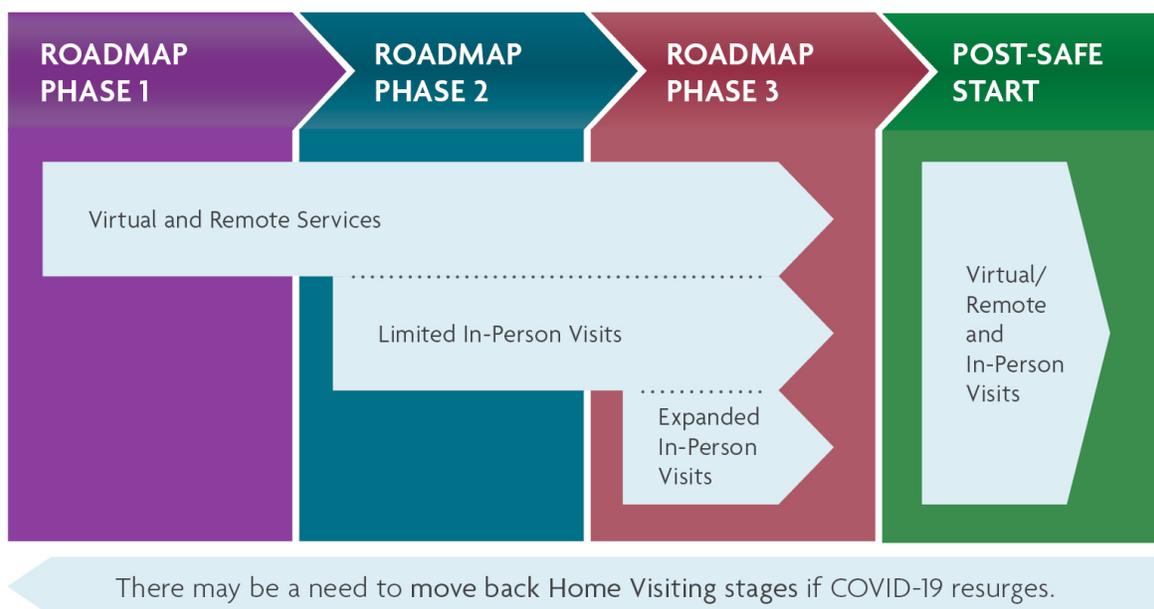


Home Visiting Guidance

To provide updates to the guidance issued in June 2020 and February 2021 regarding returning to in-person services in alignment with the Healthy Washington - Roadmap to Recovery, Phase 3 Updates

Home Visiting Services Account Local Implementing Agencies Stages In Relation to Washington's Roadmap to Recovery Phases



DCYF Home Visiting Programs,

Spring has sprung across the state! The Governor's office has issued updated guidance on the reopening of Washington's economy and public life. Students across Washington have returned for some in-person instruction by this week, and on March 22, Gov. Inslee established Phase 3 based on statewide rates of COVID-19 infections and hospitalizations. After two weeks in statewide Phase 3, on April 12, three counties reverted to Phase 2 with the possibility of a fourth wave of COVID-19 infections and rising incidents of variants emerging across the state. As of April 15, which some termed, "VAX day" – all Washingtonians ages 16 and older became eligible for the vaccine. As of April 23, more than 4,765,270 doses of vaccine have been given across the state. DCYF updated guidance in February about reinstating in-person home visiting. DCYF continues to support and underscore the importance of the safety of families and home visitors across the state. DCYF also understands that some families and home visitors are ready to resume in-person services, while others are not.



Washington State Department of
CHILDREN, YOUTH & FAMILIES

Original Date: June 26, 2020

Revised Date: April 26, 2021

Family Support Services

Approved for distribution by Laura Alfani, SFWA Administrator

With this communication, DCYF asks HVSA programs to continue establishing a policy for in-person services, and this policy should be in place by Sept. 30, 2021. Because this is a new endeavor for many LIAs, DCYF will continue to hold office hours, and provide technical assistance and examples of policies and procedures for your organizations. Additionally, understanding that most of the home visiting models have some, but not extensive, research and evaluation of home visiting in a virtual/remote context, we have learning to do about the differences and impacts of virtual/remote home visiting in the coming months and years. We look forward to learning with our LIAs and families about what is working and what aspects of home visiting during COVID-19 will be carried into our future post-pandemic timeframe. As always, thank you for your leadership, wisdom, and dedication to working with and for Washington's children and families.

Upcoming Office Hours: Tuesday, April 27, 10-11 a.m.

Office Hours Zoom Info:

<https://dcyf.zoom.us/j/81859580721?pwd=RE5MZzZnb3lzY2J3NlNlNidjOUVl2dz09>

Meeting ID: 818 5958 0721 Passcode: 290662

Key Points

- **Policies/procedures for in-person services:** In advance of delivery of in-person services, LIAs should establish policies and procedures that address at least the topic areas outlined below. These policies and procedures should be established by Sept. 30, 2021.
- **Vaccination:** Home visitors and all Washingtonians ages 16 and above are eligible for the COVID-19 vaccine as of April 15. Access to vaccines varies across the state and demographic groups. It will be weeks, even months, before all Washingtonians have access to the COVID-19 vaccine.
- **Virtual/Remote Services:** In the coming contract year, DCYF will continue to allow virtual services, conditional on models continuing to support virtual services, in State Fiscal Year 2022 (SFY 2022), July 2021-June 2022.
- **Future of In-Person/Virtual Services:** DCYF will be seeking input from LIAs and stakeholders for how virtual/in-person services are shaped in the future. Please stay tuned for opportunities to inform the way forward, alongside Home Visiting Advisory Committee through the coming fiscal year.
- **Ongoing Safety:** Home visiting programs should continue to adhere to Washington State Department of Health (DOH), Gov. Inslee, and Centers for Disease Control and Prevention (CDC) recommendations to limit the spread of COVID-19.

