



COVID-19 Public Health Recommendations for Maternal/Child Home Visitation

These recommendations are intended for agencies providing maternal/child home visiting services¹ and are provided to promote the health and safety of our communities. Original recommendations were distributed in September 2020 and then updated in March 2021. This update expands considerations regarding in-person home visiting. Continued use of remote or telehealth home visiting services is supported during the transition phase as restrictions are lifted. Recognizing that some families and home visitors are ready to resume in-person services, while others are not, consider the principles of trauma-informed care and strategies to build resilience as plans for the return to in-person home visiting services are made.

Key points

- All people age 12 and older, including Home Visitors, are eligible for vaccination.
- Vaccination is a safe, effective and reliable way to prevent getting sick from COVID-19.
- It is strongly recommended, that a home visitor be fully vaccinated prior to reinstating in-person visits, even when not required by law. Individual home visiting agencies may develop and follow their own policies on vaccination.
- Home Visitors should follow federal, state and local recommendations and rules regarding face covering and physical distancing. Due to the increased infectiousness of the new COVID-19 viral variants, the number of unique home visits, and because young children are not yet eligible for vaccination, it is strongly recommended that all home visitors wear face coverings during home visits, regardless of vaccination status, even when not required by law.
- Local home visiting agencies are strongly encouraged to establish policies and procedures for in-person home visiting services prior to providing in-person services.
- Remote or telehealth methods of home visiting may continue if home visiting model guidance and administrative rules continue to support these methods of service delivery.

- Key considerations for providing in-person home visiting 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 have been accomplished through remote or telehealth service delivery during the COVID-19 pandemic; however, it was never the intention at the state or federal level to replace in-person home visiting services with distance methods. Instead, state and federal level home visiting leaders are evaluating how remote or telehealth home visiting service delivery might be integrated in the future.

In September 2020, a coalition of state agencies and associationsⁱⁱ collaboratively recommended use of remote or telehealth home 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. The availability of COVID vaccinations make in-person services safer, however with new viral variants, the pandemic remains dynamic and recommendations continue to prioritize the core public health strategies of vaccination for those eligible, face coverings or masks, physical distancing, ventilation and air flow, hand hygiene, cleaning and disinfecting, screening for symptoms, and isolation and quarantine.

Some families and home visitors are ready to resume in-person services, while others are not. Ultimately, the method of visitation is a decision of the individual home visiting agency, in collaboration with the home visitor and the family.

II. It is recommended that a home visiting agency:

- Prioritize health and safety for Home Visitors and families 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 prior to conducting in-person home visits.
- Continue to offer remote or telehealth home visiting services as an option during the early transition phase as restrictions are lifted.

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 experience. For example, agencies may want to identify and prioritize families and populations who experienced inequitable access to technology required for remote or telehealth home visiting services.

- 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. Whether family members choose to get vaccinated is a personal choice and should not be used to limit access to home visiting services. Inform families of the risks of COVID-19 transmission and obtain verbal agreement from family prior to an in-person home visit taking place.
- Vaccination: It is strongly recommended, that a home visitor be fully vaccinated prior to reinstating in-person visits even when not required by law.
 - 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 manage the COVID-19 pandemic in Oregon. Home visitors can support access to vaccination for eligible family members.
 - Agencies should develop and follow their own policies on employee vaccinations. 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 (PfizerBioNTech or Moderna), or 2 weeks after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen).
 - Home Visitors should continue to wear masks, maintain physical distance, and practice other prevention measures when providing in-person visiting services, whether or not the home visitor or family members are fully vaccinated.
- COVID-19 Risk Assessment: Consider the following when making decisions about in-person visitation:
 - Local [COVID-19 spread](#) and the presence of more infectious viral variants.
 - If the family or the home visitor 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.
 - 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 ventilation and 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 and require, at no cost to workers, masks. 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, at no cost, and that all present wear a face covering. Children under 2 years of age are not advised to wear face coverings. Knowing that the relationship formed with families is a key intervention of maternal/child home visitation programs, consider use of clear masks to promote stronger communication for all families. Facial cue reading is an essential component of early infant communications and clear masks could help support communication and access to information for people with disabilities. Home visitors who are health care personnel must wear an FDA approved clear face mask for it to be a medical grade face mask. Medical and non-medical clear masks can be purchased here: <https://buy.theclearmask.com/> and <https://safenclear.com/>
 - 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](#)
- [Covid 19 Vaccine in Oregon](#)
- [CDC Recommendations for fully vaccinated people](#)
- [Safe and Strong Oregon](#)
- [Vaccination for those eligible](#)
- [Face coverings and masks](#)
- [Ventilation and airflow](#)
- [Hand hygiene](#)
- [Cleaning and disinfecting](#)
- [Screening for symptoms](#)
- [Isolation and quarantine](#)
- [Physical distancing](#)

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

ⁱ Such as Babies 1st!, CaCoon, Early Head Start, Early Intervention, Healthy Families America, Nurse-Family Partnership, Parents as Teachers and Relief Nurseries

ⁱⁱ 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

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