



RECOMMENDATIONS FOR HOME VISITING DURING COVID-19 PANDEMIC

UPDATED DECEMBER 2020

As the COVID-19 pandemic quickly escalated throughout the United States in Spring 2020, most communities, tribes, and states implemented stay-at-home orders, and home visiting programs rapidly transitioned to virtual visits with families. While virtual home visits have always existed in times of need, this is the first time where we're quickly forced to only do virtual visitation. This has been the safest way to continue supporting families while also preventing the spread of COVID-19. Family Spirit affiliates and other home visiting programs around the country have quickly adapted and now have many new tools and creative practices for engaging with families through phone and/or video visits. While home visiting may look different than it did in pre-COVID times, the field has mobilized around the critical services and essential support that home visitors can provide during this time. The Family Spirit National Office has offered guidance and recommendations for virtual visits in a separate document labeled [*Recommendations for Completing a Virtual Home Visit*](#).

Despite the advances in virtual home visiting, it is important to acknowledge that virtual visits in under-resourced communities - and especially in rural areas - have been challenging due to limited access to internet and necessary equipment (e.g. phone, computer, tablet devices). In some cases, the families who need the most support have not been very reachable during this time. New approaches are needed to safely provide essential services to these families during this pandemic.

As we enter December 2020, the Family Spirit National Office is offering the following guidance for continued virtual home visits, while also considering safe practices for connecting with hard-to-reach families in-person. Tribal policies and program-specific policies and procedures should be adhered to before considering the below guidance.

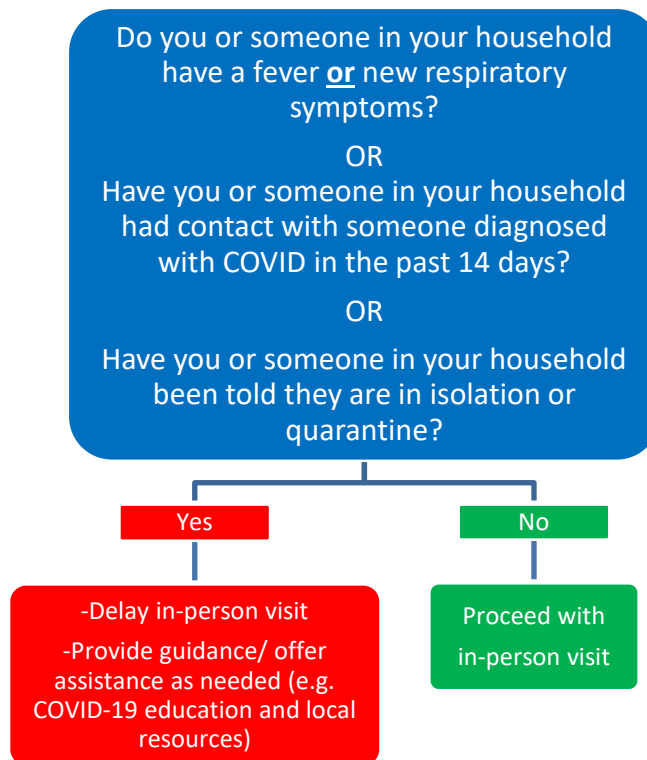
As the COVID-19 pandemic persists, the Family Spirit National Office is strongly recommending continued virtual visits whenever possible. If a home visitor is able to maintain contact with a family virtually, and offer education and support virtually, we recommend that the home visitor continue connecting with the family through video or telephone.

In communities that permit in-person home visiting, home visitors may identify a need to visit a family in-person to provide essential support, information or supplies, especially if the family is not able to connect through virtual means. If doing an in-person visit, the following precautions are strongly recommended:

- Prior to making any in-person visits, **home visitors and supervisors should first identify their own risk** of transmitting infection and risk of complications if they get infected. If they are at high risk, they should not conduct any in-person visits. See the [CDC website](#) for more information about who is at higher risk.
- If planning to visit a participant in-person, below is a suggested **protocol to screen for symptoms and exposure** among the participant and other members of their household. This protocol should be used on the day of the home visit. The screening questions should be completed before going to their home over the phone. If it is not possible to reach the participant by phone, the home visitor may go to the home and ask the screening questions while maintaining a distance of 6 feet and wearing a facemask.

