

Interim Guidance for Community Health Workers (CHWs) Operating Under COVID-19 Outbreak Conditions in Kansas

Updated April 23, 2020

This guidance is based on what is currently known about the spread and severity of novel coronavirus disease 2019 (COVID-19). The purpose of the guidance is to prevent the spread of COVID-19 among families and staff and to provide direction to Community Health Workers employed either directly, or by contract, to perform essential health services on behalf of the Kansas Department of Health and Environment (KDHE). Examples of such occupations include Disease Intervention Specialists (DIS), Linkage to Care Coordinators (LTC), Comprehensive Risk Counseling Services (CRCS) counselors, and other public health professionals whose work requires travel between communities for direct provision of services in non-clinical settings.

KDHE will provide updated guidance as necessary based on the changing situation. Please check the [CDC website](#) and the [KDHE website](#) (COVID-19 Resource Center) periodically for updated information and guidance for a variety of settings as well as public health and health care professionals.

Background

Community Health Workers (CHWs) play a vital role in addressing barriers to care and promoting health equity in their communities by providing essential health services directly to vulnerable populations who face significant barriers to traditional outpatient healthcare. However, unlike patient care in the controlled environment of a healthcare facility, services provided through CHWs present unique challenges because of the nature of the setting, enclosed spaces during patient encounters and transportation, frequent need for rapid decision-making, delivering interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources. Such work is often critical enough to outweigh the increased risk of exposure to COVID-19 but, if not conducted with appropriate precaution, could very well lead to unknowingly exposing vulnerable populations or introducing the infection to isolated communities during field work.

General Recommendations

In addition to normal considerations for the planning of field work, CHWs are expected to exercise the following additional precautions to accurately assess the risk level of travel and patient encounters:

Maintain Proactive Contact with Local Health Departments (LHDs) and Other Key Providers – CHWs should verify, and update as necessary, the contact information for appropriate personnel at the clinical providers whose assistance is critical to achieving program objectives and desired health outcomes (LHDs, HIV Providers, etc.). The CHW should also provide their contact information to the providers, and request that they provide updates to the CHW on any changes related to clinical operations during outbreak conditions. This will enable the CHW to maintain timely and accurate information needed to ensure linkage to appropriate services and assess the risk of potential exposure while performing duties.

Limit Field Work to Essential High-Priority Activities – CHWs should make every reasonable effort to achieve program objectives and desired health outcomes through the use of telehealth services (telephone, text, secure phone line and video conferencing through platforms such as Zoom) rather than in-person visits, to promote social distancing and mitigate transmission risk to the patient and the community. Telehealth should always be used in cases where the client, any member of the client's household, or the CHW shows signs of illness noted below.

Screen and Carefully Observe Patients – During all field and clinical encounters, CHWs should be alert to take note of any perceivable signs of COVID-19 symptoms:

Visible Signs of Respiratory Involvement

Cough;
Labored breathing or wheezing;
Breathless speech;
Bluish face or lips;

Visible Signs of Fever

Skin redness;
Excessive sweating;
Shivering;

Patients with Suspected COVID-19 Infection – If a patient encountered or contacted by CHWs reports risk factors for COVID-19 exposure, the CHW should follow the guidance described later in this document for *Follow-up and Reporting Measures for Suspected PUI's or COVID-19 Patients*.

Select Appropriate Vehicles – If there is any reasonable expectation that patients may need to be transported by CHWs to access essential medical services, all effort should be made to secure a vehicle with non-absorbent upholstery (e.g. leather) to facilitate appropriate disinfection of the vehicle after transporting patients. If available, CHW's should also consider vehicles with at least three rows of seating to allow for increased distance between the CHW and the patient. CHW's should not use their personal vehicles to transport patients.

Practice COVID-19 Precautions – While conducting all work activities, CHWs should maintain 6 feet of separation from others whenever possible, wash hands regularly, avoid touching their faces, cough into their elbow or a tissue (then discard the tissue), increase ventilation into their workspace and disinfect surfaces like doorknobs, tables, desks, phones and handrails at least daily.

Employee Mental and Emotional Health – Employees that may need assistance with coping with stress during this time may seek support by reaching out to the *Employee Assistance Program*. Information can be found at: www.kdheks.gov/hcf/healthquest.

COVID-19 Information – As with any disease of this nature, events can change quickly. As a result, it is important that employees stay up-to-date with the latest information from official sources. If you have any questions, please visit the **Kansas Department of Health and Environment's** COVID-19 website at <https://www.coronavirus.kdheks.gov/> or the **Centers for Disease Control's** COVID-19 website at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Note: Only official government websites pertaining to COVID-19 should be shared with members of the public, unless specifically authorized to do otherwise by agency leadership.

