



GUIDANCE FOR IN-PERSON BIRTH TO THREE AND HOME VISITING

During COVID-19



Connecticut Office
of Early Childhood

7.9.2020

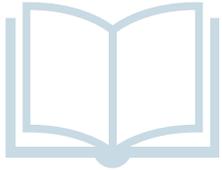


TABLE OF CONTENTS

Section 1: Overview

Section 2: In-person and Remote Visits

Section 3: Mask-wearing During an In-person Visit

Section 4: Physical Distancing

Section 5: Increased Health Practices

Section 6: Health Screening Procedures

Section 7: Cleaning and Disinfecting

Section 8: Exposure and Diagnosis of COVID-19





NOTE TO PROVIDERS

We greatly appreciate the challenges all Connecticut Birth to Three and Home Visiting providers are facing due to the current COVID-19 public health emergency. The work you do to support children and families is critical to children's healthy development. Thank you for your continued dedication. We value you and aim to supply you with all of the information you need to continue to support families at this time while protecting your own health and the health of your family.

The policies and guidance in this document are specific to COVID-19 and the declared state of emergency. Unless otherwise specified, all funding regulations and other requirements still hold firm.

This is a guidance document not a procedure, and is subject to updates as new information comes available. Memos and details are being kept up-to-date on the OEC website at ctoec.org/covid-19. For additional resources on Birth to Three and COVID-19, please go to birth23.org/covid-19-phe. Additional guidance is available from federal agencies and TA centers for IDEA Part C and Home Visiting. Home Visiting programs should check the national office of their home visiting model for further guidance. Please check these resources frequently for the latest information.

*Thank you for your work to support children and families.
Connecticut Office of Early Childhood*





ASSUMPTIONS

The Office of Early Childhood (OEC) has created this guidance based upon the following assumptions:

- ◆ The health and safety of children, families, and staff is a priority.
- ◆ Emergencies present themselves at all times and in many forms. Organizations and families must be prepared to respond to major threats, including severe weather and human-caused emergencies, as well as infectious and viral threats like the current COVID-19 crisis.
- ◆ OEC follows guidance from the Centers for Disease Control and Prevention (CDC) and public health entities because OEC is not a health-based organization. Specific verbiage has been taken from CDC and Connecticut Department of Public Health (DPH) guidelines.
- ◆ All Birth to Three providers and home visitors will continue to meet all legal and funding requirements.
- ◆ Health and safety practices that are necessary to mitigate the spread of COVID-19 must be implemented in a manner that maintains trusting relationships between providers, children, and families; and supports child development and well-being.





OVERVIEW

The OEC guidance regarding Birth to Three and Home Visiting during the pandemic supports the importance of regular contact with families to maintain a presence and continued supports during this difficult time. This guidance is informed by the CDC and DPH, and is intended to reduce the risk of spreading any infectious disease. OEC's collection of guidance is available on the OEC COVID-19 website, ctoec.org/covid-19 and Birth to Three's website, birth23.org/covid-19-phe.

The health practices that are most likely to reduce the spread of disease include providing supports using audio-visual communication, the wearing of face masks, physical distancing, health screening, cleaning and disinfecting, and responding appropriately to exposures and diagnoses of illness. This document provides information to allow the gradual and appropriate return to in-person visits in the context of Governor Lamont's Executive Orders and re-open protocols. It is suggested that no more than two in-person visits be conducted by the same staff person in one day. The decision to complete an in-person visit and the rules about the visit must be mutually agreed upon by the family and the staff person making the visit.





IN-PERSON AND REMOTE VISITS

As of June 12, 2020, the OEC is permitting the safe and gradual incorporation of in-person visits with families who receive Birth to Three and/or Home Visiting services, consistent with information from the **Early Childhood Technical Assistance Center (ECTA)** titled **Considerations for Increasing In-Person Activities and Making Infrastructure Adjustments for Part C During COVID-19**. Home visiting programs should look to the national office of their evidence-based home visiting model for guidance. Each contractor must develop protocols to address health and safety practices for staff and families. When an in-person visit is not possible, the OEC supports the continued use of remote visits.

