

June 26, 2020

DCYF Home Visiting Programs,

For months now, you have adapted services to ensure the health and safety of the families you serve and your staff. Your unwavering commitment to supporting families and staff during this time has been and continues to be remarkable. Understanding the duress that families and staff are experiencing during this time is very challenging. We appreciate the consideration your organization has taken to care for the well-being of families and staff as they experience the pressures of working from home, juggling schooling and caregiving children or other adults like never before.

With counties moving ahead into new phases of reopening, the challenges that families and staff experienced during the pandemic may not be resolved for many months to come.

With Washington's social and economic activities continuing to reopen and counties currently anywhere between phases 1 to 3 of the Governor's [four-phase plan](#), your organization may be considering resumption of various services.

[Gov. Inslee](#) and the [Department of Health](#) (DOH) continue to offer general and industry-specific guidance about engaging in public life focused on the health and safety of all Washingtonians. Guidance from the U.S. Department of Labor, DOH and Washington State Labor & Industries about establishing safety in the workplace can also be found [here](#).

The Department of Children, Youth, and Families (DCYF) is working internally across divisions in an effort to align approaches, whenever possible, when issuing guidance and information about returning to in-home services. We have considered guidelines provided by Gov. Inslee and DOH, including guidance to [domestic service industry](#) and [home-health care workers](#).

Guidance provided in this communication will not provide all the answers to questions you may have, but is intended to provide initial guidance that aligns with the Governor's phases and keeps health and safety of families and home visiting staff as a top priority.

Key Points:

- Health and safety for families and home visitors is paramount and should be the central focus when planning for return to in-home services, especially understanding the toll COVID-19 has had on families and communities of color across Washington.
- By limiting face-to-face interactions, ensuring adequate safety measures and empowering families to voice the type of visit (telehealth or face-to-face) that feels most comfortable to them, health and safety are prioritized and ensured for all.
- Home visiting programs should continue to adhere to DOH, Gov. Inslee and the Centers for Disease Control and Prevention (CDC) to limit the spread of COVID-19.
- Organizations offering home visiting programs should establish policies and procedures for reinstating in-home services that address the areas stated below prior to conducting in-home services.
- To the extent that family engagement and outcomes continue to be realized through virtual engagement and in alignment with guidance from the home visiting model, home visiting programs may continue virtual and remote visits.

- In limited capacity, home visits are allowable, but not required, in phases 3 and 4, given the ability to establish protective measures for health and safety of families and home visitors. Priority should be given to those with acute needs and those families who have been unable to participate in virtual or remote visits.

Guidance for Reinstating In-Home Visits:

Outline of Governor’s Safe Start Plan and Reinstating Home Visiting Services:

Phase 1	Phase 2	Phase 3	Phase 4
<ul style="list-style-type: none"> • Virtual and remote services • <i>(In-home visits ceased)</i> 	<ul style="list-style-type: none"> • Virtual and remote services • <i>(In-home visits ceased)</i> 	<ul style="list-style-type: none"> • Virtual and remote services • Outdoor visits 	<ul style="list-style-type: none"> • Virtual and remote services can continue • Outdoor visits • In-home visits, based on clinical discretion of home visitor, supervisor and family

- 1. Equity Impact:** Nationally and in Washington State, communities and individuals of color have been disproportionately impacted by COVID-19. When making decisions to return to in-home services, programs should consider and assess how returning to in-home services will address inequities that staff and families face, inequities that continue from injustices that long-preceded the COVID-19 pandemic. For example, programs may want to review which families have not been able to continue participation during the pandemic and examine if specific populations have been more impacted by barriers to participate in remote or virtual visits.
- 2. Return to In-Home Services Policy and Procedure:** Prior to resuming offering in-home services, DCYF requests all funded home visiting providers connect with their local health department for the most up-to-date local health guidance. In addition, DCYF requests all funded home visiting programs develop and retain onsite, documentation for a *return to in-home services policy and procedure* that includes, at a minimum, the following areas (*guidance for each of these areas is provided below*):
 - Risk assessment prior to in-home services
 - Physical distancing
 - Personal Protective Equipment
 - Sanitation and materials
 - Communication plans with families and consent to in-home services
 - Documentation for contact tracing
- 3. Risk Assessment prior to in-home services:** When it is determined there is a need for a face-to-face visit, the home visitor should:
 - a. First identify their own risk of transmitting infection and the risk of complications if they become infected. Home visitors should stay home if they are sick or have been exposed to someone with COVID-19 during the past 14 days.
 - b. Contact families (e.g., by phone, email, text) on the day of the visit to ask about the following family members:
 - i. Have they been in close contact with a person who has COVID-19?

- ii. Do they feel unwell with any symptoms consistent with COVID-19? *For example, have they had a cough, high temperature, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell.*

If the response is yes to any of the questions above, the home visitor should not conduct the face-to-face visit with the family and proceed with an alternative mode for the visit (i.e., phone and/or video communication) until such time as it is deemed safe.

