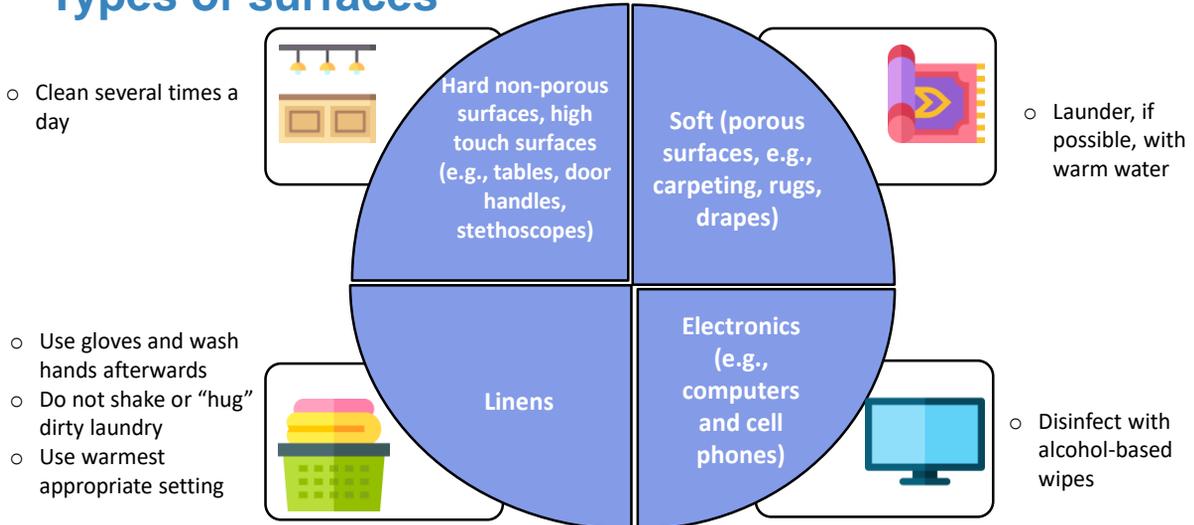
**Bleach**

1/3 of a cup of bleach (i.e., 5 tablespoons). Must contain 5.25%-8.25% sodium hypochlorite

**Water**

16 cups of water at room temperature (i.e., 1 gallon)

## Types of surfaces



## Cleaning HHA Equipment

- Equipment brought into the residence of a patient (such as glucometer, BP cuff, thermometers and oximeters) must be cleaned and disinfected before being used in another residence
- Prior to cleaning HHA equipment, read label to make sure disinfectant is effective against the virus that causes COVID-19
- Disinfectant used to clean medical equipment may be different from the ‘typical’ Lysol or bleach to avoid breakage

Source: [CMS](#)

## Screening for Symptoms in HHA Settings

- Home health aides should screen themselves at the start of each workday
  - Should self-isolate if symptoms appear
  - HHAs should have screening questionnaires and procedures for all staff prior to reporting to work
  - Sick time and medical leave policies should be nonpunitive
  
- Prior to or immediately upon arrival, home health aides should screen a patient for COVID-19-like symptoms (fever, shortness of breath, cough), as well as any exposure to COVID-19 during the last 14 days
- Home health aides should be monitoring the health status of everyone (patients/residents/visitors/staff) in the home for signs or symptoms of COVID-19
- Prompt detection, triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, health care personnel and visitors

Source: [CMS](#) and [CDC](#)

# 3

## The Role of Home Health Agencies in Contact Tracing

## Working with the NYC Trace and Take Care Teams:

### Agency Notification Process



1. Cases reported to Trace for investigation and monitoring



2. Trace initiates case investigation and identifies case that worked in office/ worked with a patient while infectious



3. Trace calls agency (e.g. Infection Control or Occupational Health) to provide case details, emails guidance on next steps and offer contact tracing support



6. Trace will conduct contact investigation, connect the person to hoteling and wraparound services if needed, and monitor contacts for up to 10 days



