

Steve Sisolak
Governor



Richard Whitley, MS
Director

**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
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Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

Recommended Infection Prevention and Control Plan for Agencies that Provide Services in a Client's Home

**(home health agencies, programs of hospice care, personal care agencies,
community-based living arrangement services/facilities)**

Coronavirus Disease 2019 (COVID-19) Response Best Practices as of March 16, 2022

This guidance is intended for organizations that have health care workers (licensed and unlicensed staff) and personal caregivers who provide care to individuals at their home residence or community-based settings. It provides general infection prevention and control guidance in relation to prevention of COVID-19 transmission.

Home care and personal care organizations that have staff who provide care services in clients' homes should have protocols to protect staff and clients from COVID-19, including promptly identifying possible cases in staff, clients, and clients' household members. There should also be protocols in place to manage clients with COVID-19, which should be communicated to staff.

COVID-19 spreads mainly through close contact from person-to-person in respiratory droplets from someone who is infected. People who are infected often have symptoms of illness. Some people without symptoms may be able to spread the virus. Person-to-person spread occurs between people who are in close contact with one another such as when they are within about six feet of each other and through respiratory droplets produced when an infected person breathes, coughs, sneezes or talks. A person can possibly get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. However, this is not thought to be the main way the virus spreads.

Having an infection prevention and control process individualized to your agency is important for the protection of your staff and clients. COVID-19 may continue to present itself in the future and it is important to have your agency prepared to prevent COVID-19 transmission to your clients and employees, if possible, and if not, recognizing and taking immediate action to prevent and rapidly contain the spread.

Screening Clients for COVID-19

When making a home visit, agency staff should identify clients at risk for having COVID-19 infection before or immediately upon arrival to the home. They should ask clients about the following:

- In the last 14 days, has had contact with someone with or under investigation for COVID-19, or are ill with respiratory illness.
- Residing in a community where community-based spread of COVID-19 is occurring.
- Screen for signs and symptoms of a respiratory infection with COVID-19, such as:
 - Cough
 - Shortness of breath or difficulty breathing
 - Fever
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell
 - Persistent pain or pressure in the chest
 - New confusion or inability to wake up
 - Bluish lips or face

Note: Older people with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 by the client's physician.

For ill clients, implement source control measures (i.e., placing a face mask over the client's nose and mouth if that has not already been done, if client can tolerate).

Inform the agency's administrator and/or clinical lead, as applicable, and local and state public health authorities about the presence of a person under investigation (PUI) for COVID-19.

Agencies should ensure the availability of resources for their care agency staff according to the types of services, supplies and equipment required by the individualized plan of care and Centers for Disease Control and Prevention (CDC) Guidelines, including COVID-19 confirmed or suspected cases.

Assess the suitability of the clients setting for home care

In consultation with state or local health department staff, agency staff should assess whether the client's setting is appropriate for home care. Considerations for care at home include whether:

- The client is stable enough to receive care at home.
- Appropriate caregivers are available at home.
- There is a bedroom where the client can recover without sharing immediate space with others.
- There is a separate bathroom for the client. If this is not feasible, care should be taken to disinfect the bathroom after each use.
- Resources for access to food and other necessities are available.
- The client and other household members are capable of adhering to precautions recommended as part of home care or isolation. This includes the ability of the client to wear a mask when indicated.
 - This recommendation is based on what we know about the role respiratory droplets play in the spread of the virus that causes COVID-19, paired with emerging evidence from clinical and laboratory studies that show masks reduce the spray of droplets when worn over the nose and mouth.

