

## COVID-19 TESTING GUIDANCE FOR HOME HEALTH AND HOSPICE PROVIDERS

Issued: November 20, 2020

Effective Date: Monday, November 30, 2020

### Testing and Documentation Protocol for Home Health and Hospice Providers in Long-Term Care Facilities

- Home health and hospice employers must test employees at least monthly for screening purposes. Anyone with symptoms should be tested immediately and isolate pending receipt of their test results.
- Home health and hospice employers must provide written documentation of monthly testing compliance to the facility.
- Home health and hospice providers must notify long-term care providers of any positive staff results.
- Long-term care providers must notify home health and hospice agencies of any exposures to positive residents or staff.
- When possible, the home care or hospice provider should dedicate staff to the lowest number of facilities possible to decrease the potential spread of COVID-19.

### Ongoing Screening of Staff by Providers and Agencies

Providers should screen staff daily prior to visiting clients – below is a screening questionnaire that can also be found here: <https://www.cdc.gov/screening/paper-version.pdf>

FACILITIES COVID-19 SCREENING		
PLEASE READ EACH QUESTION CAREFULLY	PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
Have you experienced any of the following symptoms in the past 48 hours: <ul style="list-style-type: none"> <li>• Fever or chills</li> <li>• Shortness of breath</li> <li>• Muscle or body aches</li> <li>• New loss of taste or smell</li> <li>• Congestion or runny nose</li> <li>• Diarrhea</li> <li>• Cough</li> <li>• Fatigue</li> <li>• Headache</li> <li>• Sore throat</li> <li>• Nausea or vomiting</li> <li>• Difficulty breathing</li> </ul>	<b>YES</b>	<b>NO</b>
Within the past 14 days, have you been in close physical contact without appropriate PPE (6 feet or closer for a cumulative total of 3 minutes*) with: <ul style="list-style-type: none"> <li>• Anyone who is known to have laboratory-confirmed COVID-19? OR</li> <li>• Anyone who has any symptoms consistent with COVID-19?</li> </ul>	<b>YES</b>	<b>NO</b>
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?	<b>YES</b>	<b>NO</b>
Are you currently waiting on the results of a COVID-19 test?	<b>YES</b>	<b>NO</b>
<b>Did you answer NO to ALL QUESTIONS?</b>	<b>Access to facilities APPROVED.</b>	
<b>Did you answer YES to ANY QUESTION?</b>	<b>Access to facilities NOT APPROVED.</b>	

\*New Mexico DOH defines close physical contact/direct exposure as within 6 feet for 3 minutes or more without PPE.