Key References and Supporting Materials

- [Healthy Washington | Roadmap to Recovery](#)
- [June 26, 2020, Guidance to Return to In-Person Services](#)
- [Feb. 23, 2021, Guidance Clarification to Return to In-Person Services](#)
- DOH COVID-19 [Vaccine Page](#) and [Vaccine Locator](#)

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- [DOH COVID-19 Data Dashboard](#) includes data on COVID-19 cases, hospitalizations, deaths, and vaccination coverage by race, ethnicity, and age in Washington
- [DOH Report on COVID-19 morbidity and mortality by race, ethnicity, and spoken language in Washington](#)
- 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](#)
- Guidance: [What does it mean to be fully vaccinated and Safer Gatherings](#)
- [Early Supports for Infants and Toddlers \(ESIT\) Tri-Stage Framework for Reentry to In-Person Service Delivery: Framework for Limited In-Person Services](#)
- [Child Welfare Combined In-person Services Guidance for Provision of In-Person Services](#)

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

Phase 1	Phase 2	Phase 3	Not Yet Developed - Phases 4 and Beyond
<ul style="list-style-type: none"> • Virtual and remote services • <i>(In-person 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 14 days after final vaccination with family consent to in-person visits. <i>See item 3 below for additional info.</i> 	<ul style="list-style-type: none"> • Virtual and remote services • Outdoor in-person visits may resume, weather and safety permitting • In-person visits with necessary sanitation and distancing precautions and family consent recommended only for home visitors fully vaccinated and 14 days after final vaccination 	<ul style="list-style-type: none"> • Virtual and remote services • [Assumed] In-person visits with necessary sanitation and distancing precautions and family consent recommended only for home visitors fully vaccinated and 14 days after final vaccination

Please note: throughout the document, “in-person” and “face-to-face” have been exchanged with in-person for consistency. In-person refers to visits in homes, public places (indoor or outdoor), or office visits.

Policies and Procedures Elements for Returning to In-Person Services

Organizations offering home visiting programs should establish policies and procedures for reinstating in-person services that address the areas #1-9 outlined below before conducting in-person services. DCYF requests all funded home visiting programs retain onsite documentation for a *return to in-person services policy and procedure*. Home visiting programs may contact their local health department for

additional up-to-date guidance on the status of COVID-19 in your community. DCYF recommends getting feedback on the policies and procedures from enrolled families and home visitors.

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-person services, programs should consider and assess how returning to in-person 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. **Vaccination:** Because in-person visits may not allow for physical distancing, the risk of acquiring or transmitting COVID-19 is high. DCYF does not require home visitors to get vaccinated, however, DCYF is recommending and encouraging, when possible, a home visitor is fully vaccinated before reinstating in-person services. LIAs should develop and follow their own policies regarding employee vaccination. Should the policy include reasons employees get a vaccination, employers may consider an attestation process for employees to acknowledge the policy regarding vaccination.
3. **Communication Plans with Families and Consent to In-person 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 before reinstating in-person services and include information about the program's policy or protocol as it relates to employee vaccination and family access to vaccinations.
 - a. Home visiting programs should develop communication plans for families before reinstating home visiting that describe what will be different about their experience with home visits than before the COVID-19 pandemic (such as the 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 should include in their plan a family-friendly re-initiation consent form that gives information about the risk of transmission and seeks confirmation to re-start voluntary in-person services under these changed circumstances.

4. **Risk Assessment:**

Before in-person services, 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. DOH has also updated guidance to include fully vaccinated persons with an exposure. Please follow the [isolation and quarantine requirements and recommendations](#) as established by DOH, if applicable.

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- 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 in-person 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 learning more about [people 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 a partnership with these others in the provision of services to limit the number of in-person interactions? If so, is there a release of information 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 or public 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. 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. When inside a home, the CDC has recommendations on how to improve air quality and limit the spread of the virus, including opening windows and/or doors and utilizing fans and filters. You can find more information on these recommendations [here](#). Data continues to suggest that a significant portion of persons with COVID-19 may not have any symptoms. 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 ill 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. Since June 26, 2020, a statewide order requires individuals to wear a face covering in indoor public spaces such as stores, offices, and restaurants, this guidance still applies in current phases. The order also requires face coverings outdoors when you can't maintain six feet distance 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 the 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 visits.

Understanding that PPE may be difficult to acquire, in-person 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 are left with families, and others are used across many visits and therefore accessed by multiple families. Home visitors should consider what materials and resources are used for home visits, minimizing the use of materials for 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 assessing 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 ill within the home.
- 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 and 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 DCYF temporarily adjust caseloads as applicable during the COVID-19 period.

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

– Home Visiting Team