- Individuals who live with the client, such as family members and friends, should wear a mask when caring for a person who is sick and should practice everyday preventive actions to avoid getting sick.
- There are household members who, if exposed to the virus while the client is being treated at home, may be at increased risk of severe illness from COVID-19. Persons at increased risk for severe illness should not take care of household members who have COVID-19, if possible.
- **Agency staff caring for clients with suspected COVID-19 or who are positive for COVID-19 MUST use a National Institute for Occupational Safety and Health (NIOSH) certified respirator, such as N95 masks (or higher-level respirator).**
 - Per the Occupational Safety and Health Administration (OSHA), when respirators are required (necessary to protect employees), such as N95's, a facility must have a respiratory program in place.
 - Please refer to Personal Protective Equipment (PPE) section for more information on PPE requirements for agency staff.

General Infection Control Precautions for All Agency Staff Providing Care to Client's in Their Home

- **Hand hygiene**
 - The agency should ensure that hand hygiene supplies are readily available to all personnel.
 - Wash your hands often with soap and water for at least 20 seconds. Tell everyone in the home to do the same, especially after being near the person who is sick.
 - Hand sanitizer: 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. If hands are visibly soiled, use soap and water before returning to an alcohol-based hand sanitizer.
 - Hands off: Avoid touching your eyes, nose, and mouth with unwashed hands.

Handwashing should be done on the following occasions:

- Before, during, and after preparing food
- Before eating food
- Before and after providing care to a client
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing incontinence briefs or cleaning up a client who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage
- After contact with potentially infectious material,
- Before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
- Five steps in handwashing
 - Wet hands with clean, running water (warm or cold), turn off the tap, and apply soap. Hand Washing posters can be found here: <https://www.cdc.gov/handwashing/posters.html>.

- Lather hands by rubbing them together with the soap. Lather the backs of hands, between fingers, and under the nails.
- Scrub hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- Rinse hands well under clean, running water.
- Dry hands using a clean towel or air dry them.
- Turn off the tap water with a disposable towel to avoid re-contaminating your hands again.
- Sanitizers can quickly reduce the number of germs on hands in many situations. However:
 - Sanitizers do not get rid of all types of germs.
 - Hand sanitizers may not be as effective when hands are visibly dirty or greasy. Hand washing is recommended when hands are visibly dirty or greasy.
 - Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.
- How to use hand sanitizer
 - Apply the gel product to the palm of one hand (read the label to learn the correct amount).
 - Rub hands together.
 - Rub the gel over all the surfaces of the hands and fingers until the hands are dry. This should take around 20 seconds.

Open the following link to access the video on handwashing: <https://www.cdc.gov/handwashing/>

Personal Protective Equipment (PPE)

Agency staff providing care to clients with suspected COVID-19 (client reports fever, shortness of breath or other symptoms consistent with COVID-19) or who are COVID-19 positive (both clients with symptoms and without symptoms) should at a minimum, wear:

- Eye protection (face shield or goggles).
- An N95 or higher-level respirator (**Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated.** A KN95 is not approved as a National Institute for Occupational Safety and Health (NIOSH) certified respirator and therefore should not be used in place of an N95 when a N95 or higher-level respirator is indicated. KN95’s are not tight-fitting respirators and therefore do not require fit testing.
- They should also wear gloves and gowns

CDC has provided strategies for optimizing PPE supply that describe actions facilities can take to extend their supply in the following link: [Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages | CDC](#)

All agency staff providing direct client care must receive training on and demonstrate an understanding of:

- when to use PPE
- what PPE is necessary
- how to properly put on, use, and take off PPE in a manner to prevent self-contamination
- how to properly dispose of or disinfect and maintain PPE
- the limitations of PPE.

