

Date: March 18, 2020

To: Iowa MIECHV and HOPES-HFI Contractors

From: Janet Horras, State Home Visitation Program Director

Iowa Department of Public Health Planning for Virtual Home Visits and Staff Working Remotely During COVID-19

Guiding Principles:

- Because of the community spread occurring in Iowa and the fact that cases will continue to rise rapidly, we want to be adequately prepared.
- The primary objective is to protect further spread of COVID-19.
- The health and safety of families, and the staff that serve them, must be the top priority.
- We want all organizations providing home visitation to have the tools and guidance needed to transition towards staff working from home, and providing virtual home visits. IDPH will continue to partner with all of our funders, as well as model developers, to provide up-to-date guidance.

Guidance for Programs Continuing In-person Home Visits:

- Staff should not conduct any home visits if they have any symptoms of illness.
- Staff should contact each parent prior to conducting the home visit to confirm no one in the home is showing any signs of illness and ask permission to come. If anyone is ill or if the family is self-quarantined, the visit should be moved to teleconferencing.
- Procedures and appropriate supplies should be provided to home visitors so they can disinfect all toys, books, etc. in between home visits.
<https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html#routine-cleaning>
- Handwashing and/or the use of hand sanitizer should occur at the beginning and end of each home visit. Home visitors may choose to wear gloves in addition to handwashing.

Critical Considerations for Providing Teleconferencing Home Visits:

- Home visitors should do everything possible to provide virtual home visits as they would if they were in person. Programs must continue to follow the standards of their home visiting model.
- HRSA has granted permission for the use of teleconferencing in accordance with the model developer. PAT and HFA are allowing for the temporary use of teleconferencing. NFP has allowed teleconferencing since 2017.
- Using a secure video conferencing platform would be the most ideal and closest to an in-person visit. It is recognized that not all programs or families will have access to a secure video conferencing platform. In these unusual circumstances, you are encouraged to utilize whatever video conferencing platform that you may have access to.
- There is the recognition that telephone may be the only feasible option for some families. Many families do not have all three of the following items necessary to conduct video conferencing: a screen, internet connection, data plan that would allow for home visits.
- Staff must have a device they can use if they need to conduct virtual visits from their home. For videoconferencing, it is recommended the screen be larger than a smartphone, if possible. However, smartphones may be the only option. If additional equipment needs to be purchased, that should be expedited, as shipping may be take longer than usual.

- Staff will need a secure, reliable internet connection, where possible, that could be used from home to conduct visits.
- When conducting virtual home visits, confidentiality must be maintained. Staff must be able to facilitate the visits from a room where others will not be able to overhear nor see the family. Equally important is that the person with whom you are conducting the visit be able to do so in a way that others who are not participating would not be able to overhear. This is critically important when discussing sensitive information.
- Staff will need to explain to families via phone what to expect and obtain permission in accordance with model and/or funder guidance. Some models, such as NFP, may have specific consent forms related to this service.

Guidance for Educating Families:

- Home visitors should educate families using only reliable sources such as the Iowa Department of Public Health
- Acknowledge any anxiety the families may have about what might happen. Avoid speculation about the future or unrealistic reassurance that everything will be fine. We simply don't know. For families with older children, it may be helpful to talk with parents about how to discuss this with their children. Children may also be anxious. Here are some resources to guide parents and caregivers:

<https://kidshealth.org/en/parents/coronavirus-how-talk-child.html>

<https://childmind.org/article/talking-to-kids-about-the-coronavirus/>

<https://www.pbs.org/parents/thrive/how-to-talk-to-your-kids-about-coronavirus>

- Should a concern arise about possible infection, direct the family to call their healthcare provider prior to showing up at a facility unless there is a health emergency (e.g. difficulty breathing). Encourage families to have contact information for health care providers, the home visiting agency, and emergencies numbers easily accessible at all times.
- Talk to the family about what they would need in the event they were quarantined for 14 days. We know that most families cannot afford to stock up on supplies. Now is the time to discuss how they could get formula, diapers, food, etc. if needed. Ideally, anyone on prescription medications will have enough to last 30 days.
- For parents that work, talk with them about what they would do if their childcare was suddenly unavailable. For many families, this could lead to a loss of employment if there is not someone that could help in this situation or could result in children being left with less than ideal caregivers. It may be a good time to discuss who they think would be appropriate to care for their child (if there are options), and what an alternate caregiver would need to know about caring for their child (e.g. safe sleep practices, emergency information, etc.).

Guidance for Home Visiting Organizations with Staff Working From Home:

- Ensure staff have an updated list of telephone numbers for all other staff.
- Establish scheduled communication updates for staff. The frequency and format may change as circumstances evolve, but plan for routine updates. It may be necessary to have frequent, scheduled meetings with a small team to discuss any recent information prior to these all-staff briefings.
- Ensure families' phone numbers are up-to-date, along with alternate contact information. If a home visitor becomes ill, a supervisor or home visitor may need to contact them.

- All providers must have a method for continuing to enter data. If home visitors do not enter data, how will the data they collect be provided to the data entry staff? If data entry staff becomes ill, who would enter the data, instead?
- All community events and activities for groups of parents/families scheduled within the next few weeks should be suspended until further notice. Parent groups could be offered via a platform like Zoom, if they consent and are able to do so.
- Establish how supervision can happen virtually, when staff are working from home. The use of teleconferencing for supervision is in use already in many agencies in the state.

Additional resources will be shared in the coming days to help programs ensure a smooth transition of services.