Families and staff may be presented with the option of receiving an in-person or continuing with remote visits or both. The decision about which type of visit will be implemented at any given time should include careful consideration of the following:

- ◆ The family's preference
- ◆ The staff's preference
- ◆ Assessments or interventions (assistive technology) that require in-person interactions
- ◆ Whether the family has stable internet access, which will not incur additional costs
- ◆ Supports for individuals with visual or hearing impairments
- ◆ Personal protective equipment (e.g. masks, face shields, gloves, shoe covers) for adults
- ◆ The duration of the visit
- ◆ The setting (home, office, outdoors, childcare, school)

If an in-person visit will occur, the family and staff will determine together the location, timing, and which health and safety protocols will be used. It is important to communicate clearly with the family regarding:

- ◆ Mask-wearing (Section 3)
- ◆ Physical distancing (Section 4)
- ◆ Health screening (Section 6)

OEC contracted agencies' policies about which staff may or may not provide in-person visits shall not overrule the state and federal regulations or procedures about individualized supports.

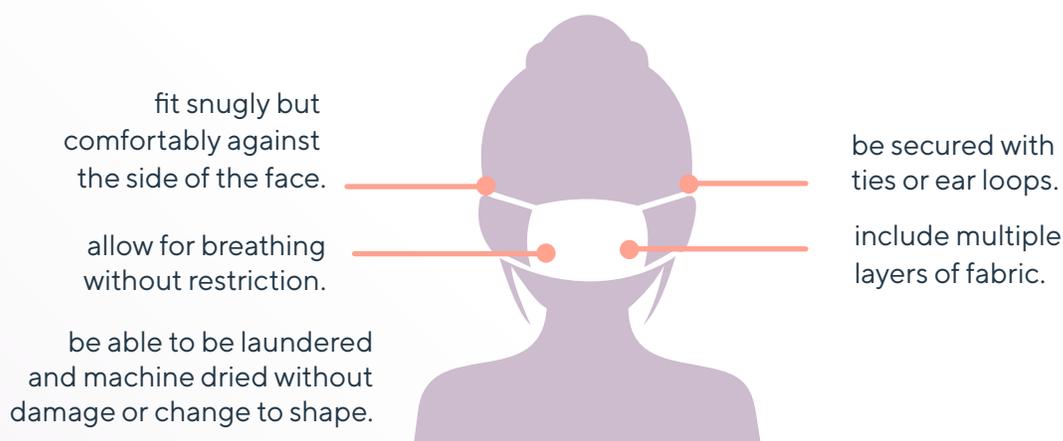


MASK-WEARING DURING AN IN-PERSON VISIT



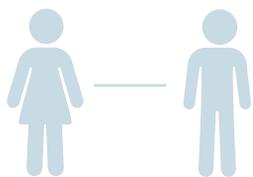
- ◆ Staff and family members must use face coverings at all times (unless outside and can keep a distance of 6 feet) during a visit.
- ◆ Face coverings shall not be placed on
 - ◆ young children under age 2;
 - ◆ anyone who has trouble breathing;
 - ◆ anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance; or
 - ◆ children or adults with developmental or medical conditions.

FACE COVERINGS SHALL:



- ◆ Clear face coverings are acceptable as long as they fit snugly against the sides of the face. A face shield without a face mask beneath it does not meet the requirement for face coverings.
- ◆ Individuals shall be careful not to touch their eyes, nose, and mouth when removing their face covering, and wash hands immediately after removing.
- ◆ Clear masks or sealed face shields can help with social responsiveness.
 - ◆ The [ECTA Center COVID-19 webpage](#) has a variety of resources related to mask-wearing.
 - ◆ As face masks are increasingly more visible, masks may lead to anxiety, fear, and/or fewer opportunities for children to learn to read facial expressions. The ECTA Center's Guidance, Toolkits, and Handouts offer information on mask-wearing and how to talk to lessen children's concerns.
- ◆ Face coverings recommended are not surgical masks or N-95 respirators; those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.





PHYSICAL DISTANCING

Determine strategies appropriate for the setting of the visit and consider the following measures for physical distancing:

- ◆ Maintain a distance of 6 feet or more except for brief contact as needed to fit assistive technology, model cues or positioning, or feeding techniques or other interventions.
- ◆ In order to limit the number of people that individuals are exposed to, consider having the same staff work with each family on a regular basis.
- ◆ The goal is to keep the number of people that each person interacts with low. These ideas may be helpful in creating a plan for in-person visits:
 - ◆ Encourage families to meet out of doors or in spaces large enough to allow for appropriate physical distancing.
 - ◆ Minimize the number of family members that participate in the visit.

We are aware that in-person visits during this emergency present challenges and risks, and we trust that providers and families will work together to maintain the health and safety of all parties.