Agencies that are using the N95 respirator should implement a respiratory protection program. Components of a respiratory protection program include but are not limited to:

- Documented Respiratory Protection Plan
- Respiratory Protection Program Administrator
- Staff Medical Evaluation and Respirator Test Fitting
- Staff training program - agencies must provide their employees personal protective equipment (PPE) training. CDC's Using PPE recommendations can be found at <https://www.cdc.gov/hai/prevent/ppe.html>.
OSHA Respiratory Protection Program Guidelines: <https://www.osha.gov/enforcement/directives/cpl-02-02-054>
- PPE should be put on outside of the home prior to entry into the home. If unable to put on all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be put on before entering the home. Alert persons within the home that the agency staff will be entering the home and ask them to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.
- PPE should ideally be removed outside of the person's home and discarded by placing it in an external trash can before departing location. PPE should not be taken from the person's home into the agency staff's vehicle.
- If unable to remove all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be removed after exiting the home. If gown and gloves must be removed in the home, ask persons within the home to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, remove gown and gloves and exit the home. Once outside the home, perform hand hygiene with alcohol-based hand sanitizer that contains 60 to 95% alcohol, remove face protection and discard PPE by placing in external trash can before departing location. Perform hand hygiene again.
- Implementing reuse use of PPE donning and doffing procedures according to your Infection Control COVID plan, which should be aligned with CDC recommendations. Visit <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>.

How to put on (don) PPE:

More than one donning method may be acceptable. Training and practice using the agency's procedure is critical. Below is one example of donning.

- a. Identify and gather the proper PPE to don. Ensure choice of gown size is correct.
- b. Perform hand hygiene using hand sanitizer.
- c. Put on isolation gown. Tie all the ties on the gown.
 - It is a good idea to practice putting on and taking off the gown before you go out on your first home visit to ensure you can do so without assistance.
- d. Put on NIOSH-approved N95 filtering facepiece respirator or higher. If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator should be extended under chin. Both the mouth and nose should be protected. Do not wear respirator under the chin or store in scrubs pocket between clients.
 - Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
- e. Put on face shield or goggles. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
- f. Perform hand hygiene before putting on gloves. Gloves should cover the cuff (wrist) of gown.

- g. Agency staff may now enter the client's home.

How to take off (doff) PPE:

More than one doffing method may be acceptable. Training and practice using the agency's procedure is critical. Below is one example of doffing.

- a. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
- b. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle outside of the client's home, if possible.
- c. Perform hand hygiene.
- d. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
- e. Remove and discard respirator. Do not touch the front of the respirator.
 - o Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
- f. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse. *

** Facilities implementing reuse or extended use of PPE will need to adjust their donning (putting on PPE) and doffing (removing PPE) procedures to accommodate those practices.*

NOTE: All agencies that provide care in a client's home must try to obtain PPE through private vendors. If you are not able to obtain PPE through non-governmental means, contact the emergency manager for your jurisdiction for assistance in obtaining the required PPE.

The list of Nevada's Emergency Managers can be found here:

https://dem.nv.gov/Resources/Agency_Contact_Lists/

If you are not able to obtain PPE, including N95 masks, through non-governmental means or through your emergency manager, document your attempts to obtain PPE and the response noting that PPE was not available or was denied to your agency.

Providing Care in the Home

Agency staff should take the following measures when providing care in the home:

- Limit the number of agency staff visiting a client in their home. Ideally, assign one person who is in good health and has no underlying chronic conditions.
- Staff should screen themselves prior to visiting clients. Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, people report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days, and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days (*regardless of the visitor's vaccination status*).