Assessment/Screening for COVID-19 Risk

CHWs should ask all patients about travel/known exposures AND COVID-19 symptoms such as fever and lower respiratory symptoms before scheduled encounters. These assessments should also be made before any interactions or referrals to other healthcare resources are scheduled, so that their referrals or planned interventions can be adjusted as necessary.

When Scheduling Appointments

When scheduling any appointment, whether in the field or clinic, screen the patient for symptoms and risk factors related to COVID-19:

- Have they traveled within the last 14 days to or from a state or country identified as a hot spot?
- Have they attended any mass gatherings in the last 14 days (e.g. conferences, cruises, concerts)?
- Have they been in close contact with anyone with a lab-confirmed diagnosis of COVID-19?

- Is anyone in the home/family experiencing **two** or more of the following symptoms:
 - A measured fever of 100.4°F or greater;
 - Lower respiratory illness (cough, shortness of breath, or difficulty breathing);
 - Chills or Rigors (shaking and chills);
 - Myalgia (muscle aches and pain);
 - Malaise (a general feeling of discomfort, illness, or lack of well-being);
 - Headache;
 - Sore throat;
 - New olfactory and taste disorders, or;
 - Diarrhea (without an alternate/more likely explanation).

If the answer to any of these questions is **YES**, the visit should be rescheduled or, if possible, conducted virtually. (As a general rule, reschedule the visit for **no earlier than 14 days**). In addition, the CHW should follow the guidance described below for *Follow-up and Reporting Measures for Suspected PUI's or COVID-19 Patients*.

During Patient Encounters

When arriving at the home/clinic/location of a patient encounter, **maintain personal distancing of 6 feet and assess (or reassess) risk** by asking the same screening questions above regarding the patient and any other occupants of the location. If the answer to any screening question is **YES**, the visit should be rescheduled or, if possible, conducted virtually. (As a general rule, reschedule the visit for **no earlier than 14 days**). In addition, the CHW should follow the guidance described below for *Follow-up and Reporting Measures for Suspected PUI's or COVID-19 Patients*.

If there are no indications of risk/illness, proceed with the visit according to these additional precautions and your regular standard operating procedures:

- Whenever possible, conduct patient interactions outdoors (such as a porch/patio), provided that doing so will not be at the expense of the patient's right to confidentiality of personal or medical information that may be discussed. When suggesting outdoor encounters, the CHW must confirm with the patient that discussions in the proposed location will not be overheard by others.
- Even when the patient denies symptoms and there is no identified risk, it remains appropriate to stay at least 6 feet away during patient interactions, especially in an indoor environment.
- Don't shake hands or touch others when greeting or interacting.
- Wash your hands frequently and use hand sanitizer when soap and water isn't available.
- Limit unnecessary contact with surfaces/items and avoid shared use of tablets, laptops, writing utensils, and cell phones when possible. Regularly wipe-down and disinfect all items.
- Follow the current COVID-19 guidance to protect yourself and those you come in contact with.

Follow-up and Reporting Measures for Suspected PUI's or COVID-19 Patients

CHWs should be aware of the follow-up and/or reporting measures they should take after identifying a PUI or patient with confirmed or suspected COVID-19:

- State or local public health authorities should be notified about the patient so appropriate follow-up monitoring can occur. Contact your supervisor or KDHE for the current reporting guidelines.

- CHWs who believe that they have been exposed to a patient with suspected or confirmed COVID-19 must notify their supervisor and KDHE to determine the level of exposure risk, ensure that any worker's compensation needs are addressed, and develop a plan for appropriate follow-up.
 - CHWs should be alert for development of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify their supervisor, occupational health services and/or their public health authority to arrange for appropriate evaluation.

Additional Planning for Field Work Safety

- **Verify/Confirm the current Community Spread/Risk Level** conditions with ALL of the LHDs serving areas that you will be traveling through, including your starting and end points.
- **Determine the Overall Risk Level** of the proposed travel, with consideration of whether areas of higher risk can be avoided or only traveled through without stopping.
- **Adjust Travel Plans** as necessary to avoid stopping for gas or breaks in areas with higher risk levels.
- **Confirm Availability of Supplies** necessary for infection control during encounters, including PPE necessary for dealing with patients with confirmed or suspected COVID-19 – regardless of whether your initial assessments have identified a risk. Whenever possible, CHWs should maintain adequate supply to accommodate additional encounters that are not planned or anticipated.

