

Guidance for Home-Based Health and Human Services, Phase III

Effective November 30, 2020, through December 13, 2020, additional restrictions are in place that override information in this document, most notably the degree to which your industry may operate and at what capacity. Please refer to [Rhode Island on Pause](#) that is posted on Reopening RI's website for the most current information.

This guidance is intended to support home-based health and human services providers by laying out safe practices for conducting in-person services in a client's home during the COVID-19 pandemic.

For the purposes of this guidance, home-based health and human services include all services and activities that take place in a client's home, including but not limited to, Family Home Visiting, Early Intervention, Home-Based Therapeutic Services (HBTS), Applied Behavior Analysis (ABA), Personal Assistance Supports and Services (PASS), Respite, Child Protective Services, Adult Protective Services, Quality Assurance, and Department of Children, Youth and Family (DCYF) Family Service Unit caseworker home visits.

This guidance does not cover child care licensors. Home-based services that provide skilled nursing, certified nursing assistants, or other skilled services that are certified or registered with RIDOH should follow the Ambulatory Care Guidance and are encouraged to review this guidance for additional information.

If you have questions, please contact:

- Early Intervention - Jennifer Kaufmann, Jennifer.Kaufmann@ohhs.ri.gov
- Home-Based Therapeutic Services (HBTS), Applied Behavior Analysis (ABA), Personal Assistance Supports and Services (PASS), and Respite – Jason Lyon, Jason.Lyon@ohhs.ri.gov
- Family Home Visiting – Sara Remington, Sara.Remington@health.ri.gov and Blythe Berger, Blythe.Berger@health.ri.gov
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- BHDDH Quality Management – Christine Emond, Christine.Emond@bhddh.ri.gov
- Adult Protective Services – Michelle Syzlin, Michelle.Syzlin@oha.ri.gov
- DCYF Home-based Services – Heather Warner, Heather.Warner@dcyf.ri.gov
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SUMMARY OF PHASE III OPERATIONS

Home-based services should use remote options to deliver care whenever possible. In cases where in-person services cannot be provided remotely to support the health and well-being of a client, this guidance outlines how to ensure client and provider safety. Providers and clients are encouraged to work together to resume in-person services safely.

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PHYSICAL SPACE AND OCCUPANCY LIMITS

Where not specified below, all organizations should follow the general guidance from the Rhode Island Department of Health (RIDOH) and the Centers for Disease Control and Prevention (CDC) regarding gathering sizes and social distancing.

Adhere to Gathering Size Restrictions

- Follow [current gathering size requirements](#).
- These gathering-size restrictions should be followed when planning home visits unless the reason for the service cannot be accomplished within the gathering size restrictions. An entry in the client file should be made to reflect the reason(s) the gathering size restriction was not followed.

Apply Physical Distancing Measures

- Follow [the physical distancing requirements](#).
- Throughout the visit, all people should remain at least six feet apart whenever possible.
- For home-based services that require close contact between clients and providers, appropriate personal protective equipment (PPE), as further described below, should be used at all times and discarded as described below.

SCREENING, PERSONAL PROTECTIVE EQUIPMENT, AND CLEANING PROCEDURES

All home-based services should use the below health screening, PPE, and cleaning procedures to conduct each visit. All providers should be trained in the proper use, donning, doffing, and disposal of PPE. In addition, all providers should be trained in the proper disposal or cleaning, when appropriate, of supplies and equipment that is used during a visit to a client who screens positive for symptoms of COVID-19.

Provider Screening Procedures:

- Providers should be screened daily using RIDOH's [COVID-19 Screening Tool](#).
- If a provider answers *YES* to any of the screening questions, they should not be allowed to conduct home-based services in person.
- If a provider screens positive, they should follow CDC and RIDOH guidance. (See human resources section below.)