- One example of an electronic monitoring system may be setting up SharePoint or other electronic means in which an employee can complete the screening, including the employee's name, date and time of the screening, which is collected by the facility prior to the employee entering the facility or prior to the employee planned home visit.
- Other alternatives to screening individuals at the facility's entrance includes:
 - a) Screening from the facility's parking lot or outside the client's home (in car or other location) where an employee can complete the screening via cell phone, text, email or other means set up by the facility.
 - b) Employees provided with screening forms that they can complete and submit per facility policy.
 - c) Name badge system where employee can attest to symptom screening prior to start of shift; or
 - d) Other method healthcare facility develops to ensure screening is completed and documented.
- Note: For facilities that continue to conduct temperature checks upon entrance to the facility, the facility's policy may include a documentation by exception provision, in which a temperature is only documented if a fever is indicated. If a fever is not documented, the policy must indicate that the temperature was taken and did not fall within the parameters of a fever.
- Fever is measured temperature $\geq 100.0^{\circ}\text{F}$.
- Agency staff who have signs or symptoms of a respiratory infection or COVID-19 symptoms should not report to work.
- Any staff that develops signs and symptoms of a respiratory infection while on the job, should:
 - Immediately stop work, put on a face mask, and self-isolate at home;
 - Inform the agency's administrator and/or clinical lead, as applicable, of information on individuals, equipment, and locations the person came in contact with; and
 - Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).
 - Refer to the CDC guidance for exposures that might warrant restricting agency staff from reporting to work [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)
- Employees must be instructed to stay home if sick.
- For employees with confirmed COVID-19 who developed symptoms, please refer to the CDC's guidance on discontinuation of isolation at: [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)
- Practice good respiratory hygiene, cough etiquette and hand hygiene:
 - Wash hands often with soap and water for at least 20 seconds.
 - Use an alcohol-based hand sanitizer if soap and water are not available.
 - Cover coughs and sneezes with a tissue or inner arm (not hands).
 - Avoid touching eyes, nose and mouth with unwashed hands.
- Agency staff should adhere to and follow standard precautions and transmission-based precautions for all suspected or confirmed COVID cases.
- Clean and disinfect reusable items (i.e., eye protection) or store reusable items for decontamination later according to agency established protocols.
- If possible, recommend client be placed in an adequately ventilated room in the home with large quantities of fresh and clean outdoor air to control contaminants.

- Consider using natural ventilation, by opening windows if possible and safe to do so.
- Limit the number of household members present during any visits and request that they maintain social distance of at least 6 feet from the health care worker or agency care provider.
- Limit the client’s movement around the house and minimize use of shared space.
- The client should wear a mask during the time care would be provided. Individuals who cannot tolerate a medical mask should practice rigorous respiratory hygiene; that is, coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue followed by hand hygiene.
- Provide instructions to caregivers and household members on how to clean and disinfect the home, as well as on the safe and correct use and storage of cleaning materials and disinfectants, following the disinfectant manufacturer’s recommendation for contact time.
- Clean and disinfect any reusable agency equipment used in the care of the client before using on another client according to standard precautions and established protocols, following the disinfectant manufacturer’s recommendation for contact time.

Clients with known or suspected COVID-19 should continue to receive the intervention appropriate for the severity of their illness and overall clinical condition. Because some procedures create a high risk for transmission during close client contact the following care precautions should be followed: 1) agency staff should wear all recommended PPE, 2) the number of agency staff present should be limited to essential personnel, and 3) any supplies brought into, used, and removed from the home must be cleaned and disinfected in accordance with environmental infection control guidelines.

Discontinuation of transmission-based precautions:

1. Duration of isolation and precautions.

Patients with mild to moderate illness who are *not* moderately to severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared and*
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Patients who were asymptomatic throughout their infection and are *not* moderately to severely immunocompromised:

- At least 10 days have passed since the date of their first positive viral test.

Patients with severe to critical illness and who are *not* moderately to severely immunocompromised:

- At least 10 days and up to 20 days have passed *since symptoms first appeared and*
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- The test-based strategy as described for moderately to severely immunocompromised patients below can be used to inform the duration of isolation.

Patients who are moderately to severely immunocompromised may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.

For more information refer to the CDC's Discontinuation of Transmission-Based Precautions and Disposition of Clients with COVID-19 in Healthcare Settings (Interim Guidance). Found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-clientclients.html>

2. **Role of PCR testing (a COVID-19 diagnostic test) after discontinuation of isolation or precautions**
 - For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection.
 - For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Isolation may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.
 - For persons who never developed symptoms, the date of first positive RT-PCR test for SARS-CoV-2 RNA (a COVID-19 Diagnostic Test) should be used in place of the date of symptom onset.
3. **Role of serologic testing**
 - Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.

