
COVID-19 Guidance to Providers Who Provide Services in Homes

Purpose of Guidance

The purpose of this document is to provide unified guidance and support to staff and providers who provide services in clients' homes across the Hawaii service system during the COVID-19 pandemic. These recommendations have been adapted from the Indiana State Department of Health COVID-19 Guidance for Home Visiting Programs, the Ohio Department of Job and Family Services, and the Centers for Disease Control and Prevention.

What is COVID-19?

'CO' stands for 'corona', 'VI' for 'virus', and 'D' for disease, also known as coronavirus. It is a new illness that is spreading around the world.

Frequently Asked Questions (FAQs)

How do you get it? Someone with COVID-19 gives you their germs, this can be spread by coughing or sneezing. These germs can get into your body through mouth, nose, and eyes.

What are the symptoms? A fever of 100.4F or higher, coughing, or hard time breathing. If these things happen to you, it does not mean you have coronavirus. Many people experience these symptoms with the cold or flu.

If you are sick, when should you call a doctor? If you have been out of the country, been with someone who has the virus, been at a facility where people with COVID-19 received medical treatment. Call your doctor, do not go to their office.

How sick do you get? Most people do not get very sick. The symptoms are similar to having a cold or the flu. Some older people may get really sick and some people with disabilities may end up in a hospital.

How can I stay healthy or not get it? Wash your hands, use lots of soap and water. Wash for at least 20 seconds, wash after using the bathroom or being in public (like going to the store). If soap and water are not available, use hand sanitizer. Know that washing well with soap and water is still better. Cough or sneeze into your elbow, this stops germs from going into the air and onto your hands. Try not to touch your face, do not rub your eyes, do not touch your mouth, do not touch your nose. Remember, this is how germs get into your body. If you have to touch your face, do it with a tissue or in the shower. Keep your hands busy, click a pen, tap your knee, use a fidget spinner, use hand sanitizer, doodle, squeeze a stress ball, play a game on your device.

If I am sick, what should I do? Call your doctor. Do NOT go to a hospital or urgent care. Stay home. Use tissues, then throw them away. Avoid contact with others. Keep objects and surfaces clean. Call your doctor if you are getting worse. Call back if you are having trouble breathing. Follow what your doctor says.

If my staff is sick what should I do? Stay at home if you are sick. Do not go to work. A sick staff person should stay home until they are well. Tell your team. Tell your case manager.

What do I do if someone I live with gets sick? Stay at least 6 feet away from the sick person. Do not touch surfaces or food that the sick person has touched. Keep washing your hands well. Call your case manager, there may be someplace else you can stay for a few days.

Why is it important for you to do all this? To protect those who can get sick really easily such as people with disabilities or your grandparents.

Is there a shot to get so I do not get sick? No. There is no vaccine to stop the coronavirus.

Is there medicine? There is no medicine for COVID-19. Take medicine when you have a cold or flu. Drink lots of water. Get plenty of rest.

I have a job. I am worried about missing work. If you are sick, you need to stay home. Health comes before money. Tell your boss you do not feel well. If you are worried about money, talk to your family, friends or team.

Make a plan in case you have to stay home. Who can go food shopping for you? Who will call to check in on you? What to do if your staff calls in sick? Make sure you know your doctor's phone number

What do older adults need to know? People who are 65 or older are more likely to have serious COVID-19 illness. This may be because immune systems change with age, making it harder to fight off diseases and infection. Older adults also are more likely to have underlying health conditions that make it harder to cope with and recover from illness. Therefore, reducing exposure is especially important for people at higher risk of complications!

Identify Services That Can Be Provided Remotely

Follow federal, state, and local guidance as you work to keep your staff and the clients you serve safe. Home visits should be offered over the phone or in cases where appropriate or accessible, such as over video communication. Continue to support families that may be in crisis and need emergency items such as cribs and diapers.

