

Corona Virus Disease (COVID-19) Home Visit Considerations for Staff of Organizations that Provide Services that Necessitate Prolonged, Close Contact

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Note: This document is intended to provide NYC organizations with information and considerations for staff members who provide services that necessitate close contact (i.e., within 6 feet for a prolonged period of time) with individuals in home settings as it relates to the 2019 novel coronavirus disease (COVID-19). Examples of prolonged, close contact include sitting face-to-face with a client to discuss/assess needs or perform case investigations. This guidance is not intended for staff who perform inspections in households that do not necessitate close contact (e.g., equipment inspections).

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV2)

Health officials are still learning about how a newly discovered respiratory virus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV2), spreads and how severe the infection can be. SARS-CoV2 is the virus that causes COVID-19 illness. Based on current information, the health risk to non-healthcare workers is considered low. This assessment may change in the weeks to months ahead.

Guard Against Stigma

Organizations should work to prevent actions that could perpetuate stigma attached to COVID-19 or appear to be targeted at one group of people. There is absolutely no excuse for using the outbreak as a way to spread racism and discrimination. Organizations should encourage that staff stay informed, remain vigilant and take care of each other.

Reassure New Yorkers Who Need Medical Care

- Seeing a doctor is the best way to protect them, their family, and community
- Hospital staff will not ask about immigration status
- Receiving health care is not a “public benefit” under the public charge test
- There are strict laws in place protecting patient confidentiality
- Anyone without insurance can visit NYC Health + Hospitals facilities

To find healthcare: nychealthandhospitals.org/hospitals/

Safety & Health Considerations for Organizations with Staff who Perform Home Visits

Based on the current COVID-19 scenario, organizations that have staff who provide in-person services that necessitate close contact with clients may consider the steps outlined below for any home visits.

> *If staff normally call ahead to confirm or schedule a home visit:*

- Staff can ask the client if anyone in the household has:
 - (a) Fever, cough or shortness of breath?
 - (b) In the 14 days prior to home visit, has anyone in the household traveled outside the United States or recently had contact with a person who is suspected or confirmed to have infection with novel coronavirus (COVID-19)?

- IF YES TO INTERNATIONAL TRAVEL, check to see if travel country is on the CDC's affected geographic areas of widespread/sustained community transmission:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>
- If the client says yes to (a) and (b), staff can politely ask them for their availability to re-schedule in 14 days or when they or the household member are feeling better. If agency policy allows, a phone meeting may be appropriate. The client should also be advised to see their medical provider and to call ahead and let their medical provider know of symptoms and recent international travel.
- If the client says yes only to (a), staff should follow their organization's standard protocols for conducting home visits for households with sick individuals.
- If the client says yes only to (b) or no to both (a) and (b), the risk for exposure to SARS-CoV2 is low and the visit can be conducted with safety considerations below in mind.

> *On the day of the visit (whether staff has asked the questions above or not):*

- Before staff enter the premises, they can ask the 2 questions above.
- If the client says yes to (a) and (b), staff can politely ask to re-schedule in 14 days or when they or the household member are feeling better - or arrange for a phone consult/meeting (if appropriate and organization's policies allow). The client should also be advised to see their medical provider and to call ahead and let their medical provider know of symptoms and recent international travel.
- If the client says yes to (a), staff should follow their organization's standard protocols for conducting home visits for households with sick individuals.
- If the client says yes only to (b) or no to both (a) and (b), the risk for exposure to SARS-CoV2 is low and the visit can be conducted with safety considerations below in mind.

General Infection Prevention Strategies

Organizations should encourage staff to routinely employ infection prevention strategies to reduce transmission of common respiratory viruses (e.g., influenza or "flu" or "the common cold").

- Stay home if you are sick.
- Cover your mouth and nose with a tissue when coughing or sneezing (in the absence of a tissue, cough or sneeze into your shirt sleeve or bent arm).
- Keep your hands clean (wash your hands often with soap and water for at least 20 seconds). Use an alcohol-based hand sanitizer, if soap and water are not available.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Get the flu shot (at this time, there is no current vaccination for coronaviruses).

The routine use of these infection prevention strategies cannot be overemphasized (especially washing your hands often with soap and water. Alcohol-based hand sanitizers are also effective).

About Facemasks

In line with the Centers for Disease Control and Prevention (CDC), the NYC Health Department does not recommend the routine use of masks if you are healthy. Facemasks are not warranted for general/routine tasks by staff – even those who have frequent interaction with the general public. It is important to note that individuals wear face masks for many reasons, including seasonal allergies, pollution or have been directed by their healthcare provider to do so. In addition, some staff may be required to use either facemasks or N95 respirators depending on the type of visit, or per their

organization's protocol for reasons unrelated to the current COVID-19 outbreak. If so, such staff should use facemasks or N95 respirators per usual. No coronavirus-specific precautions are recommended for interactions with the general public, including people showing no symptoms who have visited affected parts of the world.