- c. Identify family members in the visited home who may be at greater risk of transmitting infection or more severe complications if infected with COVID-19; the immune/risk status of all household members including weakened immune systems, over the age of 65 years, presence of chronic health conditions (e.g., heart disease, lung disease, diabetes) or other COVID-19 risk factors. The CDC has information on how to learn more about [people who are at higher risk](#) for severe illness.
 - d. In the case where multiple providers may be entering one home, evaluate the following:
 - i. Is the home already being visited by another service provider?
 - ii. Are there services the family may wish to prioritize?
 - iii. Could there be partnership with these others in provision of services to limit the number of in-person interactions? If so, is there a release of information in place between the providers to allow for sharing confidential and service information?
- 4. Physical Distancing:** DCYF understands that maintaining a physical distance when providing a home visit with families may be very difficult, especially for families with toddlers and young children and when residential spaces do not allow for physical distancing. To the extent possible, home visitors should maintain a distance of at least six feet between themselves and family members during a visit, and if possible, the home visit can take place outside. Please note, only outdoor visits may occur in Phases 3 and 4. When physical distancing of at least six feet is difficult, it is recommended that facial coverings be worn both by home visitors and family members. Recent information suggests that a significant portion of persons with COVID-19 may not have any symptoms, and even those who do have symptoms can transmit the infection before showing signs of illness.

Physical distancing, performing frequent hand hygiene, avoiding touching eyes/nose/mouth with unwashed hands, facial coverings by home visitors and family members, staying home when sick and avoiding being around sick people are the most important basic precautions.

- 5. Personal Protective Equipment:** Home visiting LIAs should provide, at no cost to workers, and require proper use of personal protective equipment (PPE) such as gloves, face shields and face masks. Cloth facial coverings must be worn by every worker not working alone, unless their exposure dictates a higher level of protection under Department of Labor & Industries safety and health rules and guidance. Refer to [Coronavirus Face Masks or Cloth Face Covering](#) requirements in Washington for additional details. Effective June 26, 2020 a statewide order requires individuals to wear a face covering in indoor public spaces such as stores, offices and restaurants. The order also requires face coverings outdoors when you can't stay 6 feet apart from others. LIAs should provide face masks to any adult caregivers or children (ages 5 and above) who are present during the home visit; all those present should wear at least a cloth face covering to protect the health of the worker and avoid risk of community transmission. Children under 2 years of age are not advised to wear facial coverings. Children 3-5 are encouraged to wear a covering if possible. Additionally, PPE should be changed and sanitized between home

visits.

Understanding that PPE may be difficult to acquire, in-home services should not be delivered until a sufficient supply of PPE is available for home visitors and participants. LIAs may utilize DCYF contract funds to purchase PPE for home visitors and families for use in home visits.

6. **Sanitation and Materials:** Many home visiting models bring information and resources to support their visits, some to be left with families and others to be utilized across many visits and therefore accessed by multiple families. Home visitors should consider what materials and resources are utilized for home visits, minimizing the use of materials that will be utilized across multiple families, unless they can be sanitized between use. Other precautions should be taken as well including, but not limited to, minimizing contact with frequently touched surfaces at the home, performing daily measurements of temperature for fever and assessments of other symptoms (cough, fatigue, body aches, sore throat, loss of sense of smell or taste, difficulty breathing), handwashing with soap and water for at least 20 seconds before entering the home and after exiting and/or using hand sanitizer that contains at least 60% alcohol if soap and water are not available. Home visitors should exit the home and notify the home visiting program supervisor immediately if any person is found to be ill within the home.
7. **Communication Plans with Families and Consent to In-Home Services:** The experience of home visits, at least for a time, will be different for families. It is important that home visiting programs develop plans to communicate with families prior to reinstating in-home services.
 - a. Home visiting programs should develop communication plans for families prior to reinstating home visiting that describe what will be different about their experience with home visits than before the COVID-19 pandemic (such as use of PPE, materials, physical distancing, etc.).
 - b. Home visiting programs should seek feedback on their communications approaches from families once these new home visit experiences are implemented.
 - c. Home visiting programs may include in their plan family-friendly re-initiation consent form that gives information about the risk of transmission and seeks confirmation to re-start voluntary in-home services under these changed circumstances.
8. **Documentation for Contact Tracing:** Home visitors should continue with documentation as outlined within the home visiting program contracts. To the extent possible, home visitors should document any persons in the home during the time of the home visit, even if the person is not participating in the home visit. This documentation will support any contact tracing should anyone involved in the home visit experience COVID-19 symptoms or a confirmed case of COVID-19.
9. **Flexibility of Contract Expectations and Caseloads:** DCYF understands that the COVID-19 pandemic has deeply impacted home visiting programs, from the venue of engagement to the stressors experienced by families and home visitors. Home visiting programs have done an incredible job adapting to the needs of families and staff. As such, [guidance](#) previously provided by DCYF on the flexibility of funds and contract expectations will continue to be in effect and updated routinely. DCYF also understands that the use of PPE along with additional sanitation measures may impact the pace at which home visits can occur. As requested in prior guidance, home visiting programs should continue to document the impact of the COVID-19 pandemic on their approach, ability to engage with families and caseloads. Using this information, home visiting programs may request to DCYF temporary adjustments in caseloads as applicable during the COVID-19 period.

Thank you for all you do for the children and families in Washington.

– Home Visiting Team