Infection prevention and control practices, including considerations for family member exposure, when evaluating and caring for clients with known or suspected COVID-19.

The CDC advises the client to stay home except to get medical care, separate yourself from other people and animals in the home as much as possible (in a separate room with the door closed) with separate bathroom, if possible, call ahead before visiting your doctor, and wear a face mask in the presence of others when out of the client room.

For everyone in the home, CDC advises covering coughs and sneezes followed by hand washing or using an alcohol-based hand rub, not sharing personal items (dishes, eating utensils, bedding) with individuals with known or suspected COVID-19, cleaning all "high-touch" surfaces daily, and monitoring for symptoms. Agency staff may share additional information with families. Please see [Cleaning and Disinfecting Your Home | CDC](#)

- Visitors should not be allowed in the home until the person has completely recovered, shows no signs or symptoms of COVID-19 and has been released from isolation.
- Visitors should perform hand hygiene according to the CDC guidelines. Hand hygiene should also be performed before and after preparing food, before eating, after using the toilet, and whenever hands look dirty. If hands are not visibly soiled, an alcohol-based hand rub can be used. For visibly soiled hands, always use soap and water.
- Client should wear a mask when agency staff are in the same room. Individuals who cannot wear mask should practice rigorous respiratory hygiene; that is, coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue followed by hand hygiene.

- **Note: A mask should not be worn or placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. Additionally, they should not be placed on children under age 2.**
- Materials used to cover the mouth and nose should be discarded or cleaned appropriately after use (e.g., wash handkerchiefs, using regular soap or detergent and water).
- Family caregivers should wear a mask that covers their mouth and nose when they are in the same room as the client. Masks should not be touched or handled during use. If the mask gets wet or dirty from secretions, it must be replaced immediately with a new clean, dry mask. Remove the mask using the appropriate technique, which is to untie it or hold the elastic straps, rather than touching the front of the mask, to discard it immediately after use and then to perform hand hygiene.
- Staff should encourage clients to follow CDC guidelines as part of their daily routine when going out in public (wear a mask, keep social distancing, limit exposure risk).
- Wear gloves when you touch or have contact with the sick person's blood, stool, or body fluids, such as saliva, mucus, vomit, and urine. Throw out gloves into a lined trash can and wash your hands right away.
- Clean and disinfect surfaces that are frequently touched in the room where the client is being cared for, such as bedside tables, bedframes, bedrails, and other bedroom furniture.

Eat in separate rooms or areas

- Stay separated: The person who is sick should eat (or be fed) in their room, if possible.
- Wash dishes and utensils using gloves and hot water: Handle any dishes, cups/glasses, or silverware used by the person who is sick with gloves. Wash them with soap and hot water or in a dishwasher.
- Perform hand hygiene after taking off gloves or handling used items.

Avoid sharing personal items

- Do not share dishes, cups/glasses, silverware, towels, bedding, or electronics (such as a cell phone) with the person who is sick.

Bedroom and bathroom

- **If you are using a separate bedroom and bathroom:** Only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit your contact with the sick person.
 - If they feel up to it, the person who is sick can clean their own space. Give the person who is sick personal cleaning supplies such as tissues, paper towels, cleaners, and [EPA-registered disinfectants](#).
- **If sharing a bathroom:** The person who is sick should clean and then disinfect after each use. If this is not possible, wear a mask and wait as long as possible after the sick person has used the bathroom before coming in to clean and use the bathroom.

Wash and dry laundry

- Do not shake dirty laundry.

- Wear disposable gloves while handling dirty laundry.
- Dirty laundry from a person who is sick can be washed with other people's items.
- Wash items according to the label instructions. Use the warmest water setting you can.
- Remove gloves, and wash hands right away.
- Dry laundry (on hot, if possible) completely.
- Wash hands before transferring clothes from washer to dryer and again before removing clothes from dryer.
- Clean and disinfect clothes hampers. Wash hands afterwards.

