

**GUIDANCE  
COMMUNITY CARE COVID-19**



DOC ID HHCMPA52020 v1

Effective Date: 03.12.2020

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Purpose	The following guidance is to be implemented immediately for both Home Care and Health Home staff. This guideline may be modified as further information is available and updated accordingly.		
Scope	NYC H+H Community Care		
Requirements	NYC DOHMH		
Policies	<ul style="list-style-type: none"> <li>• Questions concerning this guideline should be directed to your immediate supervisor.</li> <li>• Must document all engagements and activities in client’s medical record.</li> <li>• Supervisors should consult with the Community Care CMO and/or CNO for further guidance as needed.</li> </ul>		
Definitions	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">COVID-19</td> <td>An infectious disease caused by a new virus that had not been previously identified in humans</td> </tr> </table>	COVID-19	An infectious disease caused by a new virus that had not been previously identified in humans
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Process	<p><b><u>SCREENING</u></b>  <b>Pre-visit Guidance- Consider calling 1-2 days beforehand to confirm or schedule the visit. If this cannot be done prior to visit, at time of visit ask the following questions prior to entry:</b></p> <ul style="list-style-type: none"> <li>• Symptoms:             <ul style="list-style-type: none"> <li>○ Does client or a person currently in the residence (including client) has fever, cough, or shortness of breath?</li> </ul> </li> <li>• Exposure:             <ul style="list-style-type: none"> <li>○ On the day of the scheduled visit, did client or anyone in residence (e.g., household member, friend) during the 14 days preceding the visit:                 <ul style="list-style-type: none"> <li>▪ Left from a COVID-19-affected geographic area, (China, Japan, Iran, Italy &amp; South Korea) OR;</li> <li>▪ Had contact with a person diagnosed with COVID-19;</li> </ul> </li> </ul> </li> </ul> <p><b><u>PROTOCOL ACTION</u></b>  <b>If NO to Both questions:</b></p> <ul style="list-style-type: none"> <li>• COVID-19 is not likely. There is no need to cancel or postpone the visit. If client reports acute onset of other possible infectious process (e.g., diarrhea, sore throat), utilize standard precautions (e.g., gloves, gown, mask) as needed. Should reassess the health status on the day of visit, prior to meeting client or entering their home.</li> </ul>		

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If YES to Question 1 only (fever, cough, shortness of breath):

- May continue visit, use standard precautions. If possible may elect to reschedule visit to when patient is feeling better.

If Yes to Question 2 only (travel to geographic area or contact with person with COVID-19):

- Client: Self-quarantine for 14 days
- Health Home Staff: Reschedule visit and engage with client telephonically
- Home Care Staff: Discuss with supervisor safety precautions to continue servicing client. Supervisor to consult Community Care CMO and/or CNO for further guidance, as needed.

If YES to Both:

Health Home:

- Reschedule appointment for a time when the client is no longer symptomatic. Provide phone engagement to substitute for an in-person visit. If you have traveled to client's residence or meeting place and this occurs on the day of appointment, leave the premises and contact supervisor. Supervisor will inform Community Care CMO or CNO and obtain guidance on appropriate next steps for client.
- Client will require further evaluation:
  - Instruct clients who have primary care at NYC H+H to immediately contact our health system's Call Center at 844-NYC-4NYC or 844-692-4692.
  - Instruct clients who have a non-H+H PCP to contact 311
  - If client is sick and needs immediate medical attention, a supervisor should determine whether to call 911 for transport to a hospital.
  - If warranted, inform 911 that client was in a COVID-19-affected country or had exposure to a person with COVID-19 and describe symptoms to ensure appropriate infection control is implemented.
  - Alert other staff scheduled to visit the same household.

Home Care:

- For some clients, rescheduling the appointment may not be an acceptable option. This should be discussed with supervisor for review of how to safely service client.
- Client will require further evaluation:

- Instruct clients who have primary care at NYC H+H to immediately contact our health system's Call Center at 844-NYC-4NYC or 844-692-4692.
- Instruct clients who have a non-H+H PCP to contact 311
- If client is sick and needs immediate medical attention, a supervisor should determine whether to call 911 for transport to a hospital.
- If warranted, inform 911 that client was in a COVID-19-affected country or had exposure to a person with COVID-19 and describe symptoms to ensure appropriate infection control is implemented.
- Alert other staff scheduled to visit the same household.

**HOME ENTRY OR IN-PERSON ENGAGEMENT**

- If a staff member finds after entering into the residence that there is someone who has fever, cough, or shortness of breath and reports either travel to COVID-19-affected geographic area, (China, Japan, Iran, Italy & South Korea), or contact with a person diagnosed with COVID-19 within the past 14 days, that staff member should:
  - Immediately exit the residence;
  - Clean their hands with soap and water or an alcohol-based sanitizer; and
  - Notify their supervisor. Supervisor to consult with Community Care CMO and/or CNO for additional guidance.

**CLIENT VISITS TO FACILITY**

**In keeping with the health system's New Patient and Visitor Policy we want to minimize visits to our facilities**

- Discourage all clients from "dropping-in" and do not schedule visits to the facility.
- If you are meeting a client who has an appointment at the facility please conduct that visit after the client has been seen and gone through the registration process where they would have been screened.
- If a client shows up to one of our offices, screening, as indicated above should take place. If the client screens positive you will need

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	to communicate with the facility contact for COVID-19 for further evaluation.
References	NYCDOHMH "COVID-19 Guidance for Home and Community Healthcare Worker"

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 Name/Signature Title Date

Approved by: E. [Signature] CMO 3/12/20  
 Name/Signature Title Date

Approved by: Machelle Allen, M.D. Machelle Allen, M.D. SVP/CMO 3/13/20  
 Name/Signature Title Date

Approved by: \_\_\_\_\_  
 Name/Signature Title Date

**Reviewed and Readopted Without Change**

Signature	Title	Date

**Removed from Service**

Reason:

By _____	By _____	By _____
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