Guidance for Virtual Visits in Clients' Homes

- **Home visitors should do everything possible to provide virtual home visits as they would if they were in person.** Many of the larger home visiting models have provided guidance on conducting virtual visits, and programs must continue to follow the standards for their respective model(s).
- **If video conferencing is used, there are security concerns to consider, and every effort should be made to use a HIPAA-compliant platform.** Apps like FaceTime, Messenger, and Skype are not secure. However, Health and Human Services (HHS) has acknowledged that using a HIPAA-compliant platform may be challenging for many reasons: <https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-remote-communications-during-the-covid-19.html>.
- **Using a secure video conferencing platform would be the most ideal and closest to an in-person visit.** There is the recognition that telephone/apps may be the only feasible option for some families. Many

families do not have all three of the following items necessary to conduct video conferencing: a screen/smartphone, internet connection, data plan that would allow for home visits. Note that many companies are extending free WiFi and unlimited data plans for their customers.

- **Staff must have a device they can use if they need to conduct virtual visits from their home.** For video conferencing, it is recommended the screen be larger than a smartphone, if possible. However, smartphones may be the only option. If additional equipment needs to be purchased, that should be expedited, as shipping may take longer than usual.
- **Staff will need a secure, reliable internet connection (where possible) that could be used from home to conduct visits.**
- **When conducting virtual home visits, confidentiality must be maintained.** Staff must be able to facilitate the visits from a room where others will not be able to overhear nor see the family.
- **Staff will need to explain to families via phone what to expect and obtain permission in accordance with model and/or funder guidance.** Some models may have specific consent forms related to this service.

Guidance for Educating Families

- **Home visitors should educate families using only reliable sources such as the CDC.**
- **Acknowledge any anxiety the families may have about what might happen.** Avoid speculation about the future. It may be helpful to talk with parents about how to discuss this with their children, since they may also be anxious.
 - Here are some resources to guide parents and caregivers:
 - <https://kidshealth.org/en/parents/coronavirus-how-talk-child.html>
 - <https://childmind.org/article/talking-to-kids-about-the-coronavirus/>
 - <https://www.pbs.org/parents/thrive/how-to-talk-to-your-kids-about-coronavirus>
- **Create an emergency list with information for local health officials, community organizations, individuals, family members and friends who may need to be reached in an emergency.**
- **Should a concern arise about possible infection, direct the family to call their healthcare provider prior to arriving at a facility unless there is a health emergency** (e.g. difficulty breathing). Encourage families to have contact information for healthcare providers, the home visiting agency, and emergencies numbers easily accessible at all times.
- **Talk to the family about what they would need in the event they were quarantined for 14 days.** How will they get formula, diapers, food, etc. if needed. Ideally, anyone on prescription medications will have enough to last 30 days. Make sure you have a working thermometer and over-the-counter medications like decongestants, expectorants, and analgesics (acetaminophen).
- **For parents who work, talk with them about what they would do if their childcare was suddenly unavailable.** For many families, this could lead to a loss of employment if there is not someone that could help in this situation or could result in children being left with less than ideal caregivers. It may be a good time to discuss who they think would be appropriate to care for their child (if there are options), and what an alternate caregiver would need to know about caring for their child (e.g. safe sleep practices, emergency information, etc.).

- Home visitors and families can call **The Parent Line** (Oahu: 526-1222; Neighbor Islands: 1-800-816-1222) for connection to needed resources and services.

What do people with disabilities need to know?

- You may experience a change in schedules, staff who work with you, or service setting during this time.
- Tips for people with disabilities:
 - Make a written plan with your case manager. Decide what you need help with; when it needs to happen; who will help you; and can staff help you over the phone or does it need to be in person?
 - If you have new support staff, try to meet the new staff over the phone first and go over your written plan with your new staff.
 - Do not invite strangers into your home. Have a list of your emergency contact numbers and put them in your phone. Put your case manager's number in your phone.
 - If you get sick and cannot take care of yourself, call your case manager. They will help you set up services.
 - If someone you live with gets sick, stay away from the sick person. They should be in their own room.
 - You may have lots of feelings during this time. You may feel lonely or worried. Life may be more stressful now. Make a list of things to do to bring down your stress level.
- Learn more about Tips For Working With Support Staff During COVID-19 from the The Self-Advocacy Resource and Technical Assistance Center(SARTAC): <https://acl.gov/sites/default/files/common/Plain-Language-Tips-For-Working-With-Support-Staff-During-COVID-19-March-30-2020.pdf>

What do Medicare beneficiaries need to know? Learn more at [Medicare.gov's COVID-19 page](#).

