

Home-Based Service Delivery: Re-Start Guidance

SUMMARY – Coronavirus Disease 2019 (COVID-19) continues to be present throughout Vermont. There is confidence that the spread is slowing, allowing a thoughtful re-start of home-based services. The Vermont Department of Health is recommending the following guidance for home-based services delivery for children and families.

KEY POINTS

1. Services related to safety and medical necessity for in-person services should be prioritized.
2. If desired outcome can be achieved remotely via telehealth agencies/programs are encouraged to use those options as long as possible.
3. Coordination amongst providers is necessary to maintain awareness of which services are being provided in the home and how/if collaboration can occur to best limit the spread of COVID-19.
4. Home-based service providers **must** strictly adhere to **all** health and safety guidance to limit the spread of COVID-19, in accordance with the Vermont Department of Health and [Vermont Occupational Safety and Health Administration \(VOSHA\)](#), including the use of Personal Protective Equipment (PPE), hand hygiene, and disinfectant. [PPE Guidance](#) is available for a variety of home visiting scenarios.

The Agency of Human Services departments will make decisions about prioritization of services and which Phase is most appropriate for the re-start of certain home-based services, together with their service provider and in accordance with federal regulations and requirements.

PRIORITY/ <u>PHASE</u> *	CRITERIA
High/Phase I - Significant Controlled Transmission	<ul style="list-style-type: none"> • Acute safety concerns • History of abuse, neglect, or violence • Requires in-person skilled services • Significant behavioral/mental health concerns
Moderate/Phase II - Moderate, Controlled Transmission	<p><i>All Phase I Criteria, plus:</i></p> <ul style="list-style-type: none"> • Attempted/intermittent engagement • Isolation/lack of engagement due to access/resources • Virtual outreach and support attempts with less than optimal outcomes • Hands on skilled services have been delayed • There will be a service interruption unless in-person assessment/evaluation • Non-English speaking
Low/Phase III – Low, Controlled Transmission	<p><i>All Phase I and II Criteria, plus:</i></p> <ul style="list-style-type: none"> • Regular engagement • Effective virtual outreach and support • No need for hands on skilled services

*Phase is determined by State leadership

IDENTIFICATION OF RISK

When it is determined there is a need to visit face-to-face, the home visitor:

- 1) Should first identify their own risk of transmitting infection and risk of complications if they get infected.
- 2) Should also identify family members in the visited home who may be at greater risk of transmitting infection or having complications if infected with COVID-19. The immune status/risk of household members; those who have a weakened immune system, over the age of 65 years, have chronic health conditions (e.g. heart disease, lung disease, diabetes), or other COVID-19 risk factors. Learn more about [people who are at higher risk](#) for severe illness.
- 3) Home visiting programs should contact families (e.g. by telephone, email, text) prior to the home visit and ask about the following:
 - Have they been in close contact with a person who has COVID-19?
 - 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 and proceed with an alternative mode for the visit (i.e. telephone and/or video communication).

If none of the indicators are positive for the above, and a decision is made that going into the home is within the best interest of the family, then home visitors and staff should continue to take precautions to prevent the spread of COVID-19.

PRECAUTION FOR THE HOME VISITOR

As a precaution, the home visitor should:

- Maintain a distance of at least 6 feet between the home visitor and family members during a visit, and if possible, the home visit can take place outside.
- Follow appropriate [PPE guidance](#).
- Perform daily measurements of temperature for fever and an assessment of symptoms of infection prior to entering the home.
- Exit the home immediately and notify the home visiting program supervisor if any person is found to be ill within the home
- Minimize contacting frequently touched surfaces at the home.
- Wash your hands with soap and water for at least 20 seconds before entering the home and after exiting.
- Use a hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Avoid touching eyes, nose and mouth.
- Important additional considerations for home visiting staff and supervisors:

- Any home visitor with signs and symptoms of a respiratory illness or other related illnesses should not report to work, and should follow [Department of Health](#) guidance for testing, quarantine, and isolation.
- Staff at high risk of severe COVID-19 complications (those who are older or have underlying health conditions) should consult with their own healthcare provider prior to conducting in-person home visits with sick clients.
- If a home visitor develops signs and symptoms of illness while on the job, they should stop working immediately, notify their supervisor, follow health department protocols, and self-isolate at home immediately.
- If after delivering a home visit, a home visitor is identified as being positive for COVID-19, they should notify their supervisor and follow current CDC and health department guidance.
- Staff should be encouraged to keep a daily list of other people they are in close contact with.

COORDINATION and COLLABORATION

In the case where multiple providers may be entering one home, evaluate the following:

- Is the home already being visited by another service provider?
- Are there services the client/family wish to prioritize?
- Could there be partnership in provision of services with others to limit number of in-person interactions?
- Is there a release in place to share information with other providers on the team?
- Would an increase in frequency of team meetings allow for improved coordination of services while home-based services are limited?