

November 20, 2014

DAL: DHCBS 14-12
***Subject: Ebola Guidance for Home
Health Care Agencies and
Hospice Providers***

Dear Administrator:

The purpose of this letter is to provide guidance to certified home health agencies, long term home health care programs, hospices, and licensed home care services agencies pertaining to the current Ebola Virus Disease (EVD) outbreak in West Africa.

As you may be aware, Acting Commissioner of Health Howard A. Zucker, M.D., J.D., issued an order (to hospitals, clinics, emergency medical services providers, and funeral directors) on October 16, 2014. A copy of this order is available on the New York State Department of Health (NYSDOH) website or the NYSDOH Health Commerce System. **This order does not cover home health care or hospice providers.** However, we suggest that you review the order which includes important information about actions that are being taken to manage EVD in New York State.

The health and safety of healthcare workers are essential areas of interest and concern in assuring the availability of a workforce for providing and supporting patient care. As the situation with Ebola infections identified in the United States continues to evolve, it is important for all agencies to keep apprised of current guidance.

How can my agency receive the most current information on EVD?

To date, no specific guidance has been developed by the Centers for Disease Control and Prevention (CDC) for home health care and hospice providers. However, it is important that all agencies regularly visit the CDC and NYSDOH websites, and the NYSDOH Health Commerce System (HCS) for the most up-to-date information and provide appropriate education to staff. It is recommended that all agency personnel be educated about the disease, its signs and symptoms, and that having a travel history to one of the three West African countries is a key element.

Agencies will be notified via an alert in the HCS if guidance specific to home health care and /or hospice is posted by CDC.

Here are the links to the CDC and NYSDOH websites:

<http://www.cdc.gov/vhf/ebola/index.html>

http://www.health.ny.gov/diseases/communicable/ebola/?utm_source=doh&utm_medium=hp-button&utm_campaign=ebola

What actions should be taken for agency personnel who have traveled to West Africa (Guinea, Sierra Leone, Liberia)?

There is no specific guidance developed for home health care and hospice providers. However, the following information applies to all healthcare workers and other individuals traveling to the West African nations (Liberia, Sierra Leone, or Guinea), currently involved in active Ebola outbreak, per announcement made on Friday, October 24, 2014, by New York Governor Andrew M. Cuomo and New Jersey Governor Chris Christie:

There will be real-time access to on-the-ground screening at JFK and Newark Liberty International Airports by New York and New Jersey Departments of Health staff, respectively;

Each State Department of Health at JFK and Newark Liberty International Airports will, as permitted under applicable law, make its own determination as to hospitalization, quarantine, and other public health interventions for up to 21 days. There will also be a mandatory quarantine for any individual who had direct contact with an individual infected with the Ebola virus while in one of the three West African nations (Liberia, Sierra Leone, or Guinea), including any medical personnel having performed medical services to individuals infected with the Ebola virus. Additionally, all individuals with travel history to the affected regions of West Africa, with no direct contact with an infected person, will be actively monitored by public health officials and, if necessary, quarantined, depending on the facts and circumstances of their particular situation.

New York and New Jersey are establishing enhanced communication protocols between their respective state health departments to coordinate on matters pertaining to New York and New Jersey resident travelers who fly into Newark and JFK;

The Centers of Disease Control (CDC) and Customs Border Patrol (CBP) will provide information to New York and New Jersey's respective State Departments of Health on all screening on a real-time basis and provide a daily recap as to the status of that day's screening and CDC determinations.

Therefore, health care workers who have not had any exposure to patients with EVD, EVD patient body fluids or human remains from EVD patients may return to work but the employer/agency should consult with the local health department on their status.

Here are the web links to the information on airport screening, the mandatory quarantine and the role of public health officials available on the Governor's website:

<http://www.governor.ny.gov/press/10242014-ebola-screening-protocols>

<http://www.governor.ny.gov/press/10262014-jfk-ebola-screening-fact-sheet>

It is the agency's responsibility to maintain a list of those personnel who have traveled within the last 21 days to Liberia, Guinea, or Sierra Leone and confirm with the local health department (LHD) that they are being monitored or quarantined as appropriate. Agency management should exercise discretion in sharing this information, so as to not subject the employee(s) to unwanted attention.

If you suspect a home care worker is ill or has been exposed to Ebola, immediately contact your LHD. The LHD will help providers further assess risk exposure history and determine whether additional evaluation in a hospital setting is appropriate. The LHD will also help facilitate transportation to help minimize potential exposure.

Information for contacting LHDs is available on the following websites:

https://www.health.ny.gov/prevention/prevention_agenda/contact_list.htm

http://www.nyscho.org/images/nys_county_map.jpg

Agencies who are unable to reach their LHD can contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or the NYSDOH Public Health Duty Officer at 1-866-881-2809 evenings, weekends and holidays. If you need to call the Duty Officer, select option #1 for "emergency," so that you can speak immediately with the Duty Officer.

Do I need to make changes to my infection control policies to handle EVD?

No; home health care providers and hospices are not expected to (and must not be) caring for patients with EVD. However, all agencies are strongly urged to review and reinforce their policies and procedures regarding infection control, as appropriate, for the care of all patients. The state regulations that address infection control policies are:

Certified Home Health Agencies – 10 NYCRR 763.13(m)

Licensed Home Care Service Agencies – 10 NYCRR 766.11(l)

Hospices – 10 NYCRR 793.5(k)

Should my agency be screening patients upon admission?

To date, no specific guidance has been developed by the Centers for Disease Control and Prevention (CDC) for home health care and hospice providers. As previously stated, home health care and hospice providers are not covered by the Commissioner of Health's October 16, 2014 order. In addition, with the increased airport screening measures that are now in place, along with mandatory quarantine when applicable, agency staff are not required to screen patients.

What actions related to EVD should agency personnel be taking when providing services to patients in their homes?

It is important to recognize that EVD is not currently prevalent in the United States. There are very few documented cases and entry to the United States is limited to certain airports (5) where enhanced screening is now occurring. In the absence of a travel history (this would include the patient, family members, friends, visitors), having a patient with EVD is not likely. However, all agency personnel should be educated about the disease and its signs and symptoms.

Home health and hospice employees providing services to patients in their home do not have a primary role in screening patients or their families for EVD given the measures that are already in place to screen, track and monitor travelers for EVD (and impose a mandatory quarantine when applicable criteria are met).

It is recommended that the agency take the opportunity to review with all employees the applicable state (for CHHAs and LHCSAs) or federal (for Hospices) regulations and the associated agency policies pertaining to “changes in patient condition”. The regulations that address this topic are:

Certified Home Health Agencies – 10 NYCRR 763.4 (h) (4) and (7) (iii)

Licensed Home Care Service Agencies – 10 NYCRR 766.5 (b) (3) and (d) (3)

Hospices – 42 CFR 418.76 (g) (4)

In no instance should Personal Care Aides or Home Health Aides be given the task of trying to screen and assess patients (for EVD or any other medical issue). Instead, changes in patient condition must be reported to agency supervisory personnel. In some instances, agency supervisory personnel may need to make a decision (based on the report by the aide and any additional information that is available) whether or not to report a suspected case of EVD to the LHD.

Where can I direct my questions about EVD?

Questions can be directed to the following email address: ebola.preparedness@health.ny.gov or to the toll-free information line which operates 24/7: 1-800-861-2280.

Your diligence in educating your staff on New York State’s EVD preparedness is appreciated. On behalf of the Department of Health, thank you for your valuable role in serving patients in the community.

Sincerely,



Keith W. Servis,
Deputy Director
Office of Primary Care and Health
Systems Management