- Medicare covers the lab tests for COVID-19. You pay no out-of-pocket costs.
- Medicare covers all medically necessary hospitalizations. This includes if you're diagnosed with COVID-19 and might otherwise have been discharged from the hospital after an inpatient stay, but instead you need to stay in the hospital under quarantine.
- At this time, there's no vaccine for COVID-19. However, if one becomes available, it will be covered by all Medicare Prescription Drug Plans (Part D).
- If you have a Medicare Advantage Plan, you have access to these same benefits. Medicare allows these plans to waive cost-sharing for COVID-19 lab tests. Many plans offer additional telehealth benefits beyond the ones described below. Check with your plan about your coverage and costs.

Implement Infection Control Measures

Guidance for Continuing In-person Home Visits

- Bring only items necessary for the visit into the home
- Sample Sanitary Tool Kit which staff can bring into the home
 - Ziploc bag that holds materials
 - Hand soap

- Paper towels (fold several into Ziploc bag [do not take whole roll])
 - Hand sanitizer
 - Clorox wipes
- Store personal items securely in your vehicle prior to arriving at the location
 - Avoid placing belongings on tabletops and counters that might have high levels of germs.
 - Wash hands often with soap and water for at least 20 seconds; dry hands with a clean towel or air dry. Wash hands at a sink upon arrival, departure, and as needed.
 - Use alcohol-based hand sanitizer (at least 60% alcohol) when soap and water are unavailable.
 - Greet families verbally and avoid physical contact such as handshakes, hugging, kissing, etc. If possible, maintain 6 feet distance between people.
 - Allow family members to open the door or use a barrier.
 - Staff interacting with symptomatic clients (see below) should wear face masks with face shields. If face shields are unavailable, wear a regular face mask plus reusable protective goggles and sanitize the goggles after each use. Check for the latest [CDC guidelines on PPE](#) including how to don and take off PPE.
 - Cover your mouth with a tissue or sleeve when coughing or sneezing.
 - Avoid touching your eyes, nose, or mouth with unwashed hands.
 - Stay home when you are sick.
 - Avoid contact with people who are sick.
 - Clean and sanitize items in between home visits such as name badges, pens, cell phone, clipboard, and any additional supplies.
 - Staff should not conduct any home visits if they have any symptoms of illness or have been exposed to anyone with symptoms of illness.
 - Staff should contact each parent prior to conducting the home visit to confirm no one in the home is showing any signs of illness and ask permission to come. If anyone is ill or if the family is uncomfortable with visitors, the visit should be cancelled.

Guidance for Providers with Staff Working from Home

- Frontline workers are those who engage with clients for in-person home visits within a 6-foot distance. These workers need to be prepared to protect themselves and their clients, provide health education information, and help direct their clients to care as necessary (see box).
- When feasible, employers should limit which staff interact with patients presenting with symptoms or with those rooms assigned for those with symptoms. Staff interacting with patients should wear PPE.
- Ensure staff have an updated list of telephone numbers for all other staff.
- Establish scheduled communication updates for staff. The frequency and format may change as circumstances evolve, but plan for routine updates. It may be necessary to have frequent, scheduled meetings with a small team to discuss any recent information prior to these all-staff briefings.
- Ensure families' phone numbers are updated, along with alternate contact information. If a home visitor becomes ill, a supervisor or home visitor may need to contact them.