5. Trace records contacts into contact tracing database



4. Home health agency conducts internal investigation to identify possible exposures related to the case and then calls Trace to report contacts

## 4 Things to Expect from the NYC Test & Trace Corps



## 3 Options for Reporting Exposed Contacts



### Phone

Call the HCF Team and provide the information:

**646-614-3024**

### Encrypted email

Attach an encrypted/password protected "Bulk Upload" spreadsheet to an email and send it to us:

**TraceHCF-  
NYC@health.nyc.gov**

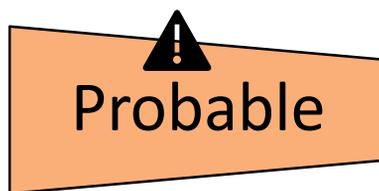
### Self-service platform

Use our secure [RedCap Self-Service Portal](#) and upload contacts directly into the Test & Trace Corps database

## Who is a case?



Positive serology only with no prior history of being a confirmed or probable case



Meets clinical criteria AND epidemiologic linkage with no confirmatory laboratory testing performed for SARS-CoV-2



Meets confirmatory laboratory evidence (PCR)

## Who is a close contact?



### 10+ mins within 6 ft of a case without appropriate PPE

OR direct contact with bodily secretions no matter how short the contact

- Counted cumulatively over a 24-hour period (e.g., 3, 5 and 2 mins at different times of the day)
- At-risk period spans the entire infectious period, including the 2 days preceding symptom onset
- HCPs performing aerosol generating procedures (such as using a nebulizer) not deemed a contact **if** they wore **all** recommended PPE, including **both** face mask/respirator **and** goggles/face shield. Otherwise, they are deemed a contact.
- An individual is deemed a close contact if they made any direct contact with bodily secretions that can transmit the virus regardless of length of contact, e.g., cough or sneeze ejecta

Source: [CDC](#) and [NYSDOH](#)

