

HOME VISITATION AND CONTACT GUIDANCE IN RESPONSE TO COVID-19 FOR CHILD WELFARE FAMILY-CENTERED SERVICES

March 16, 2021

The following guidance is based on the most current Iowa Department of Public Health (IDPH) guidance. The health and safety of children, family, staff and administrators are of the utmost importance. This guidance is not intended to address every potential scenario that may arise as this event evolves. It is critical that providers continue in-person contact where feasible, knowing that there may be future times when flexibility for virtual meetings is necessary.

Keep open lines of communication at all levels daily within your respective organization. Open communication decreases anxiety for workers as well as families. It is important that each child welfare service contractor and Department of Human Services (DHS) worker maintain constant communication with one another.

Home visitation and in-person visits with families are an essential aspect of providing services designed to ensure the protection of children and families.

DHS is committed to protecting and ensuring the health and safety of the children and youth, the family, caregivers who support them, and the workers who serve them.

In-person contacts during provision of Family-Centered Services (FCS) will resume effective April 1, 2021. Face masks are recommended to be worn at all times with in-person contacts.

- ▶ If you need to drive somewhere with a participant or others in the car, consider having them ride in back and open the windows.

MITIGATION PRACTICES FOR ALL INDIVIDUALS INVOLVED IN FAMILY INTERACTION, HOME VISITATION AND OTHER SOCIAL WORK PRACTICES REQUIRING IN-PERSON CONTACT WITH FAMILIES

1. Implement common-sense practices for preventing disease spread, such as covering a cough, staying home when sick, and washing hands. The CDC recommends washing hands for at least 20 seconds.
2. Anyone over the age of 2 must wear a face mask.
3. Call in advance of conducting home visits or other in-person meetings.
4. During in-person meetings, do not sit within 6 feet of anyone in the home.
5. Avoid touching your face or hair during the meeting.
6. Wash hands for at least 20 seconds with warm, soapy water or hand sanitizer before and after the meeting.

CONTAINMENT DECISION-MAKING PROCESS

- ▶ Fever or chills
- ▶ Headache
- ▶ Cough
- ▶ New loss of taste or smell

- ▶ Diarrhea
- ▶ Fatigue
- ▶ Muscle or body aches
- ▶ Shortness of breath or difficulty breathing
- ▶ Sore throat
- ▶ Congestion or runny nose
- ▶ Nausea or vomiting



Have you had contact with anyone who has known or possible exposure to the COVID-19 in the last 14 days?



Are you on home quarantine or isolation due to possible contact with someone with possible or confirmed COVID-19?

Workers should also answer the screening questions for themselves prior to making a home or in-person visit. If any of the answers are ‘yes,’ workers should contact their primary care provider, follow the primary care provider’s direction and not conduct any home visits to DHS children/families until cleared by their primary care provider to do so. Workers should also notify their supervisor of the above.

Anyone who answers “yes” to the screening questions should consult with their health care provider and public health as appropriate to follow relevant guidance which includes but is not limited to:

- ▶ Direct the participant to contact their health practitioner for guidance.
- ▶ Advise the participant to stay home, except to get medical care and to separate himself/herself from other people and animals.
- ▶ Document pre-visit screening information in appropriate systems.
- ▶ Do not conduct any in-person visits. Contacts may be made through phone, videoconferencing*, and teleconferencing.
 - Include screening data within the required documentation for the respective service being provided to the family.
 - In-person contact and visitation should resume once the symptoms of illness are clear.

*When selecting a videoconferencing platform, child welfare services contractors should consider HIPAA compliance issues and consult with their own legal counsel. A platform with a Business Associate Agreement (BAA) that is HIPAA compliant is sufficient for videoconferencing.

If no pre-screening phone call is made in advance of contact with a family, workers should conduct the screening questions outside of the family home within a safe distance from one another.

If parents/caregivers answer “no” during pre-screening for the above questions, then proceed with home or in-person visit.

FAMILY TEAM DECISION-MAKING (FTDM) AND YOUTH TRANSITION DECISION-MAKING (YTDM) MEETINGS (ATTENDANCE/FACILITATION)

When it comes to conducting FTDM meetings, the family maintains the decision to choose the method of their meeting.

If the family chooses to have an in-person FTDM meeting, an in-person meeting will be held with the following expectations:

- ▶ Face masks are recommended to be worn at all times.
- ▶ The room should be clean with the table/chairs and other equipment wiped down with disinfectant wipes before and after the meeting.

- ▶ The room should be equipped with hand sanitizer.
- ▶ No one should sit within 6 feet from one another in the room.

If the family chooses not to have an in-person meeting, videoconferencing is the next option to conduct the meeting. If videoconferencing is not available, a meeting by phone is allowed. If no meeting is held, document if canceled or postponed and include the reason.

The above FTDM meeting procedures apply to facilitation of YTDM meetings with the youth having decision to choose the method of their meeting.

FAMILY INTERACTIONS

Frequent family interaction is the strongest indicator of family reunification and achievement of permanency. Continued meaningful family interaction supports these goals and decreases the stress and anxiety of family separation during this unprecedented time. Family interactions will be in-person unless decisions made at the local DHS and contractor level determine in-person contact on certain cases is not safe or appropriate at this time. Mitigating risk of transmission includes asking the pre-screening health questions regarding the presence of a cough and fever or known coronavirus exposure. Parents and children should be encouraged to use hand sanitizer before, during, and after the interaction.

If the weather permits, conduct family interactions outside, such as in a local park.

If family interactions must take place indoors, preferred locations include DHS offices, contractor offices, churches, parental or other family homes, or other similar locations. Surface spaces should be wiped down with disinfectant wipes prior to the family interaction.

GENERAL RESOURCES

The situation related to COVID-19 is changing rapidly. Visit the websites below for up-to-date information:

Centers for Disease Control and Prevention:

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

Iowa Department of Public Health:

<https://idph.iowa.gov/Emerging-Health-Issues/Novel-Coronavirus>

COVID-19 DHS Resources:

<https://dhs.iowa.gov/COVID19>

Children's Bureau Guidance:

<https://www.acf.hhs.gov/cb/resource/covid-worker-safety>

The information outlined in this document is further subject to change due to the rapidly evolving situation related to COVID-19. This guidance remains in place until further notice.

If you become aware of a confirmed or presumptively positive case, please notify the DHS referring worker, your supervisor, and Mindy Norwood, Program Manager over Family-Centered Child Welfare Services at mnorwoo@dhs.state.ia.us.