Use lined trash can

- Use gloves when handling trash.
- Place used disposable gloves and other contaminated items in a lined trash can.
- Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.
- Place all used disposable gloves, masks, and other contaminated items in a lined trash can.
- If possible, dedicate a lined trash can for the person who is sick.
- Avoid other types of exposure to contaminated items from the client's immediate environment (e.g., do not share toothbrushes, cigarettes, cutlery, crockery, towels, washcloths or bed linen).

Further information for caring for someone sick at home can be found in below link:

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>

Monitor for Worsening Symptoms Regularly

Advise the COVID-19 clients and their caregivers about the signs and symptoms of complications or how to recognize a deterioration in their health status that require medical attention. Monitor these regularly, ideally once a day. For example, if a client's symptoms become much worse (such as light headedness, difficulty breathing, chest pain, dehydration, etc.) from the initial clinical assessment, he or she should be directed to seek urgent care.

Caregivers of children with COVID-19 should also monitor their clients for any signs and symptoms of clinical deterioration requiring an urgent re-evaluation. These include difficulty breathing/fast or shallow breathing, blue lips or face, chest pain or pressure, new confusion as well as an inability to wake up, interact when awake, drink or keep liquids down.

For infants these include grunting and an inability to breastfeed.

If any of these conditions exist, the agency staff should call 911. Clients should be educated to watch for these symptoms and to call 911 if they occur.

Management of Contacts; Agency Staff Exposure

- The agency should follow CDC interim guidance which is intended to assist with assessment of risk of staff exposure and application of work restrictions for asymptomatic agency staff with potential exposure to clients, visitors, or other caregivers with confirmed COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

- Refer to Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic:

Monitor and Plan for Absenteeism Among Your Staff

- Develop plans to cover activities in the event of increased staff absences. Coordinate with other related, local agencies and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick. Require sick staff to stay home.
- Communicate to staff the importance of staying home when they are sick.
- Communicate to staff the importance of being vigilant for symptoms and staying in touch with agency management if or when they start to feel sick.
- Sick staff members should not return to work until they have met the criteria for Discontinuation of Isolation and Precautions for Adults with COVID-19 (please refer to this section on page 9 of this document)

Strategies to Mitigate Staffing Shortages

Maintaining appropriate staffing in facilities is essential to providing a safe work environment for staff and safe client care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to staff exposures, illness, or need to care for family members at home. Facilities must be prepared for staffing shortages and plan accordingly. Considerations for creating a staffing contingency plan include (but are not limited to):

- Not admitting new clients until staffing shortages are alleviated
- Use of a staffing agency
- Management or office staff to assist with clients (within their scope of practice)
- Implement sick leave policies that are flexible and non-punitive
- Bonus or overtime pay

Refer to CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

Sharing Client Information during the COVID-19 Pandemic – Critical to Helping Prevent the Spread of COVID-19

The HIPAA Privacy Rule protects the privacy of patients' health information (protected health information) but is balanced to ensure that appropriate uses and disclosures of the information still may be made when necessary to treat a patient, to protect the nation's public health, and for other critical purposes.

Treatment

Under the Privacy Rule, covered entities may disclose, without a patient's authorization, protected health information about the patient as necessary to treat the patient or to treat a different patient. Treatment includes the coordination or management of health care and related services by one or more health care providers and others, consultation between providers, and the referral of patients for treatment.

Public Health Activities

The 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 a state or local health department, 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, for example, 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.

Disclosures to Prevent a Serious and Imminent Threat

Health care providers may 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 – consistent with applicable law (such as state statutes, regulations, or case law) and the provider’s standards of ethical conduct. Thus, providers may disclose a patient’s health information to anyone who is in a position to prevent or lessen the serious and imminent threat, including family, friends, caregivers, and law enforcement without a patient’s permission.