- All providers must have a method for continuing to enter data. If home visitors do not enter data, how will the data they collect be provided to the data entry staff? Does the organization need a secure cloud for doing so? If data entry staff becomes ill, who would enter the data, instead?
- All community events and activities for groups of parents/families scheduled within the next few weeks should be suspended until further notice. Parent groups could be offered via a platform like Zoom, if they consent and are able to do so.
- Establish how supervision can happen virtually, when staff are working from home.
- Get plenty of rest, drink fluids, eat healthy foods and manage your stress.
- Staff should follow home quarantine recommendations from the Centers for Disease Control and Prevention (www.cdc.gov/coronavirus/2019-ncov/hcp/guidancerisk-assesment-hcp.html) and return to work when the following conditions have been met:
 - Fever-free for at least 72 hours (three full days of no fever without the use medicine that reduces fevers).
 - AND
 - Other symptoms have improved (for example, your cough or shortness of breath have improved).
 - AND
 - At least 7 days have passed since your symptoms first appeared.

FAQs for Testing and Privacy Laws

Visit <https://health.hawaii.gov/camhd/bhhsurg-covid19-guidance/> for a longer list of FAQs.

1. How do we refer our clients to receive appropriate testing for COVID-19?

If your client meets the following criteria, they should be referred for testing to private labs or DOH for testing. The criteria for testing continues to get updated over time.

Clinical Features		
Fever OR signs/symptoms of lower respiratory illness (e.g. cough, SOB, hypoxemia – beyond patient’s own baseline)	AND	Any person (incl Health care personnel-HCP) who in the last 14 days before symptom onset has had close contact* with a lab-confirmed COVID patient
Fever AND signs/symptoms of lower respiratory illness (e.g. cough, SOB, hypoxemia – beyond patient’s own baseline)	AND	Any HCP or occupation that places person in contact with travelers** without an alternate diagnosis (negative influenza test, negative molecular respiratory panel)
Fever AND signs/symptoms of a community-acquired lower respiratory illness (e.g. cough, SOB, hypoxemia – beyond patient’s own baseline) requiring hospitalization	AND	A history of travel from affected geographic areas *** in the last 14 days before symptom onset OR Radiographic findings compatible with a viral pneumonia and no alternative diagnosis
Part of a cluster of 2 or more cases of an acute respiratory illness within a 72 hour period	AND	Congregate living setting with a large proportion of older adults and persons with co-morbid medical conditions (e.g. skilled nursing facility, senior-assisted living facility, homeless shelter)

2. If my client meets the criteria for testing, should I transport my client?

If your client meets the criteria for testing, home visitation employees should not provide transport to clients to prevent possible exposure and spread of COVID-19. Home visitation employees should arrange for transportation through emergency medical services.

3. If my client does not need to get tested, may I transport my client?

If your client does not meet the criteria for testing, then you may still transport your client. In that situation:

- The frontline worker should wear a mask and gloves
- Ensure that your client puts on a face mask snugly
- Transport your patient for the service that they need
- Perform hand hygiene and sanitize the vehicle after transportation.

4. What if a client is found to be infected with COVID-19?

- If your client is later confirmed to have COVID-19 and if the home visitation employee develops either a fever or other respiratory symptoms, the home visitation employee should seek testing as they fulfill the criteria noted above.
- Identify which staff was in close contact with the client (within 6 feet for a prolonged period) and:
 - Notify those staff
 - Inform them of the testing criteria (i.e. if they have at least one symptom)
 - If these staff have at least one, they should get tested.
- Refer to CDC guidelines for hygiene.
- Clean all frequently touched surfaces in the workplace, such as workstations, countertops and doorknobs. Use regular cleaners and follow the directions on the label.

5. What if a staff member is exposed to or diagnosed with COVID-19?

- Exposed health care workers are considered part of critical infrastructure and should follow existing CDC guidance.
- If your staff member fulfills the criteria for testing because of contact with a confirmed COVID-19 case and displays at least one symptom (see criteria above), then they should be tested.
- If your staff member was in close contact (within 6 feet for a prolonged period) but is asymptomatic, then they do not need to be tested though they should continuously self-monitor their symptoms. This staff member may continue to work provided they remain asymptomatic. This staff member should self-monitor including taking their temperature before each work shift.

