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PIN 20-03-HCS

TO: ALL HOME CARE ORGANIZATION LICENSEES AND HOME CARE AIDES

FROM: *Original signed by Pamela Dickfoss*  
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SUBJECT: **GENERAL PRECAUTIONS, BEST PRACTICES, USE OF PERSONAL PROTECTIVE EQUIPMENT, AND AFFILIATED HOME CARE AIDE TRAINING REQUIREMENTS**

**Provider Information Notice (PIN) Summary**

PIN 20-03-HCS provides guidance to Home Care Organization (HCO) licensees and Home Care Aides (HCA) on general precautions, best practices, use of Personal Protective Equipment (PPE), and training requirements related to Coronavirus Disease 2019 (COVID-19).

The California Department of Social Services (CDSS) is taking major and unprecedented actions to protect the health, safety, and welfare of the people of California. HCOs and HCAs play a vital role in this effort. This PIN will provide guidance to HCO licensees and HCAs related to COVID-19.

CDSS is recommending HCOs and HCAs follow guidance or instructions from all applicable [CDSS PINs](#), in addition to guidance or instructions from health care providers, the Federal [Centers for Disease Control and Prevention \(CDC\)](#), the [California Coronavirus \(COVID-19\) Response](#), the [California Department of Public Health \(CDPH\)](#), the [Cal/OSHA guidance for workers](#), and [local health departments](#).

## **GENERAL PRECAUTIONS**

HCAs should take the following steps to slow the spread of COVID-19:

1) Stay home when you do not feel well or are sick.

- If you do not feel well, are sick, or have symptoms of COVID-19, remain at home and notify the client and your HCO, if applicable.
- If you have a fever, remain at home until:
  - the fever has been gone for at least 72 hours without the use of fever-reducing medicines, AND
  - other symptoms have improved (for example, cough or shortness of breath have improved), AND
  - at least 7 days have passed since your symptoms first appeared.
  - Confirm with your doctor when you may return to work without the risk of infecting others.
- Seek immediate medical care if symptoms become more severe, e.g., high fever or difficulty breathing.
- Follow the [Cleaning and Waste Management Considerations for Residences](#) guidance to help clean your home.
- Follow guidance from public health officials, such as staying home if you are over the age of 65 or have underlying health conditions.
- Talk to your doctor about obtaining the flu vaccine to reduce other non-COVID-19 illnesses.

2) Use “respiratory etiquette”.

- Cover a cough with a tissue or sleeve. See [CDC’s Cover Your Cough page](#) for multilingual posters and flyers, posted at the bottom of webpage.
- Provide adequate supplies within easy reach, including tissues and no-touch trash cans, if feasible.
- Avoid touching eyes, nose, and mouth with unwashed hands.

3) Wash hands frequently.

- Wash hands often with soap and water for at least 20 seconds and follow [CDC guidelines](#) for washing hands.
- Use alcohol-based (at least 60% alcohol) hand sanitizers to supplement routine handwashing.
- Ask each person who enters the client’s home to immediately wash their hands or use alcohol-based hand sanitizer before they do anything else. Encourage them to wash their hands or use alcohol-based hand sanitizer frequently during their time in the client’s home.

- 4) Enhance cleaning and disinfection in the home consistent with CDC guidance (see [Environmental Cleaning and Disinfection Recommendations](#)). Encourage flu vaccine for those who have not had it this season to reduce illnesses.
  - Clean and disinfect frequently touched objects and surfaces daily, or more often, following the manufacturer's guidance. Frequently touched surfaces include, but are not limited to, commodes, toilets, faucets, hand and/or bed railings, telephones, door handles and knobs, computer equipment, tv remotes, and kitchen food preparation surfaces.
  - Clean and disinfect rooms after each use by an HCA and client, if there is a reason to suspect exposure to COVID-19 or other contagious illness.
  - Use all cleaning products according to the directions on the label.
  - Management of laundry, kitchen items and utensils, and medical waste should be performed in accordance with routine procedures.
  
- 5) Limit physical contact with clients when possible and engage in physical distancing.
  - Limit physical contact with clients to activities necessary to the care and wellbeing of the client.
  - Avoid close contact with (maintain physical distancing from) people who are sick.
  - Try to always keep a distance of at least six (6) feet between yourself and other people in the client's home and when on errands for clients.
  
- 6) Enact a policy for screening for COVID-19. HCAs should be mindful of CDPH and local public health guidance for COVID-19 and ask the following questions before starting work for the day, and upon entering a home:
  - Has anyone in your home tested positive for COVID-19 in the past 14 days?
  - In the past 14 days have you or anyone in your household had any of the following symptoms?
    - Fever (chills, body aches, or measured temperature at or above 100.4°F / 38°C)
    - Cough
    - Shortness of breath
  
  - Have you or anyone in your household had close contact with a person who tested positive for COVID-19 with a laboratory confirmed test in the last 14 days?

If the answer is "yes" to any of these questions, the person should be encouraged to contact their doctor to let them know about their symptoms and/or exposure, and to seek medical care if appropriate.