Transporting Low-Risk Patients to Essential Healthcare

Note: the guidance in this section is for routine transportation of patients who have been assessed and found to have no identified risk of COVID-19. If a patient with suspected or confirmed respiratory infection needs transportation, the CHW must follow the guidance below for *Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility*.

If COVID-19 risk has been assessed and determined to be low, high-priority patients may be transported to access essential healthcare services, provided that the following precautions are observed during transport:

- CHWs must confirm the availability of services with the receiving healthcare provider before transporting a patient. CHWs should also ask what the clinic's operational procedures are, so that appropriate infection control precautions are understood and prepared for prior to arriving with the patient.
- Family members and other contacts of patients should **not** ride in the transport vehicle, if at all possible. If riding in the transport vehicle, they must also be screened for COVID-19 and have no identified risk.
- Direct the patient to sit in the rear passenger seat to keep them separated from the CHW as much as possible. If there is an additional passenger, they should also sit as far in the rear of the vehicle as possible.
- Open all vehicle windows as far down as they will go. This should be done whenever there is little to no precipitation (rain or snow), so make sure that your patient is prepared for this with appropriate apparel for the weather conditions that are expected during the encounter.

Cleaning Transport Vehicles After Transporting a Low-Risk Patient

Vehicles must be cleaned and disinfected after all transportation encounters (after returning the patient back home when applicable). A vehicle cannot be used to transport any other person until this cleaning has been performed, and CHWs should perform this cleaning as soon as it is practical and safe to do so. The following are general guidelines for routine cleaning of vehicles and equipment after transporting a patient with no identified risk of COVID-19:

- **Identify a Safe Location.** Observe the routine standards of field safety and first ensure that the location that you will perform this cleaning is safe (i.e. free from immediate hazards, well-lit and publicly visible, etc.) and whenever possible, close to hand hygiene facilities (preferably a sink for hand washing) and a trash can or dumpster that can be used to dispose of used cleaning supplies and any PPE that may be discarded. After removing PPE, always wash hands with soap and water, if available.
- Leave the doors of the vehicle open while cleaning to allow for sufficient air changes to remove potentially infectious particles and to ensure adequate ventilation when chemicals are in use.
- All surfaces and materials that may have come in contact with the patient during patient transportation (e.g., internal and external door handles, lock/unlock and power window controls, seatbelt buckles and releases, etc.) should be thoroughly cleaned and disinfected.
 - **Clean** any dirty surfaces in the vehicle before disinfecting; using a detergent or soap and water to remove visible contaminations such as fluids, dirt, and impurities from surfaces; THEN
 - **Disinfect** surfaces by applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the label for products with EPA-approved emerging viral pathogens claims.
 - If bulk material and spills containing blood or body substances are present, CHWs should use absorbent materials, such as towels, to remove the material. The area should then be cleaned and disinfected according to label instructions of products with EPA-approved emerging viral pathogens claims.
 - For soft (porous) surfaces such as cloth seats and carpeted floors, remove visible contamination if present, and contact supervisor for additional instruction.
- When cleaning a vehicle after transporting low-risk individuals, no additional PPE is required beyond what is normally worn for regular housekeeping activities. CHWs may consider wearing disposable gloves that are compatible with the disinfectant products being used – provided that there is an ample supply of gloves available. A face shield can also be worn if splashes or sprays during cleaning are anticipated.
- When cleaning is completed, collect soiled material and PPE in a sturdy, leak-proof (e.g., plastic) bag that is tied shut and not reopened. This waste can go to the regular solid waste stream (e.g., municipal trash) as it is not biohazardous or regulated medical waste. After disposing of these materials, CHW's should perform hand hygiene again.

Recommended Personal Protective Equipment (PPE)

Currently, there are insufficient supplies to allow for routine use of PPE during encounters with patients that have no identified risk for COVID-19 infection. In particular, facemasks should not be used unless there is verified evidence that the patient has had either close contact with a Confirmed COVID-19 case, close contact with a Person Under Investigation for COVID-19 or is exhibiting signs/symptoms of respiratory illness or fever.