6. What are the privacy rules if a client discloses that they have COVID-19?

42 CFR Part 2

- **Waiver:** Pursuant to both federal and state declarations of the state of emergency, SAMHSA has deemed that the COVID-19 is a bona fide medical emergency that justifiably inhibits normal procedures required to obtain written patient consent. COVID-19 pandemic is therefore a bona fide

emergency that allows providers to release information to medical personnel without consent if necessary.

- **Obtaining consent:** Providers should nevertheless make an effort to keep their clients informed, including obtaining verbal consent and informing the patient of how their information was obtained/disclosed.
- **Typical documentation needed:** Providers must nevertheless document in the patient's record the name and affiliation of the medical personnel receiving the information, the name of the individual making the disclosure, the date and time of the disclosure, and the nature of the emergency. See [this SAMHSA resource](#) for more information.

HIPAA

- HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information that is necessary to carry out their public health mission. Therefore, the Privacy Rule permits covered entities to disclose needed protected health information without individual authorization:
 - **To a public health authority, such as the CDC or the HDOH** that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability. This would include the reporting of disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions.
 - **To persons at risk of contracting or spreading a disease or condition** if other law, such as state law, authorizes the covered entity to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations. See 45 CFR 164.512(b)(1)(iv).
- For health care providers, Secretary of the U.S. Department of Health and Human Services (HHS) Alex M. Azar declared a public health emergency on January 31, 2020 and exercised the authority to waive sanctions and penalties against a covered hospital that does not comply with selected provisions of the HIPAA Privacy Rule *for hospitals only*. See here for more information on the [limited waiver of the Privacy Rule](#).
- HIPAA applies only to health care providers or providers performing a health care services or function including billing for health care services.

Resource

California State Council on Developmental Disabilities <https://scdd.ca.gov/wp-content/uploads/sites/33/2020/03/Green-Mountain-SA-Info-By-and-For-People-with-Disabilities.pdf>

Clean and disinfect frequently-used surfaces and objects using EPA SARS-CoV-2 approved products, following label instructions on use and contact time:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Indiana State Department of Health: https://coronavirus.in.gov/files/IN_COVID-19_HomeVisiting%2003.26.20.pdf

Medicare.gov's COVID-19 page: <https://www.medicare.gov/medicare-coronavirus>

New Jersey Department of Human Services:

<https://www.nj.gov/humanservices/ddd/documents/COVID-19-guidance-for-individuals-and-families.pdf>

Ohio Department of Job and Family Services <http://www.ohiochildrensalliance.org/wp-content/uploads/2020/03/COVID-19.pdf>

Stay Up to Date with Latest Information

Substance Abuse and Mental Health Services Administration (SAMHSA)

- Disaster Planning Handbook for Behavioral Health Treatment Programs
<https://store.samhsa.gov/system/files/sma13-4779.pdf>

Centers for Disease Control and Prevention (CDC)

- Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- General infection prevention and control recommendations for COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Interim Guidance for Homeless Shelters <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/plan-prepare-respond.html>

Centers for Medicare & Medicaid Services (CMS)

- Press Release on FAQs: <https://www.cms.gov/newsroom/press-releases/cms-publishes-first-set-covid-19-frequently-asked-questions-faqs-state-medicare-and-childrens-health>
- COVID-19 FAQs for State Medicaid and CHIP agencies: <https://www.medicare.gov/state-resource-center/disaster-response-toolkit/covid19/index.html>
- Current Emergencies Website: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

Telehealth Resource Centers (TRCs)

- National Telehealth Resource Center <https://www.telehealthresourcecenter.org/>
- Pacific Basin Telehealth Resource Center at the University of Hawai'i: <http://www.pbtrc.org/>

Hawaii Department of Health (HDOH)

- <https://hawaiicovid19.com/>