**Note:** Follow the additional steps below under “When a client has suspected or confirmed COVID-19” and “When a client’s household member (not client) has suspected or confirmed COVID-19”.

7) Wearing face coverings is recommended and is required in some local jurisdictions. Covering your face does not substitute for existing guidance about physical distancing and handwashing.

- Some counties have introduced policies promoting face coverings and you should consult with your local public health department for county-specific guidance.
- If you are required or opt to wear a face covering, wash it frequently, ideally after each use, or at least daily.
- Discard face coverings that no longer cover your nose and mouth, have stretched out or damaged ties or straps, cannot stay on your face, or have holes or tears in the fabric.

**Note:** Face coverings are not PPE and should not be used as a substitute for PPE (see below). See CDPH [Face Covering Guidance](#) for additional information about face coverings, including additional instructions for care.

HCO licensees should take the following additional steps:

- Develop or update an emergency plan to include contingencies for providing backup caregivers in the event that your organization’s HCAs are impacted by an outbreak of illness.
- Request HCAs to update emergency contact information for themselves and their clients.
- Develop a communication plan to keep staff, HCAs, and persons receiving care informed.
  - Some suggested best practices for a communication plan:
  - Assign a staff person as a primary contact for providing and receiving information, updates and for inbound calls related to COVID-19.
  - Ensure proactive communication to keep everyone up to date.
- Post signage. The CDC provides [sample signage](#) for use to ensure that all staff are aware of the risks associated with COVID-19 and the recommended precautions they should take. Signage should also remind staff that anyone with symptoms of respiratory illness should stay home, and not come to work.
- Implement policies, procedures, and protocols for taking care of sick or symptomatic clients. Licensees should also confirm that HCAs are aware of the COVID-19 symptoms and have a means to report to the HCO when a client shows symptoms or tests positive for COVID-19.

- HCO licensees should follow CDC and/or local health department guidelines for employees and HCAs returning to work.
- Once the employee or HCA returns to work, reinforce the importance of performing frequent hand hygiene and physical distancing.

When a client has suspected or confirmed COVID-19:

The HCA should notify the HCO, if applicable, and follow [public health guidelines](#) during in-person interactions within the household, including the use of [Personal Protective Equipment \(PPE\)](#), and physical distancing. PPE refers to specialized clothing and/or equipment designed to protect the wearer and others against the spread of germs. PPE includes, but is not limited to, gloves, gowns/aprons, goggles or face shields, facemasks, and respirators. PPE does not refer to face coverings discussed above.

State public health guidance recommends the use of PPE only for care of people with a suspected or confirmed COVID-19 illness. The ill person should wear a face mask, if possible. The use of PPE is needed if physical distancing cannot be accomplished and the HCA has or will have contact with a **person who has suspected or confirmed COVID-19 infection, while caring for the person.**

In addition, HCAs should wear a disposable facemask and gloves whenever touching or having contact with the client's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, or urine. After any contact with a client who has suspected or confirmed COVID-19 infection, the HCA should always follow the other precautionary measures mentioned, including handwashing guidelines as described above.

**Note:** PPE does not guarantee total protection and must be used in combination with the precautionary measures described above, to be most effective. California currently is experiencing severe shortages of PPE. We all need to do our part to use PPE appropriately. If additional supplies of PPE are needed for recommended uses, please contact the [Medical Health Operational Area Coordinator](#).

When a client's household member (not client) has suspected or confirmed COVID-19:

The HCA should notify the HCO, if applicable, and follow public health guidelines during in-person interactions within the household including physical distancing from household members and the ill person. HCAs should always follow the other precautionary measures mentioned above, including handwashing and physical distancing guidelines as described above.

**HOME CARE AIDES WORKING IN COMMUNITY CARE LICENSED FACILITIES**

HCAs working in a community care licensed facility, such as an Adult Residential Facility or Residential Care Facility for the Elderly, must abide by the applicable governing statutes, regulations, facility policies, and applicable [CDSS PINs](#) that set forth COVID-19 guidance.

**Note:** HCAs who are not appropriately licensed professionals acting within their scope of practice may not administer medications.

### **TRAINING REQUIREMENTS FOR AFFILIATED HOME CARE AIDES**

It is recommended that HCOs provide refresher training on the topics required under [Health and Safety Code section 1796.44](#). These training topics provide guidance on basic safety precautions, infection control, and emergency procedures, among others.

### **RESOURCES**

The resources below provide additional information regarding COVID-19:

- CDC: [Coronavirus Disease 2019 What You Should Know](#)
- CDPH: [All COVID-19 Guidance](#)
- [Local health departments](#)
- [Medical Health Operational Area Coordinator \(MHOAC\)](#)
- [World Health Organization \(WHO\)](#)
- [Cal/OSHA: Guidance for Protecting Workers from Coronavirus \(COVID-19\) in General Industry](#)

To stay informed on the latest information regarding COVID-19, please continue to monitor the [Community Care Licensing Division homepage](#).

If you have questions regarding this PIN, please contact the [Home Care Service Bureau](#).