What's Behind the Door?

Home Health RNs during the Covid-19 Crisis

If there is a frontline in healthcare delivery, home health workers are in front of the front line. Day-in and day-out RNs walk into tens of thousands of homes and face a host of clinical and safety challenges.

With COVID-19 a growing threat, they encounter a new challenges behind the door.

What can you do to protect yourself during this critical time? The COVID-19 situation is evolving day to day, but here are some baseline recommendations.

Staffing, Screening and PPE

There are three main bases that absolutely need to be improved. Current protocols are insufficient.

- heightened screening of patients and their households,
- enhanced staffing and
- adequate and appropriate protective equipment for staff.

Screening Protocols, Algorithms and Capacity

At minimum, agencies should determine how best to put in place the following:

- Ongoing COVID-19 risk-specific screening. It will be critical to determine in real time patients potential exposures to COVID-19. RNs will be particularly over-burdened during this time. Part of the screening can be done by others, as is done in acute care and skilled nursing settings for visitors.
- Algorithms to be used by screeners, with firm perimeters that separate basic info gathering from medical assessment and advice, and provide clear direction on what is to happen and who is to do what depending on the information obtained. So the algorithms lead to clear protocols.

Capacity/Staffing

Home health agencies are as short staffed as our hospitals. Additional hands are needed during COVID-19

- Expanded screening requires additional staffing. More calls and more time are needed to determine potential COVID-19 issues in households.
- Additional time is needed for the proper use and monitoring of protective equipment measures.
- Employers need to plan for the likelihood that RNs and other staff will be exposed to COVID-19 and therefore require quarantine for periods of time.

Employers should have contingency plans in place for providing additional staff to address these challenges. These plans should be arrived at in conjunction with frontline staff.

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Protective Equipment is needed to protect against COVID-19

While other measures can and should keep staff out of harm's way (see box this page), protective equipment must be provided by the employer that is correct for the hazard, is fitted properly to the worker and is of sufficient quantity and proper condition. In the case of COVID-19 exposure, the following should be the minimum provided:

- Gown, preferably impermeable.
- N95 respirator that is fit tested for the wearer (fit test is different from fit check – see box in this document)
- Face shield/googles, preferably wrap around.

Some face shields and goggles are made to be reused after disinfection, but N95 respirators are not. They should not be reused. When you leave a patient, or step away from providing care to do something else non-care related, the respirator should be discarded. Gowns should also be discarded after each patient care session.

Contact your NYSNA representative immediately if your employer is not providing sufficient equipment, or if they are claiming a shortage of respirators. They must take steps to secure adequate supplies of protective equipment.

Safe donning and doffing

This is one of the challenges of care in the home environment. In a hospital or clinic setting we expect to have an anteroom or special area exiting the care area to put on and take off safety equipment. This may or may not be possible in the home environment, where the goal is to have your equipment donned before you enter the home. What can be done?

Make every effort to don your equipment before entering the home/apartment. Do likewise when leaving: wait until you have just exited to doff your equipment.

Contaminated equipment (mask and gown) to be thrown away should be bagged and placed in waste receptacles nearby. Disinfect face piece/goggles before leaving the area but not in the home.

It Must Fit – Based on a Test

OSHA regulations require that certain respirators, including N95s, be fit tested for each person required to wear them.

Fit testing is typically done on a yearly basis, or when employees start being required to wear respirators. It is an involved test, conducted by someone else, which includes the use of a test agent, such as sucrose, and a series of motions done by the wearer after donning the respirator. If the sucrose or other agent is tasted or smelled, the respirator does not fit. Another size or make or model must be provided until the wearer passes the test. That size and make and model is the respirator you should use going forward.

A fit check is different. It is done every time you don the respirator. It is a quick way to check the seal. It does not take the place of fit testing.

N95 Reuse Not Allowed

Despite what some employers have been saying, N95 respirators cannot and should not be reused. COVID-19 is transmitted by contact as well as droplet and airborne. This means your respirator will likely be contaminated (and must be assumed to be contaminated) during patient care activity or while in close proximity to those who may have COVID-19.

The reuse of N95s is sometimes, rarely, done when caring for TB patients. TB transmits only through the air, not by contact. Even in this case, reuse involves a very involved set of safety protocols. These are normally too burdensome and the decision is made to toss N95s during TB care as well.

For further information, questions or concerns, please contact your NYSNA representative.

New York State NURSES ASSOCIATION