For full details please refer to the United States Department of Health and Human Services – BULLETIN: HIPAA Privacy and Novel Coronavirus: <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf>

NAC 441A.300 (1)(a)(c)(g) Health authority: Authorization to disclose information of personal nature to certain persons.

1. Pursuant to subsection 6 of NRS 441A.220, information of a personal nature provided by a person making a report of a case or suspected case or provided by the person having a communicable disease, or determined by investigation of the health authority, may be disclosed by the health authority to:

(a) A person who has been exposed, in a manner determined by the health authority likely to have allowed transmission of a communicable disease, to blood, semen, vaginal secretions, saliva, urine, feces, respiratory secretions or other body fluids which are known through laboratory confirmation or reasonably suspected by the health authority to contain the causative agent of a communicable disease.

(c) The health care provider of a case or suspected case or of a person described in paragraph (a) if determined by the health authority to be necessary for the protection of the health care provider or for the well-being of the case, suspected case or person described in paragraph (a).

(g) Any other person determined by the health authority through an investigation of a case to be at risk for acquiring the communicable disease.

Reporting and notification:

Local health department notification

Notify your local health department if:

- COVID-19 is suspected or confirmed among clients or agency personnel
- A client develops severe respiratory infection

Nevada Division of Public and Behavioral Health

- 24-hour phone: (775) 684-5911
- <http://dpbh.nv.gov/>

Carson City Health & Human Services

- Business hours: (775) 887-2190
- After hours: (775) 887-2190
- <https://gethealthycarsoncity.org/>

Southern Nevada Health District

- 24-hour phone: (702) 759-1300
- <https://www.southernnevadahealthdistrict.org/>

Washoe County Health District

- 24-hour phone: (775) 328-2447
- <https://washoecounty.us/health/>

Definitions:

Cloth face covering: Textile (cloth) covers that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. They are not PPE, and it is uncertain whether cloth face coverings protect the wearer. Guidance on design, use, and maintenance of cloth face coverings is included in the list of resources in Section J.

Face mask: Face masks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare. Refer to the Appendix for a summary of different types of respirators.

Resources

- CDC website: www.cdc.gov
- CMS Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs)
<https://www.cms.gov/files/document/qso-20-18-hha.pdf>
- WHO; Home care for Clients with suspected or confirmed COVID-19 and management of their contacts
[https://www.who.int/publications/i/item/home-care-for-clientclients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications/i/item/home-care-for-clientclients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)
- United States Department of Health and Human Services – Health Information Privacy:
<https://www.hhs.gov/hipaa/for-professionals/faq/960/can-health-care-information-be-shared-in-a-severe-disaster/index.html>
- United States Department of Health and Human Services – BULLETIN: HIPAA Privacy and Novel Coronavirus: <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf>
- What you should know about COVID-19 to protect yourself and others:
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
- Cleaning and Disinfecting your Home:
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Optimizing Personal Protective Equipment (PPE) Supplies
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
[Protecting Healthcare Personnel | HAI | CDC](#)
- Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings (Interim Guidance):
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-clientclients.html>
- Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

- CDC Poster cloth face covering:
[Use Masks to Slow the Spread of COVID-19 \(cdc.gov\)](#)
- CDC/APIC Poster PPE:
[ppe-sequence.pdf \(cdc.gov\)](#)
http://www.apic.org/Resource_/TinyMceFileManager/consumers_professionals/APIC_DosDontsofMasks_hi.q.pdf
- CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages: [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)
- Strategies for Optimizing the Supply of N95 Respirators: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>
- OSHA Respiratory Protection Program Guidelines: <https://www.osha.gov/enforcement/directives/cpl-02-02-054>
- [Caring for Someone Sick at Home](#)
[Cleaning and Disinfecting Your Home | CDC](#)

Note: CDC guidelines are subject to change as more is learned about COVID-19. Please visit the CDC website regularly to check for updated information.