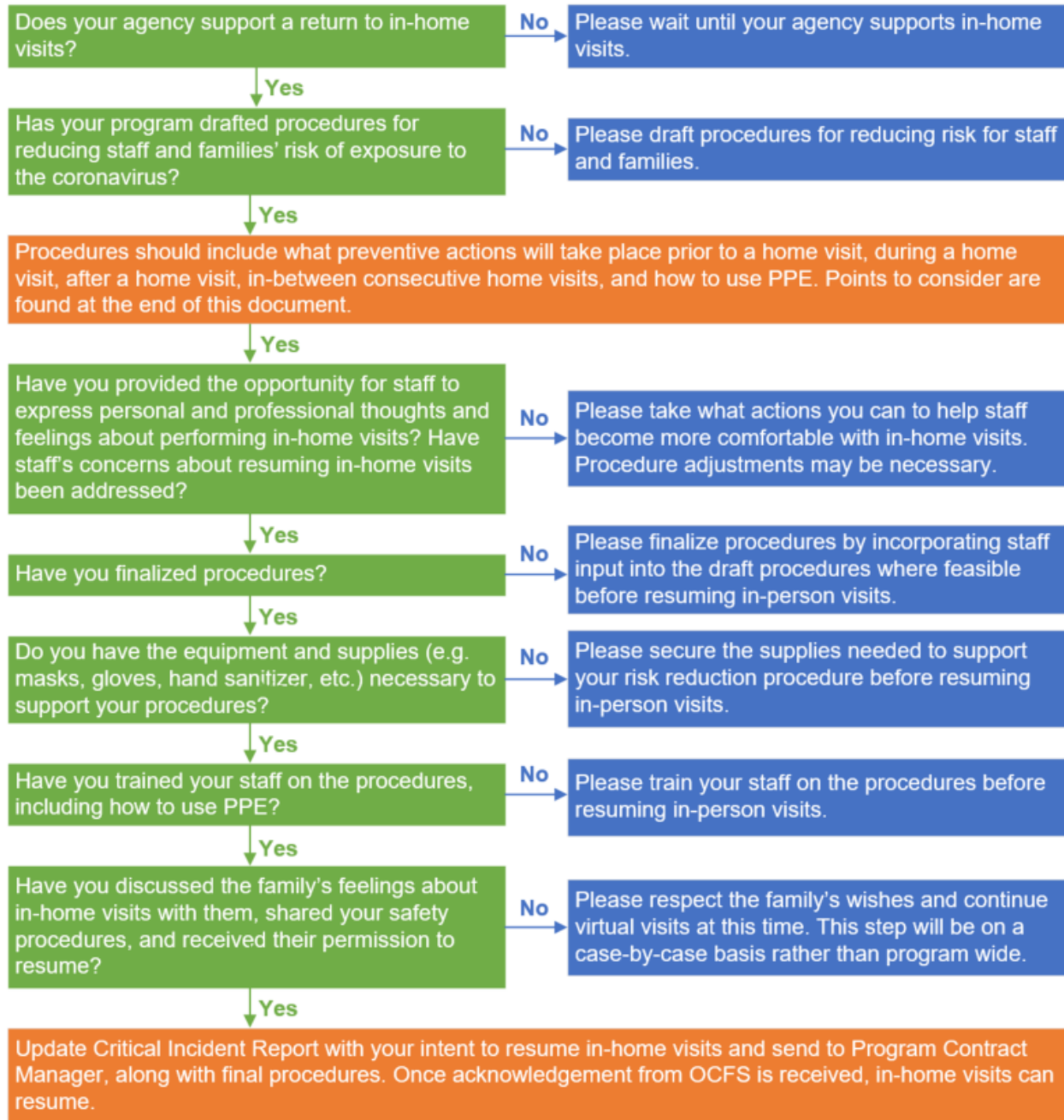


Considerations for Resuming in Home Visits

Every community is different and there is no set date when in-home visits should resume. Programs have done a wonderful job of supporting families through the coronavirus crisis and virtual visits can continue into the foreseeable future. We understand that time will be needed for programs, staff, and families to safely and confidently transition back to in-home visits. As sites begin to assess the possibility of in-home visits, please consider the minimum requirements below along with your program's own unique circumstances and needs.



Points from HFA to consider when writing your procedures:

What to consider when making a decision about visiting a family face-to-face:

- How prevalent is COVID-19 currently within the community?
- How long since any incident of a new COVID case in the community?
- Even if the community is considered low-risk, is the staff member comfortable going to a home in-person? Is the family comfortable with receiving visitors?
- Have staff or participant family members self-identified at increased risk for severe illness related to COVID-19? See CDC Guidance
- Can physical distance (6 ft.+) be maintained?
- What will be the procedure if the staff member arrives at the home and subsequently determines not to enter, or to leave soon after arriving? (Which may need to happen)

When a decision to visit in-person has been made, we recommend staff utilize all recommended public health precautions:

- Minimize contact with others (wear cloth face covering, maintain physical distance, and avoid groups). The need for PPE may be indication circumstances do not yet warrant in-person visits.
- Practice good hygiene (frequent hand washing including when entering and exiting a new environment, use of hand sanitizer, disinfecting surfaces).
- Staff and families monitor their own health status, and cancel visits if symptoms are present.