Client Screening Procedures

- Prior to scheduling a home-based service, the provider is encouraged to contact the client and conduct a verbal health screening using the [COVID-19 Screening Tool](#) for all members of the household.
 - If the client answers *NO* to all screening questions, then the visit should be scheduled.
 - If any household member answers *YES* to any screening questions:

REOPENING RI

- If possible, provide the service remotely or reschedule the visit until the client is medically evaluated or 10 days after the symptoms have resolved.
- If the in-person home visit is essential, encourage the client to call their healthcare provider for advice before the visit, especially if there has been contact with anyone with COVID-19 or the client has underlying health conditions. If requested by the client, the provider may assist the client with this, as appropriate.
- Call again before the visit to ensure the client was able to consult with a healthcare provider for recommendations.
- If the person who has been diagnosed with COVID-19 or who is symptomatic is a household member and not the client or patient receiving direct services, they should be in another room, if possible, for the entire visit. The visit could proceed with appropriate precautions, including proper PPE use, as this should be considered a COVID-19 environment with risk factors due to high-touch areas and asymptomatic COVID positive potential.
- The day of the scheduled visit, the provider should contact the client to conduct the verbal screening using the [COVID-19 Screening Tool](#) and ask about all members of the household. Note: If resources, including appropriate PPE and thermometers are available, the provider may opt to check the client's temperature before entering the home.
 - If the client answers *NO* to all screening questions, then the visit can occur.
 - If a client answers *YES* to any screening questions:
 - If possible, provide the service remotely or reschedule the visit until the client is medically evaluated or 10 days after the symptoms have resolved.
 - If the home visit is essential, the visit could proceed with appropriate precautions as defined below, including proper PPE use.
 - If the person who has been diagnosed with COVID-19 or who is symptomatic is a household member and not the client or patient receiving direct services, they should be in another room, if possible, for the entire visit. The visit could proceed with appropriate precautions, including proper PPE use, as this should be considered a COVID-19 environment with risk factors due to high touch areas and asymptomatic COVID positive potential.
- **CANNOT SCREEN IN ADVANCE:** In instances where it is not possible to screen clients and/or household members before the visit:
 - If possible, reschedule the visit to another time once a screening can be conducted.
 - If an emergency or an unannounced visit is required, providers are encouraged to conduct a verbal health screening before entering the home and put on appropriate PPE based on the responses OR assume that the people who live in the home may be symptomatic and take the precautions listed below for a symptomatic household.

REOPENING RI

Use of Face Masks and Other PPE:

If a client does not have symptoms of COVID-19 and the visit proceeds:

- **Outdoor visit without close contact:** Anyone who is near other people who do not live with them must wear a mask. The provider must wear a medical/surgical face mask for the entire visit and is encouraged to wear gloves. Gloves are single-patient use and should be changed after each visit ends. Exceptions to mask wearing in the regulations are:
 - Cloth masks should not be placed on children younger than age two; anyone who has trouble breathing; or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
 - Cloth face coverings are not required for individuals who are required by their employers or by state or federal law to wear other more personal protective equipment (such as N-95 respirators and surgical masks).
 - Cloth face coverings are not required if it prevents an activity of daily living (eating or drinking).
 - Cloth face coverings are not required if it would negatively impact the safety of an individual or lead to an increased risk of harm to others (near open flames).
- **Indoor visit with close contact:** The provider must wear a medical/surgical face mask and gloves for the entire visit (gloves are single-patient use and should be changed if they are damaged or contaminated) and are encouraged to use eye protection. If an indoor visit must take place, open doors and windows, when possible, to allow for additional air circulation within the house. The indoor visit should only be between the provider and client, when possible. If an additional family member must be included, only the minimum required number of family members should be present during the visit, and proper physical distancing should be followed. The client and any household members should wear cloth face coverings that cover their mouth and nose at all times, unless they meet one or more of the exceptions noted previously.

If a client has symptoms of COVID-19 or a screening is not possible in advance, such as in cases of emergency or unannounced visits:

- If at all possible, the provider should conduct the service remotely or reschedule the visit until the client is medically evaluated or, if the client is not immunocompromised, 10 days after the symptoms have resolved AND at least 24 hours have passed since last fever without fever-reducing medications AND symptoms have improved. In the case of a client who is symptomatic and immunocompromised, the provider should reschedule the visit until the client is medical evaluated or at least 20 days have passed since symptoms first appeared AND at least 24 hours have passed since last fever without fever-reducing medications AND symptoms have improved.
- If the reason for the service cannot be accomplished remotely, such as in the case of an emergency, the provider should use full PPE, including a medical/surgical facemask/N-95 respirator, gloves, eye protection, and disposable gown.