- CHWs who must interview a patient with possible COVID-19 infection should make every effort to interview the patient by telephone or video conference. If this is not possible, the patient should be interviewed outdoors.
- CHWs who have no choice but to directly interview a patient with possible COVID-19 infection or who will be in close contact with the patient must obtain written authorization from supervisor and use the PPE as described below. Recommended PPE includes:
 - N-95 or higher-level respirator or facemask (if a respirator is not available).
 - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
 - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated, and isolation gown.
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of CHWs (e.g., transporting patients with symptoms or known exposure to COVID-19).
- When the supply chain for facemasks is restored, CHWs should provide facemasks for patients to wear for source control during interviews and other encounters that will take place indoors and may involve close contact with a patient for more than five minutes. Patient contact should be minimized to the extent possible until a facemask is on the patient.
- If transporting patients to necessary medical care, the driver should remove their face shield or goggles, gown and gloves and perform hand hygiene. A respirator or facemask should continue to be used during transport.
- All personnel should avoid touching their face while working.
- After concluding patient interactions, CHWs should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.

Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility

CHWs are not authorized to transport or care for patients with confirmed or suspected COVID-19 without meeting ALL requirements below:

- The CHW must have access to ALL recommended PPE;
- The CHW must have received training on the proper use, donning, and doffing (removal) procedures of all PPE to be used. This training must be approved by either the Bureau of Disease Control and Prevention or a higher authority.
- The CHW must develop and implement a *COVID-19 Service Risk Management Plan* with their supervisor, which must be signed and submitted to the BDCP Section Chief responsible for the CHW's program activities once completed.

If a patient with a confirmed exposure history **and** signs and symptoms suggestive of COVID-19 requires transport to healthcare services, CHWs should work with the patient to identify a suitable means of transportation that does not involve the CHW (ideally someone who is already a close contact or lives in their household) and instruct them (both) to use some kind of face mask, bandana, or other covering to promote source control of their infection.

Only when alternative transportation options have been attempted and failed may high-priority patients be transported to access essential healthcare services, provided that the following precautions are observed during transport:

- CHWs should notify the receiving healthcare facility that the patient has confirmed or suspected COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.
- CHWs must confirm the availability of services with the receiving healthcare provider before transporting a patient. CHWs should also ask what the clinic's operational procedures are, so that appropriate infection control precautions are understood and prepared for prior to arriving with the patient.
- When transporting patients with confirmed or suspected COVID-19, **CHWs must provide a facemask for the patient** to wear for source control.
- Direct the patient to sit in the rear passenger seat to keep them separated from the CHW as much as possible. **Family members and other contacts of patients should not ride** in the transport vehicle. If this absolutely cannot be avoided, they should also sit as far in the rear of the vehicle as possible and be instructed to use some kind of face mask, bandana, or other covering to promote source control of any potential infection.
- Open all vehicle windows as far down as they will go. This should be done whenever there is little to no precipitation (rain or snow), so make sure that your patient is prepared for this with appropriate apparel for the weather conditions that are expected during the encounter.
- Keep the patient separated from other people as much as possible.

Cleaning Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19

Vehicles must be cleaned and disinfected after all transportation encounters (after returning the patient back home when applicable). A vehicle cannot be used to transport any other person until this cleaning has been performed, and CHWs should perform this cleaning as soon as it is practical and safe to do so. The following are general guidelines for cleaning or maintaining vehicles and equipment after transporting a patient with confirmed or suspected COVID-19:

- **Identify an Appropriate Decontamination Site Before Transporting the Patient.** Observe the routine standards of field safety and first ensure that the location that you will perform this cleaning is safe (i.e. free from immediate hazards, well-lit and publicly visible, etc.) and whenever possible, close to hand hygiene facilities (preferably a sink for hand washing) and a trash can or dumpster that can be used to dispose of used cleaning supplies and any PPE that may be discarded. After removing PPE, always wash hands with soap and water, if available.
- **After Concluding Transport of the Patient and Before Cleaning,** leave all vehicle windows open as much as possible while driving to the decontamination site. The windows (doors when possible) of the vehicle must remain open for at least ten minutes after the last encounter with the patient to allow for enough air exchange before cleaning can begin. If weather does not permit this while driving, the vehicle must be parked in a covered location with the doors open for at least ten minutes to allow for sufficient air changes to remove potentially infectious particles.
- Leave the doors of the vehicle open while cleaning to allow for adequate ventilation when chemicals are in use.