## New York City Test & Trace and HIPAA

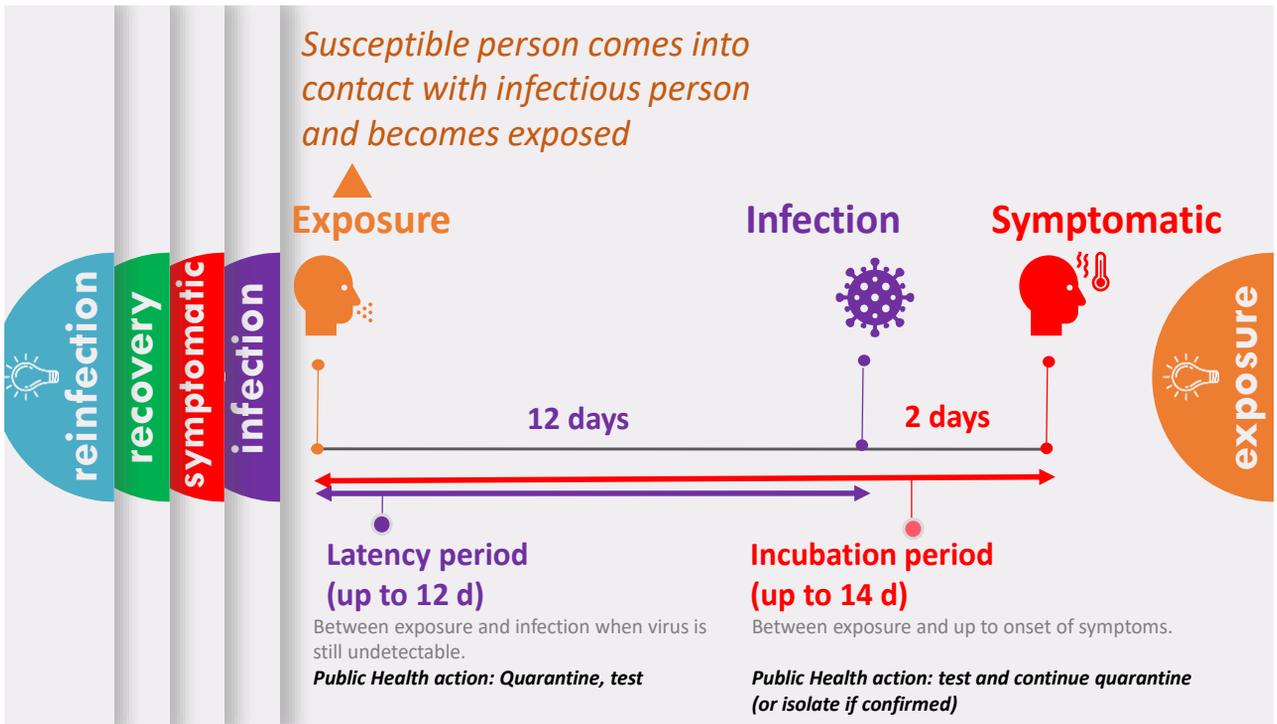
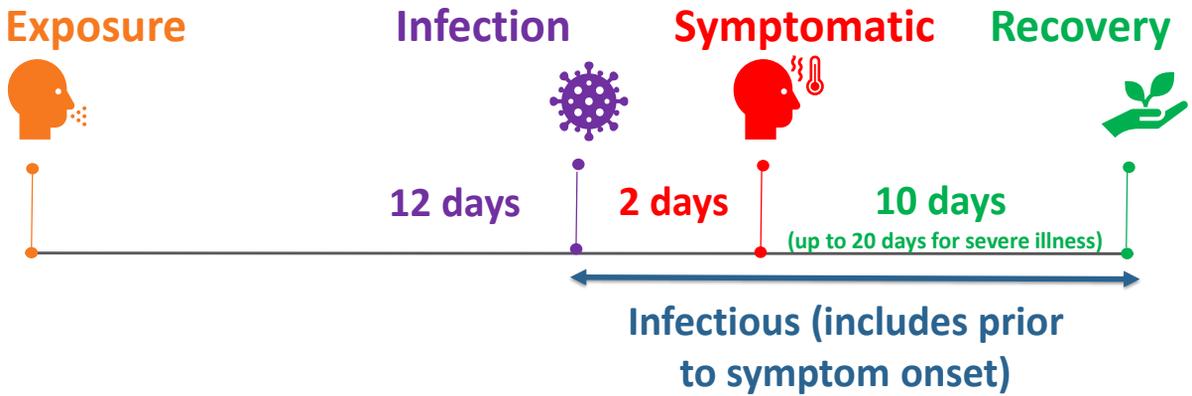


*IMMINENT DANGER: Providers can share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public*

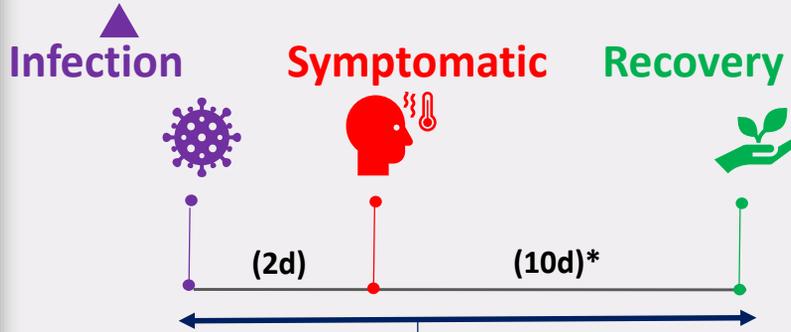


- Contact tracing is for a public health emergency and therefore providers can share protected health information without patient authorization
- Test & Trace Corps staff are authorized to reach out to providers and facilities for contact information.