Best Practices for Proper PPE Usage

Providers are encouraged to follow the below guidelines as closely as possible to ensure provider and client safety. All circumstances vary, especially in home-based settings, and it may not be possible to follow the steps exactly. However, this represents best practice from the CDC.

Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer that contains at least 60% alcohol.

REOPENING RI

Donning: PPE should ideally be put on outside of the home before going inside. If the provider is unable to do that, it is recommended that face protection (i.e., mask or respirator and eye protection, if available) be put on before entering the home. Alert anyone in the home that the provider is entering the home and ask them to move to a different room, if possible, or to keep a six-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.

Doffing: Ask the client if there is a trash can outside of the home or if a trash can is permitted to be left outside for the disposal of PPE. PPE should ideally be removed outside of the home and discarded in a trash can before leaving the location. PPE should not be taken from the client's home and into the provider's vehicle. If there is no trash can outside the home, the provider should ensure that they have plastic bags in their car. Place used PPE into doubled plastic bags and knot the bags securely. Put the bags in the trunk of the car and throw them away in an outside trash can as soon as possible.

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 anyone who is in the home to move to a different room, if possible, or keep a six-foot distance in the same room. Once the entry area is clear, remove gown and gloves and exit the home (following instructions above). Once outside the home, perform hand hygiene with alcohol-based hand sanitizer that contains at least 60% alcohol, remove face protection, and discard PPE by placing it in an outside trash can before leaving the location. Perform hand hygiene again.

Enhanced Cleaning and/or Disinfecting Procedures

- Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer that contains at least 60% alcohol.
- Providers should sanitize their hands before the home-based service begins, regularly throughout the service, and immediately after leaving the home.
- Providers should clean and disinfect frequently touched surfaces, such as car doors, steering wheels, phones, pens, laptops, toys, and any items used during the visit.
- Providers should properly clean and disinfect any medical equipment used in between visits.

Guidelines Related to Travel

When transporting a client in a car or van, staff should follow the [car/van transportation guidance](#).

HUMAN RESOURCES

Guidance to minimize spread of COVID-19 among employees:

- Follow RIDOH's guidance on [Return to Work for Healthcare Workers](#).

Guidelines to assist individuals who are symptomatic and/or test positive for COVID-19, or are required to quarantine based on potential exposure:

- Each organization should have a plan to ensure that employees who are required to isolate based on a positive test for COVID-19, or are required to quarantine as a result of exposure, can safely stay out of the workplace and suspend all home-based services until cleared to return.

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- See: <https://health.ri.gov/publications/guidance/COVID-19-Quarantine-and-Isolation-Guidance-by-Population.pdf>

Agencies should develop a training plan in order to meet the safety guidelines proposed in the previous sections:

- Each organization should develop a training plan to ensure that employees are able to meet the safety guidelines described throughout this guidance. This includes, but is not limited to, [training](#) on proper use and conservation of PPE.
- Added June 24: View [training videos](#) designed for health and human services staff who provide home-based service.

CLEAR COMMUNICATIONS

- Agencies are encouraged to develop a communications plan to explain the aspects of operations to staff, clients, community members, and other target audiences as appropriate.
- Agencies are encouraged to continue to remind employees about the importance of staying home if they are sick.

CERTIFICATION AND ENFORCEMENT

Failure to follow COVID-19 Rhode Island requirements for Home-based Services may be addressed through COVID-19 emergency regulations or promulgated State department regulations that fund and/or certify the requisite provider.

SUPPLIES

These are the supplies that providers should carry on home visits:

- Surgical/medical facemasks
- Gloves
- Hand sanitizer
- Cleaning supplies (wipes or towels and cleaning solution)
- N-95 respirator, eye protection, and disposable gown (if visiting with a COVID-19-positive client)

Recommended:

- Additional cloth masks for clients
- Thermometer
- Plastic bags for used PPE