- All surfaces and materials that may have come in contact with the patient during patient transportation (e.g., internal and external door handles, lock/unlock and power window controls, seatbelt buckles and releases, etc.) should be thoroughly cleaned and disinfected.
 - **Clean** any dirty surfaces in the vehicle before disinfecting; using a detergent or soap and water to remove visible contaminations such as fluids, dirt, and impurities from surfaces; THEN
 - **Disinfect** surfaces by applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the label for products with EPA-approved emerging viral pathogens claims.
 - If bulk material and spills containing blood or body substances are present, CHWs should use absorbent materials, such as towels, to remove the material. The area should then be cleaned and disinfected according to label instructions of products with EPA-approved emerging viral pathogens claims.
 - For soft (porous) surfaces such as cloth seats and carpeted floors, remove visible contamination if present, and contact supervisor for additional instruction.
- No additional PPE is required beyond what is normally worn for regular housekeeping activities. When cleaning the vehicle, CHWs may consider wearing disposable gloves that are compatible with the disinfectant products being used – provided that there is an ample supply of gloves available. A face shield can also be worn if splashes or sprays during cleaning are anticipated
- When cleaning is completed, collect soiled material and PPE in a sturdy, leak-proof (e.g., plastic) bag that is tied shut and not reopened. This waste can go to the regular solid waste stream (e.g., municipal trash) as it is not biohazardous or regulated medical waste. After disposing of these materials, CHW's should perform hand hygiene again.

Follow-up for CHWs After Caring for a PUI or Confirmed COVID-19 Patient

CHWs should be aware of the follow-up and/or reporting measures they should take after caring for a PUI or patient with confirmed COVID-19:

- State or local public health authorities should be notified about the patient so appropriate follow-up monitoring can occur. Contact your supervisor or KDHE for the current reporting guidelines.
- CHWs that have served a patient with suspected or confirmed COVID-19 must conduct a debriefing with their supervisor and complete the “After” portion of their *COVID-19 Service Risk Management Plan* for appropriate follow-up.
 - Any unprotected exposure (e.g., not wearing recommended PPE) must be reported to their supervisor and KDHE to determine the level of exposure risk, ensure that any worker's compensation needs are addressed, and develop a plan for appropriate follow-up and evaluation.
 - CHWs should be alert for development of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify their supervisor, occupational health services and/or their public health authority to arrange for appropriate evaluation.

Documentation of patient care

- To the extent possible, documentation of patient care should be done after CHWs have completed any transport, removed their PPE, and performed hand hygiene. However, when documentation must be

performed during patient encounters, it should be done with an electronic device that can be appropriately disinfected.

- Any written documentation that needs to be collected during patient encounters (interview notes, etc.) should be scanned with the digital camera of a password-protected device issued by KDHE, and then p
- CHW documentation should include a listing of all public health workers, providers and other people involved in the patient encounter and the level of contact with the patient (for example, no contact with patient, provided direct patient care, duration of exposures, etc.). This documentation may need to be shared with local public health authorities, so when possible, it should be kept separate from any confidential information collected by the CHW as part of service delivery.

MORE INFORMATION REGARDING COVID-19

KDHE Resources:

- [KDHE COVID-19 Resource Center \(https://www.coronavirus.kdheks.gov/\)](https://www.coronavirus.kdheks.gov/)
 - KDHE Resource Center > Healthcare Providers > Local Health Departments > **Taking Care of Yourself During COVID-19**
 - KDHE Resource Center > Healthcare Providers > Local Health Departments > **Isolation and Quarantine Guidance and FAQ**
 - KDHE Resource Center > Healthcare Providers > Local Health Departments > **Travel-Related Quarantine Table**
 - KDHE Resource Center > Healthcare Providers > Local Health Departments > **Public Health Management**
 - KDHE Resource Center > Healthcare Providers > Local Health Departments > **FAQs for the Perinatal and Infant Populations**
 - KDHE Resource Center > Healthcare Providers > Personal Protective Equipment > **Strategies for Optimizing Facemasks**
 - KDHE Resource Center > Healthcare Providers > Outpatient Clinics > **Outpatient Clinics Alternative COVID-19 Infection Prevention and Control Guidance**
 - KDHE Resource Center > If You Think You Are Sick > Symptoms > **Cold vs. Flu vs. Allergies vs. Coronavirus**

CDC Resources:

- [Evaluating Persons Under Investigation \(PUIs\) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings](#)
- [Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 Exposure in Travel-associated with Community Settings](#)
- [About Coronavirus Disease 2019 \(COVID-19\)](#)
- [What to Do if You Are Sick with COVID-19](#)
- [Interim Guidance for Persons Who May Have Coronavirus Disease 2019 \(COVID-19\) to Prevent Spread in Homes and Residential Communities](#)
- [Information on COVID-19: Pregnant Women and Children](#)

- [Guidance for People at Higher Risk for COVID-19](#)
- [Stigma and Resilience](#)

HIV Resources:

- [COVID-19: What people with HIV should know](#)
- [Interim Guidance for COVID-19 and Persons with HIV](#)
- [Ryan White HIV/AIDS Program COVID-19 Frequently Asked Questions \(FAQs\)](#)

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