Ask the following questions:

1. Do you or someone in your household have a fever or new respiratory symptoms (i.e., cough, sore throat or shortness of breath)?
2. Have you or someone in your household had contact with someone diagnosed with COVID in the past 14 days?
3. Have you or someone in your household been told they are in isolation or quarantine?



If the participant answers YES to any of these questions, an in-person visit should not be done at this time. An in-person visit may be scheduled once the participant and/or household member has achieved the following:

- a. Has had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers), AND

- b. Other symptoms have improved (for example, when cough or shortness of breath have improved), AND
 - c. At least 10 days have passed since symptoms first appeared, OR
 - d. At least 10 days have passed since last contact with a known case.
- If a home visitor proceeds with an in-person visit, the following precautions should be followed to prevent the spread of COVID-19:
 - Upon arrival, practice a safe greeting (i.e. verbal greeting with a wave or a nod) from a distance of at least 6 feet. Do not hug or shake hands. Maintain a distance of at least 6 feet between the home visitor and family members at all times during the visit.
 - If possible, let the family know ahead of time that you will be maintaining this distance, so they are not surprised or offended.
 - Conduct the visit outside, if at all possible.
 - Use face masks at all times. If possible, the home visitor should bring masks for the family members to wear in case they do not have masks.
 - If possible, let the family know ahead of time that the home visitor will be wearing a mask and they will ask the family to wear a mask also. The family may want to talk to children about this, so they are not surprised or scared.
 - Talk to the family about guidelines for properly wearing a mask. Remind the family that no one under the age of 2 should wear a mask, per [CDC guidance](#).
 - If it is necessary to go inside the home, minimize contacting frequently-touched surfaces at the home.
 - If it is necessary to go inside the home, bring a folding chair to sit on. Wipe down the chair before and after the visit with a disinfectant wipe.
 - If possible, wash hands with soap and water for at least 20 seconds before entering the home and after exiting. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
 - Avoid touching eyes, nose and mouth before, during and after the visit.
 - If is necessary to transfer paperwork or supplies, conduct a no-contact transfer. This means that the item should be left on a surface or the ground for the family to retrieve, so that 6 feet of distance can be maintained. The item should not be directly handed to the family.
 - The vehicle used for the home visit should be disinfected after each visit. The following surfaces should be wiped with a disinfectant wipe: all door handles and back door/trunk handle, steering wheel, gear shifter, radio, driver side door panel, and other car surfaces around the driver seat.

This can be a stressful time for home visitors and other home visiting program staff. Below are some considerations for home visiting staff and supervisors:

- Any home visitor with signs and symptoms of a respiratory illness or other related illnesses should not report to work.
- Staff at higher risk of severe COVID-19 complications (those who are older or have underlying health conditions) should not conduct in-person home visits.
- If a home visitor develops signs and symptoms of illness while on the job, they should stop working, notify their supervisor, follow state and local health department protocols, and self-isolate at home immediately.
- If after delivering a home visit, a home visitor is identified as being positive for COVID-19, they should notify their supervisor and follow current CDC and local and state health department guidance.

- Emotional reactions to stressful situations such as this public health emergency are expected. Home visitors and other program staff should take self-care measures and be proactive in stress management.
- Programs and supervisors should provide the appropriate support, space, and tools for home visitors to process current circumstances and ask for what they need.

For additional information, states should contact their state health department and frequently review the CDC website on COVID-19: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

Many additional resources for Tribal communities are available through Johns Hopkins Center for American Indian Health: <https://caih.jhu.edu/news/covid19>

References:

The above recommendations were adapted from the Centers for Disease Control, HRSA (<https://mchb.hrsa.gov/Home-Visiting-Information-During-COVID-19>) as well as from Johns Hopkins Center for American Indian Health Employee Safety Protocol.