



# RECOMMENDATIONS FOR A HYBRID MODEL OF HOME VISITING

**JULY 2021**

As the COVID-19 pandemic quickly escalated throughout the United States in Spring 2020, most communities, tribes, and states implemented stay-at-home orders, and home visiting programs rapidly transitioned to virtual visits with families. This was the safest way to continue supporting families while also preventing the spread of COVID-19. Family Spirit affiliates and other home visiting programs around the country quickly adapted and now have many new tools and creative practices for engaging with families through phone and/or video visits. The Family Spirit National Office has offered guidance and recommendations for virtual visits in a separate document labeled [\*Recommendations for Completing a Virtual Home Visit\*](#).

Despite the advances in virtual home visiting, it is important to acknowledge that virtual visits in under-resourced communities - and especially in rural areas - have been challenging due to limited access to internet and necessary equipment (e.g. phone, computer, tablet devices). In some cases, the families who need the most support have not been very reachable during the pandemic. New approaches were needed to safely provide essential services to those families in-person, using COVID-19 safety precautions to protect families and home visitors. The Family Spirit National Office issued updated guidance in December 2020 for safety procedures when in-person visits are necessary, with an overall goal of continued virtual visits whenever possible. This guidance is included in a separate document labeled [\*Recommendations for Home Visiting During COVID-19 Pandemic, Updated December 2020\*](#).

As of July 2021, the COVID-19 pandemic has entered a new phase with effective vaccines available to all individuals age 12 and older. A significant national effort is ongoing to vaccinate all individuals who want a vaccine. As a result, COVID-19 rates have declined across the country and many COVID-19 restrictions have been lifted. However, the pandemic is not yet over and spread of the infection will persist until vaccination rates increase nationally and world-wide. **Given the current phase of the pandemic, the Family Spirit National Office endorses a hybrid model of home visiting to allow for either virtual or in-person visits, depending on local circumstances and family and program needs.**

A hybrid model allows for flexibility at each affiliate site to consider the following factors: 1) local (Tribal and/or state) practices and health orders with regard to the COVID-19 pandemic; 2) the circumstances of each participating family, and their preference for either virtual or in-person visits; 3) any risk posed to the home visitor or family by completing an in-person visit.

If a home visitor and their supervisor determine that an in-person visit is needed for a family, Family Spirit recommends the following procedures:

- Prior to making any in-person visits, **home visitors and supervisors should first identify their own risk** of transmitting infection and risk of complications if they get infected, based on vaccination status and personal risk factors. If they are at high risk, they should not conduct any in-person visits. See the [CDC website](#) for more information about who is at higher risk.
- Prior to conducting an in-person visit, the home visitor should **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 home visitor should contact families (e.g. by telephone, email, text if possible; or at the home while maintaining 6 feet distance and wearing a face covering) prior to the home visit and ask about the following:
  - 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.
  - Contact, within the last 10 days, with someone with or under investigation for COVID-19, or ill with respiratory illness.
  - 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.

If the response is yes to any of the questions above, the home visitor should reconsider the in-person visit and proceed with an alternative mode for the visit (i.e. telephone and/or video communication). Refer to [Recommendations for Home Visiting During COVID-19 Pandemic, Updated December 2020](#) for more information.

- When conducting an in-person visit, the home visitor should follow precautions to prevent the spread of COVID-19:
  - 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.
  - Use cloth face coverings 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.
  - 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 such as door knobs, kitchen and bathroom fixtures, baby car seat, high chair, and changing station.
  - 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.
- If families are interested in more information about COVID-19 vaccines, refer families to the [JHCAIH Health Resource Library](#) for materials tailored for Native families.

#### References:

The above recommendations for in-person visits were adapted from [HRSA Maternal and Child Health](#).