



Issued May 22, 2020

COVID-19 State of Alaska Guidelines for Re-Initiation of In Person Early Intervention Home Visits

Background

On March 11, 2020, the State of Alaska (SOA) issued a Public Health Disaster Emergency Declaration for COVID-19. <https://gov.alaska.gov/newsroom/2020/03/11/governor-issues-public-health-disaster-emergency-declaration-for-covid-19/>. In response to the SOA's Health Mandates, the Lead Agency (LA) for the Early Intervention/Infant Learning Program (EI/ILP) within Senior and Disabilities Services (SDS) suspended all in-person early intervention supports. The Division of Public Health home visiting programs (e.g., Maternal, Infant & Early Childhood Home Visiting [MIECHV] and Parents as Teachers [PAT]) also suspended in-person visits. These actions have protected families supported through the 16 EI/ILP local programs and the statewide home visiting programs funded by public health.

While some of the Health Mandates have been updated or have expired, as of May 21, 2020, SDS/DPH have not lifted the restriction on conducting in-person home visits. EI/ILP providers and home visiting programs must develop and submit for approval a re-initiation plan based on the guidance described below. Do not conduct any in-person supports funded under IDEA or other State-funded home visiting programs until you receive written notice from your funding agency that it is safe to re-initiate home visits. Please continue to conduct virtual visits in the interim. If an agency conducts an in-person visit prior to receiving SOA's approval, program funding may require review.

It is the State's ongoing goal to continue to provide high-quality early intervention and other parenting supports. The EI/ILP is obligated to ensure infants/toddlers and their families are served in natural environments as determined by the IFSP process with added consideration to health and safety of our families and early interventionists during this COVID-19 event. SOA continues to allow distance delivery of supports using the phone, video, telemedicine and store and forward visits.

MIECHV follows HRSA and CDC guidelines, as well as the policies of the home visiting model developers. Alaska's MIECHV program uses the Nurse Family Partnership model, which moved to 100% virtual meetings in March 2020. Telehealth visits have been incorporated into the model since 2017. The Parents as Teachers evidence-based model also began utilizing telehealth as an acceptable practice.

Guidelines for home visit re-initiation plans

At a minimum, plans should address the following aspects of re-initiating home visits.

Process for assessing whether home visits are in the best interest of the family

The assessment should consider whether household members are at higher risk for severe illness if they develop COVID-19. Persons at higher risk include those age 65 or older and people of any age with underlying medical conditions (e.g., heart disease, lung disease, and diabetes). More information on risk factors for severe illness is available here: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>.

While children are less likely to develop severe COVID-19 than adults, severe disease can still occur. Preliminary evidence suggests that infants are at greater risk than toddlers and older children for severe disease. Little is known about specific risk-factors for severe COVID-19 in children, but underlying medical conditions may increase risk. (See <https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e4.htm> for more information.) For children with chronic medical conditions, consider consulting with the child's primary care provider to assess whether the benefit of home visits outweighs the potential risk.

Plans should include any family-friendly re-initiation consent forms that the local program plans to implement.

Plans must address how the local program will support families that are nervous about inviting a provider into their home and how the agency will meet their needs given, in the case of EI/ILP, their protected rights under IDEA.

Pre-visit screening for household members and staff

Plans should address how the local program will screen the infant/toddler and household members for symptoms and COVID-19 exposure.

An example screening questionnaire is included at the end of this document. Having a household member take the temperature of the child and other family members is encouraged. However, many people with COVID-19 do not develop a fever (i.e., a temperature 100.4 degree F or higher) or have only a slightly elevated temperature. Asking about other symptoms is important. Typically, screening should be done by phone prior to the visit. But the staff member conducting the visit should review the screening information at the start of each visit. If any person is found to be ill within the home, the home visitor should exit the home immediately and notify their supervisor. Households with quarantined individuals or individuals should not have visitors.

Likewise, plans should address how staff conducting home visits will verify that they do not have a fever or other symptoms of COVID-19. Any home visitor with signs and symptoms of a respiratory illness or other related illnesses should not report to work. If a home visitor develops signs and symptoms of illness while on the job, they should stop working immediately, notify their supervisor, and follow health department protocols for self-isolating at home except to get tested for COVID-19 and to seek medical care.

