Home Care Association of New York State  
Responses to NYC Department of Health  
Requests for Information on Home Care/Hospice PPE

Preface

This background on the need and use of PPE in home care is provided at the request of NYC Executive Deputy Health Commissioner, Hillary Kunins, MD, MPH.

This document follows a March 27 discussion in which HCA urged Dr. Kunins to amend a NYC Health Department policy to properly include home care and hospice as NYC-recognized entities for personal protective equipment (PPE).

Dr. Kunins requested information on: the type of PPE needed by health care personnel in the home setting; the clinical procedures and tasks performed in home care warranting PPE; policies and strategies for PPE conservation, use and reuse; and relevant home care COVID stats.

Home Care Background

Certified and licensed home health agencies and hospices employ health care professionals who provide a full array of health care services to individuals who receive health care in their homes. These health care personnel include registered nurses, licensed practical nurses, therapists, medical social workers, home health and personal care aides and others who provide perform tasks and procedures described below.

Home care and hospice personnel are declared essential personnel in the COVID emergency. These agencies are not only serving COVID-positive and COVID-suspected individuals, but a population of individuals of considerable medical fragility who are determined priority one by NYS Department of Rules. (see page 3)

While PPE access has been challenging for all sectors and throughout the state, no locality or municipal authority other than the NYC Department of Health, has adopted a policy categorically excluding home care and hospice as entities recognized for PPE access and need. As this document will demonstrate, PPE need is integral to many of the patient conditions and clinical tasks in home care.

As a result of the current pandemic and the resulting PPE shortages occurring throughout the country, home health providers, like all health care providers, have had to develop strategies and incorporate conservation policies for use of PPE that is consistent with standards of practice that are articulated by the CDC. Provider survey data reveals almost 80% of home care and hospice providers are continuing to have a difficult and/or extremely difficult time attempting to access PPE for their staff.

Even with conservation and absolute, surgical prioritization of use, current PPE supplies available to home care have been depleted at a time when many hospitals in NYC are approaching home care agencies to accept COVID-19 patients as they prepare to discharge these patients from their facilities.

Agencies need PPE to assist the transition of these hospital patients and assist hospital decompression overall. Meanwhile COVID-positive and other high-risk patients at home are relying on home care to stay out of the hospital.
Staff need protection from patients, and in turn, patients have a right to health care personnel in their homes protected from exposing them and their families to COVID-19 without the requisite PPE.

The ability to provide care and maintain individuals in their homes ensures safety and decreases hospital utilization, emergency room utilization and resultant negative outcomes for these elderly, frail and young handicapped populations

**Responses to NYC Requests**

**I. List of Essential PPE for Home Health Personnel**

- Surgical masks
- N95 masks
- Face shields
- Gowns
- Gloves
- Hand sanitizer

**II. Examples of patient care procedures in home care requiring PPE for patient/worker safety in COVID**

Respiratory Treatments and Care
- Oral or Tracheal suctioning
- Tracheostomy Care
- Ventilator Care

Venous Line, Intravenous and Injection procedures
- PICC line Maintenance
- Intravenous administration and ongoing care of IV site
- Injection Administration

Complex Wound Care including Vac Care
- Drain Care
- Pleurex Catheter care
- Una boot application e.g. for leg ulcers
- Compression wrap application
- Suture/Staple Removal

Foley catheter Change and Care

Ostomy Care (colostomy, ileostomy, urostomy)

Blood Glucose Testing

Vital Signs Monitoring

Enteral Feedings

Skin Assessment (particularly for bed/chair/wheel chair bound individuals)

Incontinence care
III. Strategies for conservation, use and reuse

Conserve PPE use for NYS DOH classified Priority-One patients and where patients require the procedures indicated in the prior section. By DOH definition, **Priority-One patients must have uninterrupted services. Every possible effort must be made to see this patient. The patient’s condition is highly unstable and deterioration or inpatient admission is highly probably if the patient is not seen.**

Deliver PPE directly to the homes of these priority patients where health care personnel can access PPE there and only for these patients. Masks can be labelled with the name of health care practitioner or home health aide for use/reuse with that patient.

Prioritize facemasks for patient care involving close, prolonged physical and face to face contact is unavoidable with a COVID-positive, or potentially infectious patient, and for when splashes and sprays are anticipated.

Exclude from COVID positive cases, and therefore from draw on PPE supply, health care personnel who themselves are at higher risk for severe illness from COVID contact.

Follow CDC guidance for “Extended Use and Limited Reuse of PPE” at [https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html](https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html)

- A March 31 HCA survey reveals that **48%** of home care staff from survey respondents are diligently reusing face masks consistent with CDC guidance; **14%** of staff are making their own face masks; **19%** of staff are completing patient visits without face masks.

IV. Scope of PPE Use for NYC Home Care

Conserve PPE use for priority patients in NYC.

As of the time of writing, for example, there are approximately 16,000 Priority-One home care agency patients in NYC.