Guide for Maternal/Child Home Visitation During the COVID-19 Pandemic

This document is intended for informational and educational purposes. The recommendations should be followed to the extent possible in order to slow and stop the spread of COVID-19 but are not mandatory. These recommendations are intended for agencies providing maternal/child home visiting services. Original guidance was distributed in September 2020. This update clarifies where home visitors fit in the vaccine distribution plan and expands considerations regarding in-person home visiting.

- Home Visitors delivering maternal/child home visiting are currently eligible to be vaccinated per newly released guidelines from the Centers for Disease Control and Prevention (CDC).
- Pharmacy locations that are part of the CDC’s Federal Retail Pharmacy Program are now giving priority to home visitors.
- Vaccination is encouraged but not required by the state. Individual home visiting agencies may develop and follow their own policies. Home visitors must still comply with masking and physical distancing requirements even if they are fully vaccinated.
- Remote or telehealth methods of home visiting remain the safest way to conduct home visiting services.
- Key considerations for providing in-person home visiting where the needs of a family cannot be met through remote or telehealth methods include equity, consensus agreement from all participants in the visit and the ability to follow established safety precautions.

I. Background:

Home visiting is a critical service and a source of significant support to families during this pandemic. The objectives of home visiting can be temporarily accomplished through remote or telehealth methods as demonstrated by home

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1 Such as Babies 1st!, CaCoon, Early Head Start, Early Intervention, Healthy Families America, Nurse-Family Partnership, Parents as Teachers and Relief Nurseries
visitors in Oregon and across the nation. While useful and effective within the current circumstances, there is no intention at the state or federal level of replacing in-person visiting with these distance methods.

In September 2020, a coalition of state agencies\(^2\) and associations collaboratively recommended use of remote or telehealth visiting through phone or interactive video conferencing (IVC) during the COVID-19 pandemic to protect the health and safety of the home visiting workforce and families receiving the services. These recommendations included considerations a home visiting agency might use to promote safer, in-person visiting as an exception in individual circumstances where the needs of a family could not be met through remote or telehealth methods. As the pandemic and the response to the pandemic have evolved, including the emergence of vaccines, so have guidelines from our Governor’s Office and the Oregon Health Authority. This guidance has been updated to include information about returning to in-person home visits based on the Governor’s Risk and Safety framework and current vaccine distribution efforts.

Ultimately, the determination of which method of visitation to use is a decision of the agency, in collaboration with their local public health authority (LPHA), the home visitor and the family.

II. It is recommended that a home visiting agency:

- Offer home visiting services through remote or telehealth methods.
- Prioritize health and safety for families and home visitors when planning for in-person home visits, especially understanding the toll COVID-19 has had on communities of color and Tribal communities across Oregon.
- Establish policies and procedures for in-person services that address the areas outlined in section III below prior to conducting in-person home visits

III. Considerations for in-person home visiting services

- Equity Impact: Communities of color and Tribal communities, specifically Latino/a/x, Black/African American, Pacific Islander and American Indian/Alaska Native populations have been disproportionately impacted by COVID-19. Consider and assess how returning to in-home services will address inequities that staff and families face. For example, agencies may want to review which families have not been able to continue participation

\(^2\) Oregon Department of Human Services, Oregon Association of Relief Nurseries, Oregon Center for Children and Youth with Special Health Care Needs, Oregon Department of Education and Oregon Health Authority
during the pandemic and examine if specific populations have been more impacted by barriers to participate in remote or virtual visits.

- Family Voice: Honor family decisions on type of visit (telehealth or in-person) that feels most comfortable to them. Individual circumstances and perceptions of the risk of the pandemic vary and effect comfort with in-person contact. Inform families of the risks of COVID-19 transmission and obtain family consent prior to an in-person visit taking place.

- Vaccination: People that provide home visiting services for public health or early learning purposes are currently eligible to be vaccinated.
  - Vaccination is a safe, effective and reliable way to prevent getting sick from COVID-19. It’s the best tool we have to help us end the COVID-19 pandemic in Oregon. Home Visitors can help families understand the vaccine distribution plans and support access to vaccination for eligible family members.
  - Agencies should develop and follow their own policies on employee vaccinations. If considering in-person visits, OHA recommends a home visitor be fully vaccinated. For the purposes of this guidance, people are considered fully vaccinated for COVID-19 2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or 2 weeks after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen ).
  - Fully vaccinated home visitors should continue to wear masks, maintain physical distance, and practice other prevention measures when providing in-person visiting services.

- County risk level: County Risk Levels are updated every two weeks in response to how COVID-19 is spreading in the community.

- COVID-19 Risk Assessment: Staff decisions to conduct in-person visitation should be discussed with a Supervisor in advance of the visit. When it is determined that there is a need for an in-person visit, the home visitor should identify their own risk and the family’s risk of transmitting infection and the risk of complications if they become infected. Consider the following when making decisions about in-person visitation:
  - If the family has been in close contact with a person who has COVID-19 or has any symptoms consistent with COVID-19 in the past 14 days, do not conduct the in-person visit.
- Home visitors should identify family members in the home who may be at greater risk of transmitting infection or be at risk for more severe complications if infected with COVID-19 and their vaccine status.
- Whether family members will wear face coverings during visit.
- Whether the in-person visit can take place outside in a way that both allows for privacy and confidentiality but assures physical distancing and the use of face coverings.
- Whether the agency has a meeting space large enough to maintain physical distancing while wearing face coverings, in which cleaning protocols can be implemented.
- Whether the number of families receiving an in-person contact can be limited to reduce the risk of the home visitor passing the virus from one family to another.
- Physical Distancing: Maintaining a physical distance when providing an in-person home visit with families may be very difficult, especially for families with toddlers and young children. To the extent possible, maintain a distance of at least six feet between home visitors and family members during a visit, and if possible, the home visit can take place outside.
- Personal Protective Equipment (PPE): It is expected that home visiting agencies will provide, at no cost to workers, and require proper use of personal protective equipment (PPE) such as gloves and face coverings. It is also expected that agencies will provide face coverings to any adult caregivers or children (ages 3 and above) who are present during the home visit, and no cost, and that all present wear a face covering. Children under 2 years of age are not advised to wear facial coverings. PPE may not be reused and must be disposed of immediately after use.
- Sanitation: Consider what materials and resources are utilized for home visits. Minimize the use of materials that will be utilized across multiple families unless they can be sanitized between use. Wash hands before and after each visit with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer (60–95% alcohol content), covering all surfaces of the hands and rubbing them together until dry. Use soap and water if hands are visibly dirty.
Additional tools

- Health Resources and Services Administration (HRSA) on identifying risk and precautions
- OHA Covid 19 Updates
- OHA infection control guidance for workers providing in-home personal care
- OHA general guidance for employers
- Covid 19 Vaccine in Oregon
- CDC Recommendations for fully vaccinated people
- Safe and Strong Oregon

This guide will remain in place unless there is new evidence that causes a change, or they are replaced with federal guidance from the CDC.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhs.ssa.state.or.us.