



The Health Resources and Services Administration's Maternal and Child Health Bureau is committed to supporting state and local early childhood home visiting programs and providers in outlining safeguards and harm reduction strategies for home visitors and families during the COVID-19 public health emergency. A number of states have suspended home visits to protect the health and safety of families and the home visiting workforce, and recommend the use of telephone and/or video communication in lieu of face to face home visits during this public health emergency. The Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program<sup>[1]</sup>, and a number of evidence-based home visiting service delivery model developers<sup>[2]</sup> have released guidance<sup>[3]</sup> to encourage the use of telephone and/or video technology to maintain contact with families during an emergency. States, tribes, territories, and local implementing agencies are encouraged to follow CDC, state and local health department, and home visiting model guidance, and utilize appropriate use of alternate methods to conduct home visits in alignment with model quality standards.

During the COVID-19 public health emergency, whether in-person or virtually, home visiting programs continue to play a vital role in addressing the needs of pregnant women, young children, and families. The potential impacts of the emergency on pregnant women and families' access to critical health, early care and education, and family economic supports make continued connections with families essential. Home visitors can support families through the identification of local and national COVID-19 related resources including CDC's up to date recommendations about COVID-19 and pregnant women to determine when added precautions are needed.<sup>[4]</sup> In addition, home visitors can connect families to needed health, mental health, child care and other services, identify strategies for managing family stress and social isolation, keep families informed about current public health recommendations related to COVID-19, and promote family emergency planning strategies.

In states and jurisdictions that have not suspended face to face home visits, home visiting programs may identify a need to visit under resourced families to provide ongoing support or deliver necessary supplies (e.g. diapers, groceries, infant formula). In these cases, prior to making home visits, home visitor staff should first identify their own risk of transmitting infection and their risk of complications if they get infected and then identify family members in the visited home who may be at greater risk of transmitting infection or having complications if

---

<sup>[1]</sup> MIECHV is appropriated at \$400M to support voluntary, evidence-based home visiting for pregnant women and parents with young children up to kindergarten entry who reside in at-risk communities. <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>

<sup>[2]</sup> Home Visiting Evidence of Effectiveness (HOMVEE): <https://homvee.acf.hhs.gov/>

<sup>[3]</sup> <https://www.nationalalliancehvmmodels.org/>

<sup>[4]</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pregnant-women-faq.html>

infected with COVID-19. Home visiting programs should contact families (e.g. by telephone, email, text) prior to the home visit and ask about the following:

1. Signs or symptoms of a respiratory infection, such as a fever (subjective or confirmed >100.4 degrees F), cough, sore throat, or shortness of breath.
2. Contact, within the last 14 days, with someone with or under investigation for COVID-19, or ill with respiratory illness.
3. The immune status/risk of household members; those who have a weakened immune system, over the age of 60 years, have chronic health conditions (e.g. heart disease, lung disease, diabetes), or other COVID-19 risk factors.

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>

If the response is yes to any of the questions above, then the home visiting program should reconsider 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. These precautions include:

- 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.
- Cloth face coverings should be used to prevent asymptomatic spread of the disease and provide protection when social distancing measures are difficult to maintain.
- Perform daily measurements of temperature for fever and an assessment of symptoms of infection prior to entering the home.
- If any person is found to be ill within the home, the home visitor should exit the home immediately and notify their supervisor.
- 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.
- If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
- Avoid touching eyes, nose and mouth.

This can be a stressful time for home visitors and other home visiting program staff. Here are some 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.
- Staff at high risk of severe COVID-19 complications (those who are older or have underlying health conditions) should not conduct 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 state and local 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 local and state health department guidance.<sup>[5]</sup>
- Emotional reactions to stressful situations such as this public health emergency are expected. Home visitors and other program staff should take self-care measures and be proactive in stress management.<sup>[6] [7]</sup>

For additional information, states should contact their state health department and frequently review the CDC website dedicated to COVID-19: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>.

### **CDC Resources:**

Communities and Healthcare Providers:

- <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-communicators-get-your-community-ready.html>
- <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

Pregnant Women, Infants and Families:

- <https://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/prepare/protect-home.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/prepare/children-faq.html>

General prevention:

- <https://www.cdc.gov/coronavirus/2019-ncov/community/home/>
- <https://www.cdc.gov/handwashing/when-how-handwashing.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>

### **Mothers and Children**

- <https://www.cdc.gov/coronavirus/2019-ncov/prepare/children.html>
- [https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fschools-childcare%2Ftalking-with-children.html](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fschools-childcare%2Ftalking-with-children.html)
- <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>

### **Social Service Providers**

- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

---

<sup>[5]</sup> <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

<sup>[6]</sup> <https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>

<sup>[7]</sup> <https://www.samhsa.gov/sites/default/files/tips-social-distancing-quarantine-isolation-031620.pdf>

- <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html>

#### HRSA Resources

- <https://www.hrsa.gov/coronavirus>

#### Maternal and Child Health Bureau Frequently Asked Questions

- <https://mchb.hrsa.gov/coronavirus-frequently-asked-questions>