Measures that will be taken to reduce the risk of transmission during home visits

No screening measure can completely eliminate the risk of COVID-19 exposure. Plans should address how the agency will implement the following measures. Implementation plans should include plans for training employees and plans for informing infants' and toddlers' family members about these measures.

1. Maintain a distance of at least 6 feet between the home visitor and family members during a visit.
2. To the extent feasible, conduct the visit outdoors.
3. Cloth face coverings should be used to prevent asymptomatic spread of the disease and provide protection when social distancing measures are difficult to maintain.
4. Minimize contacting frequently-touched surfaces at the home.
5. Wash hands with soap and water for at least 20 seconds before entering the home and after exiting. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
6. Avoid touching eyes, nose and mouth.

Additional considerations

Local agencies should consider assigning staff at higher-risk of severe illness to duties with lower risk of exposure, if feasible.

Documenting who was present at the home during the visit is important because this information may be useful later on for contact tracing.

See below for an example checklist for providers to review measures to reduce the risks associated with home visiting.

Proposed Example of Screening Process for Reinstating In Person Visits

Child: _____ Date: _____

Early Interventionist Name and Signature: _____

Notification to FSC sent—date and time: _____

Health Screening Questions

- 1. Is anyone in the family sick? If yes, please describe:
 - Fever
 - Cough
 - Sore throat
 - Cold/flu symptoms
 - Other symptoms _____
 - Chills
 - Muscle pain
 - Headache
 - New loss of taste or smell
- 2. Has anyone in the family home been to the doctor in the past 14 days—what was the result?
- 3. Has anyone in the family been tested for COVID-19 and what was the result?
- 4. Has anyone in the family been asked to quarantine/stay home and why?
- 5. Has anyone in the family been around anyone who is being investigated for or diagnosed with COVID-19?

Travel Screening Questions

- 8. Has anyone in the family travelled outside of Alaska in the last 14 days?

General Screening Questions

- 10. Is the family comfortable with a home visit to deliver services?
- 11. If a home visit is not an option, discuss the options for alternate locations, providers, and/or tele-practice with the family. Indicate decision and notify FSC for follow-up.
 - Visits will be cancelled for the following dates: _____
- 12. If a child care center is a proposed setting for a visit, do they have necessary safety protocols in place that both parties agree on?

Questions Providers Need to Ask Themselves to Help Reduce the Risk Associated with In Person Home visits

- 1. Did you wash your hands or use hand sanitizer when entering the home and at the end of the visit?
- 2. Did you minimize contact with people in the home? Ideally try to have just one caregiver with the child in the room with the provider.
- 3. Did you maintain 6 foot distance, recognizing that this won't be feasible for certain types of care?

- 4. Did you monitor yourself for symptoms/fever each day?
- 5. Did you do a telephonic screening the home visit then verify the information with the family in-person at the beginning of the visit?
- 6. Did you keep your face mask on? Did the family use them?
- 7. Did you document who was present at the home-visit (in case this is needed later on for contact tracing)?

Distant Visit Requirements for EI/ILP Services Affected by COVID-19

Instructions: During the COVID-19 event only EI/ILP home visiting services are eligible for delivery via tele-practice/Distant Delivery and reimbursable through either the grant sources, Medicaid and private insurance (where applicable), and local funding. PTs, OTs, SLPs, Psychologists, Social Workers and Counselors must continue follow the requirements of their specific licensing boards in providing services using tele-therapy and billing Medicaid or another coverage source.

For MIECHV and PAT, the model developer guidance must be followed.

Helpful Links, Documents, and Definitions:

<https://ectacenter.org/topics/disaster/coronavirus-re-opening-part-c.asp>

https://institutefsp.org/covid-19-rapid-response?mc_cid=cc972a2127&mc_eid=5b721678fd



COVID19 home
visitor mitigation of



OSEP Call.pdf

Virtual home visit: “a visit that is conducted solely by electronic means”