

Home Visiting Guidance Clarification

Feb. 23, 2021

The purpose of this is to provide clarification on guidance issued Feb. 5, 2021, including policy updates and questions and answers raised in the Feb. 11, 2021, HVSA Office Hours.

Dear DCYF Home Visiting Programs,

Thank you for ongoing diligence and care serving families across Washington with home visiting services during the ongoing COVID-19 pandemic. DCYF issued guidance to programs on Feb. 5 (see below) with guidance on limited return to in-person services and hosted Office Hours for Home Visiting Services Account (HVSA) funded programs on Feb. 11. Feedback and questions that were raised during the office hours in response to the guidance is appreciated and addressed in this communication. We heard the need for clarification that in-person services are not required when a region enters phase two, the need to continue to support access to broadband, and the variability in access to the vaccine by region and organization.

DCYF underscores the importance of safety of home visiting staff and the families participating in home visiting and will continue to allow virtual services at least through the end of the fiscal year. DCYF recognizes the wide discrepancy in how much vaccine (and vaccine availability) is on LIA radar across individual organizations and their degree of connection to medical/health services. DCYF will offer additional office hours for LIAs in the coming months as an open space for discussion and peer learning about how programs are approaching policy development, staff and family support for limited in-person visits and other associated topics. Office Hour dates and times are forthcoming.

Key References:

- [Governor's Healthy Washington - Roadmap to Recovery](#)
- [June 26, 2020, Guidance to Return to In-Person Services](#)
- [Visual of Washington's COVID-19 Vaccine Phases](#)
- [Washington Phase Finder and Vaccine Locations](#)
- **NEW:** [DOH Report on Vaccination Coverage by Race, Ethnicity and Age in WA](#)
- **NEW:** [DOH Article on Vaccination Coverage by Race, Ethnicity and Age in WA](#)
- 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](#)

Questions and Answers to the Feb. 11 guidance embedded below. Please note an update to number 3 in Key Points from Guidance issued on Feb. 5.

1. [Roadmap to Recovery] With the Governor's new Roadmap to Recovery plan, is phase "2" equated to old phase "4" or are they completely different?
 - a. This is a new approach and therefore phases do not align with the previous four-phase approach.
2. [Roadmap to Recovery] Does 25% capacity in workplace/office settings come from the Governor or DCYF?
 - a. This recommendation comes from the Governor's Roadmap to Recovery as it relates to



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CHILDREN, YOUTH & FAMILIES

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- employees working in a workplace/office and that office spaces should be at 25% occupancy (maximum) to allow for social distancing.
- b. This guidance is not in reference to offering in-person home visiting services; instead, this is referring to maximum staffing if working in an office setting where social distancing from coworkers may not be feasible. In the case that staff are working in an office setting (which may include providing virtual home visits from an office setting), the Governor's Plan indicates offices should not be filled to greater than 25% capacity (this is not an obligation that you should fill up to 25%). (See updated guidance below)
3. [In-Person Services] Does DCYF have a recommendation on how to manage return to in-person home visits if the home visitor declines when half of the families on their caseload want to return in person and half don't?
 - a. LIAs have latitude on how to approach caseload distribution as determined by their organization.
 - b. DCYF is not requiring vaccines for home visitors.
 - c. DCYF is not requiring a waiver process for in-person services or vaccinations.
 4. [In-Person Services] What if national model guidance conflicts with DCYF guidance?
 - a. Right now DCYF does not see them conflicting. Both agree that virtual visits may continue, and in-person services are **not** required to resume at this time.
 5. [In-Person Services] Are LIAs responsible for risk management regarding home visitors and families for in-person visits and liability for transmissions?
 - a. Yes, LIAs should examine the risk and implement associated policies and precautions.
 6. [In-Person Services] Is DCYF suggesting LIAs get written consent for in-person visits?
 - a. LIAs should determine whether and how to document consent for in-person services in the current circumstances; possible strategies include documentation of verbal consent or a written consent.
 7. [Vaccine] Please check with your vaccine suppliers in your community about the time period required for full immunity. (See updated guidance below)
 8. [Alignment Across DCYF] Had DCYF HVSA coordinated this guidance with DCYF ESIT messages?
 - a. In general, yes, programs internal to DCYF with similar service characteristics (e.g., ESIT and Combined In-Home Services for Child Welfare) are sharing their guidance as it is developed. However, there are differences in kinds of services provided to families as well as in different settings (e.g., in-home, clinic-based, etc.), and the voluntary/or involuntary nature of the services, thus requiring differences in guidance across the DCYF service array.