## Timeline of COVID Transmission and Recovery



The virus replicates within the exposed person and transmission can now occur even though the person may not appear sick

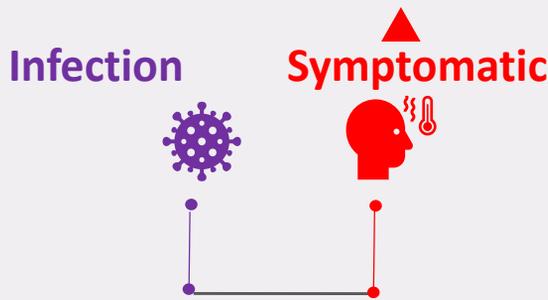


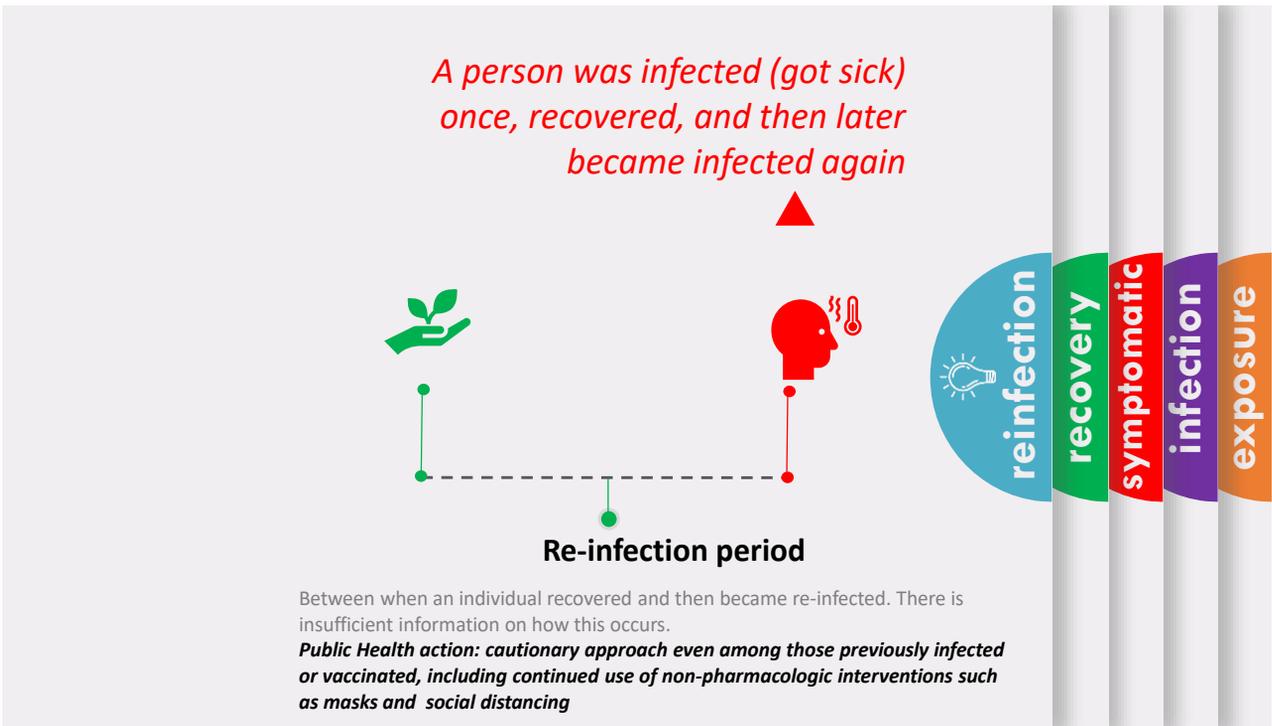
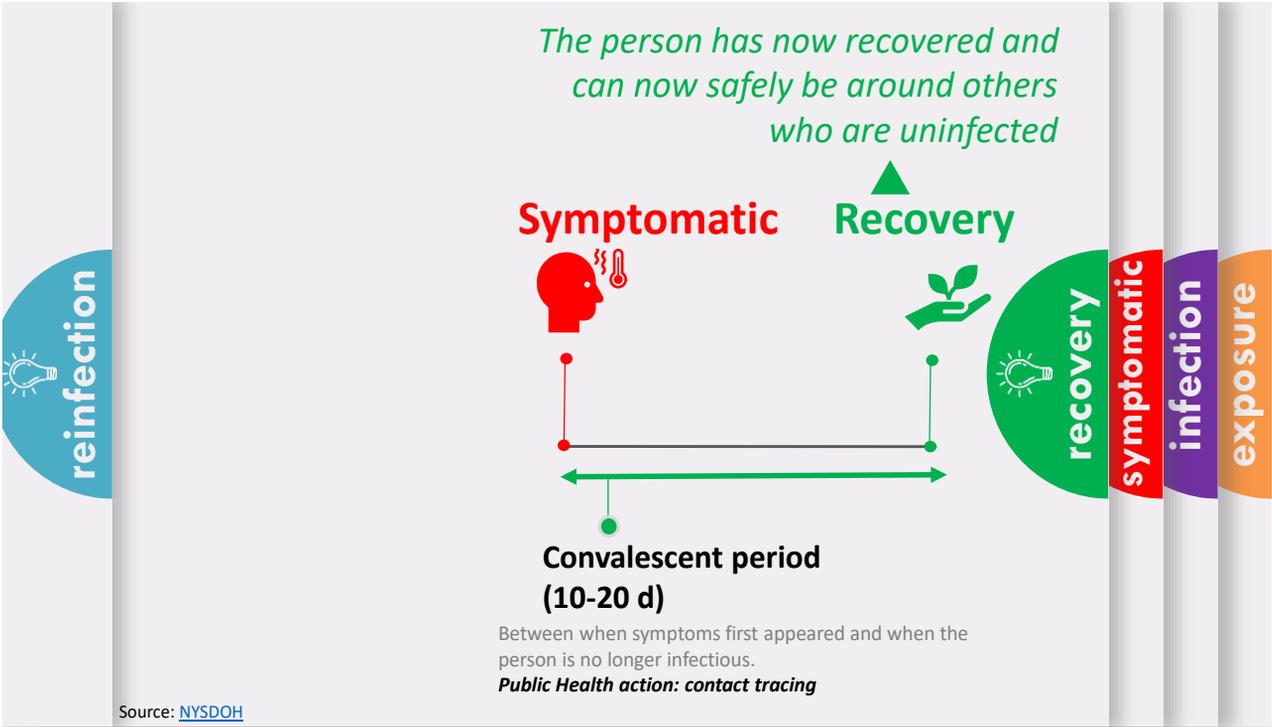
**Infectious period = 12d**