Communication tips with families:

- It is important for families to know that the site will be basing whether to do virtual or in-person visits on the safety of the family and staff, and that families will have a voice in determining when and how in-person visits resume (the decision should be confirmed with the family prior to each visit, understanding health status and community conditions can change rapidly and unexpectedly). Families who used to get home visits are probably asking about these things already, families enrolled into virtual visits may or may not be thinking about this or may be anxious about this.
- It is important for the family to be made aware of the choices available related to home visit format, and why these choices are now available. It is worthwhile, particularly for new families who enrolled virtually to explain the program's eventual return to in-home visits, and the eagerness of the FSS to eventually meet the family in-person.
- When talking with families about resuming in-person visits, it may be helpful to think about options that are a good fit for the family and staff. Not all visits need to take place inside a home. It may be more conducive for front porch visits, taking walks for a visit, visiting in parks or community locations with space for distancing (if available).
- Wearing protective masks during a visit will likely be awkward, and can be a challenge to developing and maintaining the relationship with the parent. It limits one's ability to read facial expression cues, and can impact the ability to hear clearly what another is

saying. It's important to be sensitive to these nuances affecting the connection with the family

For sites/organizations thinking about re-opening:

- CDC guidance is available concerning cleaning and disinfecting public spaces, as well as safe behavioral practices.
- HFA allows continuation of 100% virtual supervision sessions for as long as needed, and will continue to provide guidance and tips about how to do so effectively.
- Sites should consult Human Resources professionals for guidance about managing any requests for accommodations from employees covered by the ADA, as well as managing employer requirements as dictated in the Families First Coronavirus Response Act (FFCRA).

Points from HRSA to consider when writing your procedures:

Identifying Risks

In states and jurisdictions that have not suspended face-to-face home visits, home visiting programs may identify a need to visit under resourced families to provide ongoing support or deliver necessary supplies (e.g. diapers, groceries, infant formula). Prior to making home visits in these cases, home visitor staff should first identify their own risk of transmitting infection and risk of complications if they get infected. They should also identify family members in the visited home who may be at greater risk of transmitting infection or having complications if infected with COVID-19. Home visiting programs should contact families (e.g. by telephone, email, text) prior to the home visit and ask about the following:

- Signs or symptoms of a respiratory infection, such as a fever (subjective or confirmed >100.4 degrees F), cough, sore throat, or shortness of breath.
- Contact, within the last 14 days, with someone with or under investigation for COVID-19, or ill with respiratory illness.
- The immune status/risk of household members; those who have a weakened immune system, over the age of 60 years, have chronic health conditions (e.g. heart disease, lung disease, diabetes), or other COVID-19 risk factors.

If the response is yes to any of the questions above, the home visiting program should reconsider the face-to-face visit and proceed with an alternative mode for the visit (i.e. telephone and/or video communication).

Learn more about people who are at higher risk for severe illness.

Precautions for Home Visitors

If none of the indicators are positive for the above, and a decision is made that going into the home is within the best interest of the family, then home visitors and staff should continue to take precautions to prevent the spread of COVID-19.

As a precaution, the home visitor should:

- Maintain a distance of at least 6 feet between the home visitor and family members during a visit, and if possible, the home visit can take place outside.
- Use cloth face coverings to prevent asymptomatic spread of the disease and provide protection when social distancing measures are difficult to maintain.
- Perform daily measurements of temperature for fever and an assessment of symptoms of infection prior to entering the home.
- Exit the home immediately and notify the home visiting program supervisor if any person is found to be ill within the home
- Minimize contacting frequently-touched surfaces at the home.
- Wash your hands with soap and water for at least 20 seconds before entering the home and after exiting.
- Use a hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Avoid touching eyes, nose and mouth.

Points from HFNY to consider when writing your procedures:

It is important for those families that agree on resuming in-person home visits to have an understanding about what the visit may look like. Here are some possible points to cover:

- Families may be curious about what precautions you are taking. Make sure you let them know what recommendations your agency is following and what your procedures are for keeping staff and families safe.
- Wearing protective masks during a visit will likely be awkward, and can be a challenge to developing and maintaining the relationship with the parent. It limits one's ability to read facial expression cues, and can impact the ability to hear clearly what another is saying. It can also cause emotions in children who have known the home visitor for their entire lives and now need to keep their distance from them. It's important to be sensitive to these nuances affecting the connection with the family and have conversations about them in advance with

parents. Perhaps show the family virtually what you will look like wearing a mask before the in-home visit.

- Ask the family if there is a place in or outside the home (yard, stoop, park, etc.) where they would feel comfortable meeting that allows for better distancing.
- Acknowledge to the family that it will be very hard not to touch or hug the baby but that you are all working together to make sure everyone is safe.
- Ask if the family has proper PPE. If not, does your agency or community have resources so that you can bring extras for the family?
- Remember that there are COVID-19 testing resources available to Healthy Families home visitors as they are considered Human Service Providers. Employees who do not currently have access to testing can call the New York State COVID-19 Hotline at 1-888-364-3065 or visit the NYSDOH website at <https://covid19screening.health.ny.gov/> to have an appointment set up at one of the State's testing sites.

COVID-19 Vaccination considerations:

- As of March 17, 2021. COVID-19 Vaccine became available for Public-Facing Government and Public Employees, Not-for-Profit workers who provide public-facing services to New Yorkers in need. This includes Home Visitors. Staff may be required to prove their eligibility to receive the vaccine. If you have questions about staff eligibility, please visit <https://am-i-eligible.covid19vaccine.health.ny.gov/> and take the eligibility screening. In addition you can visit the CDC website <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups/teachers-childcare.html> for information and guidance on vaccine eligibility.