Please note, from this point forward, updates to the Feb. 5, 2021, return to in-person services guidance are denoted in red text. Text not in red is exactly as it appears in previous guidance.

Background:

Previously, Governor Inslee outlined a [four-phase plan](#) for resumption of social and economic activity. DCYF issued return to In-Person Services guidance in June 2020 based on this plan. As the pandemic and the response to the pandemic have evolved, including the emergence of two viable vaccines, so have guidelines from our Governor's Office and the Department of Health. Earlier this month, Governor Inslee outlined a two-phased plan called Healthy Washington – Roadmap to Recovery. This roadmap has been released at the same time the Department of Health (DOH) and many others continue to plan and distribute the two approved COVID-19

vaccines across Washington using a four stage vaccination plan.

Key Points:

1. **Home visitors are eligible to access the COVID-19 vaccine as part of Phase 1, Group B2 or Group B4.** Because in-person visits do not allow for physical distancing, the risk for acquiring or transmitting COVID-19 remains high. DCYF is not requiring home visitors get vaccinated.
 - a. In the Phase Finder, home visitors fit into the category described as follows: “Staff who provide **services that require sustained, direct, interactive, in-person contact with children and families** will be eligible in this vaccination phase.” Currently the Phase Finder language describes only “Child Care”, however, it will be updated soon to reflect the language contained in this bullet.
 - b. Eligible in B2: Home Visiting staff age 50 or over
 - c. Eligible in B4: Home Visiting staff under the age of 50
2. In limited capacity, when in-person home visits occur, though not required, when:
 - a. The Region has moved into Phase 2 of the Governor’s Road to Recovery Plan, and
 - b. LIAs have established policies describing approach for vaccination and communication with families and establish protective measures for health and safety of families and home visitors.
 - c. Priority should be given to those with acute needs and those families who have been unable to participate in virtual or remote visits.
3. Phase 2 of the Governor’s Road to Recovery Plan strongly encourages organizations to continue to support remote working, with a maximum 25% office capacity for those employees not working remotely. **This guidance is not in reference to in-person home visiting services; instead this refers to staff working in an office setting where social distancing from coworkers may not be feasible. In the case that staff are working in an office setting (which may include providing virtual home visits from an office setting), the Governor’s Plan indicates offices should not be filled to greater than 25% capacity. This does not obligate LIAs to staffing their offices at 25%. Also this does not obligate LIAs to offer at least 25% in-person home visits.**

Guidance for Reinstating In-Home Visits: Outline of Governor’s Roadmap to Recovery and Reinstating Home Visiting Services

Phase 1	Phase 2
<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 in-person visits may resume, weather and safety permitting • Resumption of in-person visits recommended only for home visitors fully vaccinated and 7-14 days after final vaccination (length of time dependent on vaccine type) with family consent to in-person visits. <i>See item 3 below for additional info.</i>

Key Points (June 26, 2020 Guidance):

- 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) recommendations 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 #1-10 outlined 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.
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. **Vaccination: Home visitors are eligible to access the COVID-19 vaccine as part of Phase 1, Group B2/B4.** Because in-person visits do not allow for physical distancing, the risk for acquiring or transmitting COVID-19 is high. The following factors should be in place prior to resumption of in-person visits:
 - a. **UPDATED:** LIAs should develop and follow their own policies regarding employee vaccination. Should the policy include reasons employees get vaccination, employers may consider an attestation process for employees to acknowledge the policy regarding vaccination. ~~At a minimum, LIAs should keep record of home visiting staff who get fully vaccinated for COVID-19. Additionally, LIAs may develop their own policy or protocol to address service provision when not all families have access or adoption of the vaccine.~~
 - b. Families should consent to in-person visits and be informed of the risks of transmission of COVID-19. Home visiting *See Item 8 below*.
 - c. DCYF is not requiring that home visitors get vaccinated.
 - d. DCYF is recommending to re-instate in-person visits, a home visitor be fully vaccinated and have completed the requisite 7-10-day period for full immunity to be in effect.

- e. Because it is not known if a vaccinated person can transmit COVID-19 and some percentage of people may not achieve full immunity, home visitors and families receiving visits should continue to take the necessary precautions with PPE and sanitation. *See Items 6-7 below.*
- 4. 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?
- 5. 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. 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.

6. **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.

7. **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.
8. **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 and include information [about the programs policy or protocol as it relates to employee vaccination and family access to vaccinations](#).
 - 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 approach to vaccination, 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.

- 9. 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.
- 10. 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