Between infection and recovery during which onward transmission can occur. \*Can be up to 22d in patients with severe illness or immune compromise.

**Public Health action: Isolation, contact tracing**

Approximately 2 days after becoming infectious, the infected person begins to show signs and symptoms of the disease





## Which COVID-19 test should you take?



**Can tell you if you have an infection now**

2 types:

- **Molecular tests:** Very accurate but may take more time. Checks for the virus' genetic material from a sample taken from you
- **Antigen tests:** Easy and simple but less accurate. Checks for viral proteins from a nasal swab

**Diagnostic**



**Antibody**

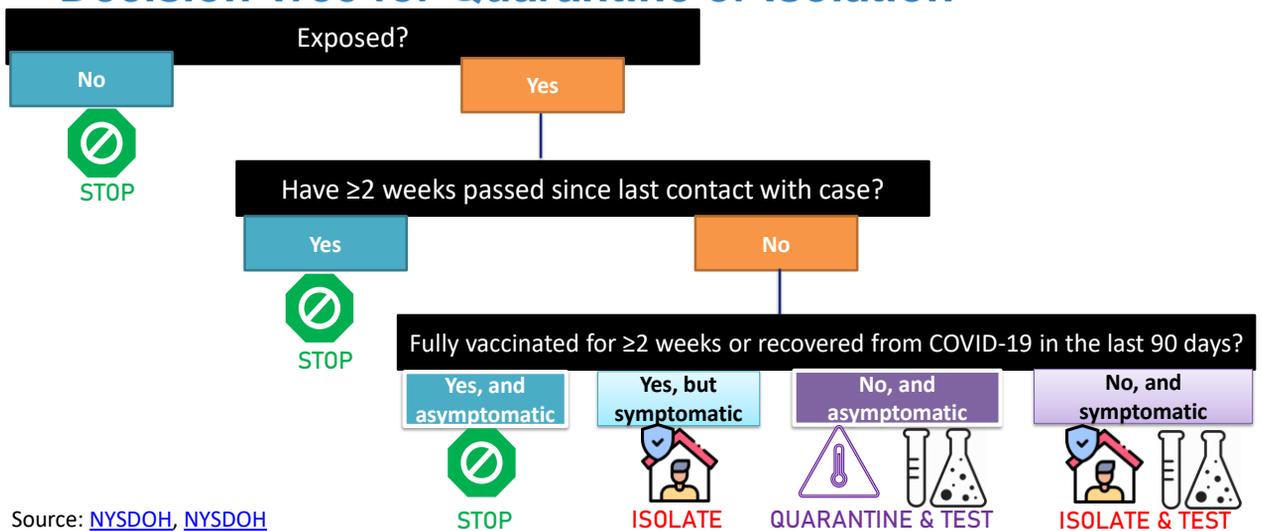




**Cannot tell you if you have an infection now**

- Also called serology test
- Can only tell you if you have been exposed or infected in the past
- Checks for antibodies from your blood sample.
- More useful for research than for diagnostic purposes

## Decision Tree for Quarantine or Isolation



Source: [NYSDOH](#), [NYSDOH](#)

## How long should quarantine and isolation last?

### Quarantine

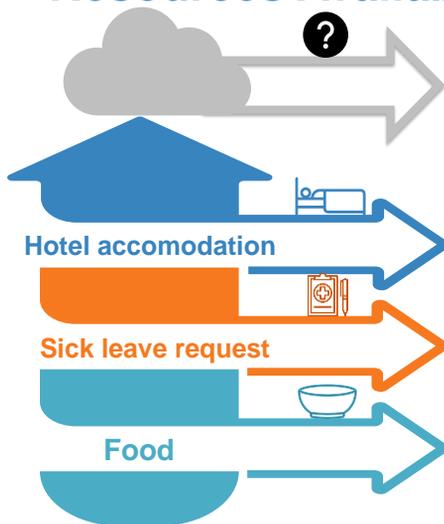
- Quarantine should last for 10 days, counting from day of last exposure to case.
- After the end of quarantine, the person should self-monitor for 4 more days

### Isolation

- For asymptomatic persons:** 10 days, from day of first positive PCR or antigen test.
- For symptomatic persons:** 10 days from onset of symptoms after which they can leave isolation provided they had no fever in the last three days without the use of fever-reducing medications and symptoms resolving.

Source: [NYC DOHMH](#), [NYSDOH](#)

## Resources Available to Support Staff



**Call the COVID-19 Hotline with questions at 1-888-364-3065 or the DOHMH Provider Access Line at 1-866-692-3641.**

The New York State Health Department can answer questions regarding COVID-19.

**Visit [nychealthandhospitals.org](https://nychealthandhospitals.org)**

**FREE** hotel room for up to 10 days to safely separate from others.

- Tested positive for COVID-19, or
- Reported possible exposure to the virus, or
- Have symptoms of COVID-19 (even without a test result).

**Visit [paidfamilyleave.ny.gov](https://paidfamilyleave.ny.gov) or call 855-491-2667**

The NYC Health Department can provide documentation of the need for isolation or quarantine which can be used for leave documentation for employers but also for COVID-19 Paid Sick Leave requests

**Visit [nyc.gov/GetFood](https://nyc.gov/GetFood) or call 311**

Anyone living in New York City who needs supplemental food assistance will be helped to find the nearest food pantry, soup kitchen, DOE Grab'n'Go (Community Meal) location or enroll in Emergency Home Food Delivery program.

## Get Vaccinated!

### Here's how:

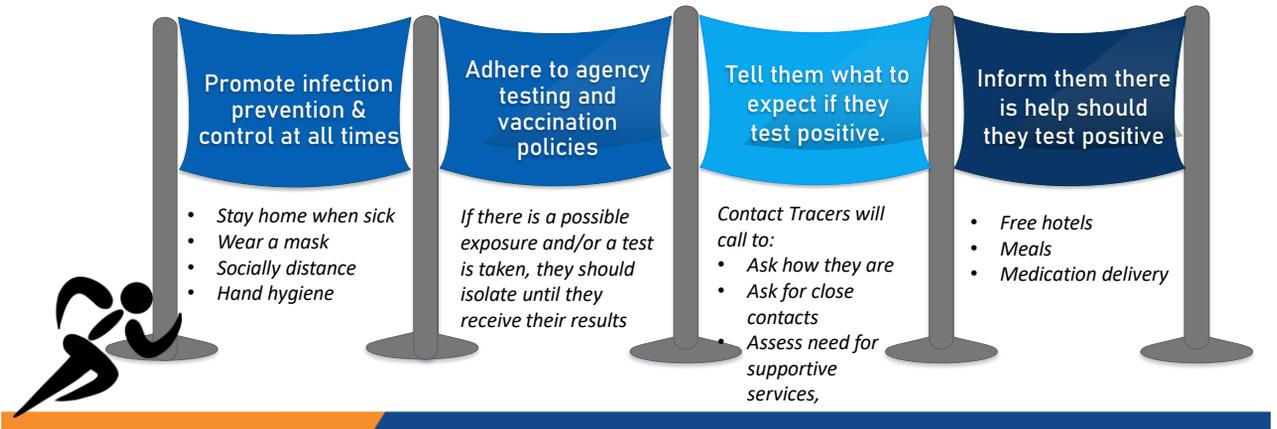
- 1199 and Home Healthcare Workers of America (HHWA) are both authorized enrollers for home care vaccination appts at 3 city-run locations in Bronx, Queens and Brooklyn
- For non-unionized workers/agencies, NYC DOHMH contracted with Mobile Health to vaccinate home care workers at their Midwood, Brooklyn clinic.
- For more information on where, when and how to get the vaccine for your staff, contact the following individuals depending on your affiliation:
  - 1199 – Rona Shapiro: [ronas@1199.org](mailto:ronas@1199.org)
  - HHWA – Joe Pecora: [jpecora@uswa.net](mailto:jpecora@uswa.net)
  - Non-union – Mobile Health: [accountmanagers@mobilehealth.net](mailto:accountmanagers@mobilehealth.net)

# 4

## Summary and Resources

## HHAs Play a Key Role in this Race to the End

Regarding their staff and patients, HHAs should ...



## Role of Health Care Providers (cont'd)

- Prepare your IP, HR or Administrative support for calls from the Test & Trace Corps Health Care Facility Team.
- Our team will notify your agency anytime a patient or staff indicates that they have been in your office or working with a member of your agency while infectious.
- You will be asked to provide information to our team on any close contacts who may have been exposed to the case. These close contacts will be monitored.
- Ensure that staff and patient contact information is up-to-date so that accurate information is transmitted to health department with the test result.

## Take Home Points

- ✓ Be adaptable, nimble and innovative
- ✓ Be careful, not fearful
- ✓ Respect your own health, follow recommended safety protocols
- ✓ We are all in this together: we must work together and we are only as strong as our weakest link
- ✓ This response is neither a marathon nor a sprint, it's a relay race