INCREASED HEALTH PRACTICES

Staff must wash their hands immediately before and after each visit with soap and water for at least 20 seconds:

- ◆ Before coming in contact with any child
- ◆ Before and after eating
- ◆ After sneezing, coughing, or nose blowing
- ◆ After using the rest room
- ◆ Before handling food
- ◆ After touching or cleaning surfaces that may be contaminated
- ◆ After using any shared equipment

Staff should bring their own paper towels, or single use towel for handwashing. If soap and water are not available, use a hand sanitizer with at least 60%+ alcohol.

- ◆ Keep hand sanitizer out of children's reach and supervise use.



Implement respiratory hygiene and support families to do the same:

- ◆ Cover coughs and sneezes with tissues or the corner of the elbow;
- ◆ Encourage children, when appropriate, to cover coughs and sneezes with tissues or the corner of the elbow; and
- ◆ Dispose of soiled tissues immediately after use.



If a provider visits more than one family in the same day, the provider shall:

- ◆ Wear a smock, long-sleeved shirt, or other covering over their clothes and change the covering between visits; or
- ◆ Plan ahead to be able to change clothes between visits.
- ◆ Covering or clothing worn during previous visit shall be placed in a plastic bag until it can be washed.





HEALTH SCREENING PROCEDURES

Health screening procedures are implemented to reduce the likelihood of transmission of the virus. Screening procedures should be implemented for any staff who return to working outside of their homes and at visits with families to minimize the risk of transmission.

Agency staff should be screened each day before engaging with colleagues or families. Before interacting in-person, providers, family members who will take part in the visit, and children should be screened for any observable illness, including cough or respiratory distress. **Staff, family members, or children who have a temperature of 100 degrees or higher should not engage in an in-person visit.** Birth to Three and Home Visiting staff should not engage in an in-person visit if they have traveled to any state currently listed in **Connecticut's travel advisory** in the past 14 days. Before each in-person visit, providers should complete the steps below.

Ask the caregiver the following questions:

- ◆ In the past 14 days, have you had contact with any persons who were sick with suspected COVID-19 or tested positive for COVID-19?
- ◆ In the past 14 days, have you traveled to any state currently listed in **Connecticut's travel advisory**?
- ◆ Do you have any symptoms of a respiratory infection (e.g. cough, sore throat, fever, or shortness of breath)?

If the answer to either of these questions is yes, do not conduct an in-person visit.

- ◆ Ask the caregiver to confirm that no one in the family has a fever, shortness of breath, or cough.
- ◆ Make a visual inspection of anyone who will be part of the visit for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme confusion/fussiness.

When conducting the screening, consider the following:

- ◆ Maintain sufficient distance of 6 feet or have a physical barrier between anyone participating in the screening.
- ◆ Mask are required as described above if a distance of 6 feet cannot be maintained.

For more details, visit the **CDC website**.

PPE and supplies:

The Department of Administrative Services provides a list of mostly Connecticut-based companies that can provide needed supplies (hand sanitizer, masks, and cleaning supplies) in smaller quantities at competitive prices. The list is available at <https://portal.ct.gov/Coronavirus/Pages/PPE>.





CLEANING AND DISINFECTING

During the public health emergency, staff will only use objects available from the family. Special toys are not needed since families can continue to use objects they have available as part of regular daily activities after the visit to promote learning.

Evaluation items may be used if they can be disinfected between visits.

- ◆ Objects that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions shall be set aside until they are cleaned by hand.
- ◆ Clean with water and detergent, rinse, sanitize with an EPA-registered product (a list can be found [here](#)), rinse again, and air-dry; you may also clean in a mechanical dishwasher.
- ◆ Machine washable cloth toys and other items likely to be placed in a child's mouth shall be laundered/cleaned and sanitized before being used by another child.
- ◆ Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.





EXPOSURE AND DIAGNOSIS OF COVID-19

If COVID-19 is diagnosed in a family member, staff member or anyone else at the visit:

Families must be told that if anyone who was present during an in-person visit is diagnosed with COVID-19, they must notify the program immediately.

- ◆ If it is determined that anyone engaged in an in-person visit is diagnosed with COVID-19, the program shall:
 - ◆ Notify the family and staff member of the exposure.
 - ◆ Determine the date of symptom onset.
 - ◆ Determine if the individual participated in the visit while symptomatic or during the two days before symptoms began.
 - ◆ Determine who had close contact with the individual during those days and implement steps below for someone exposed to COVID-19.
 - ◆ Stop all in-person visits by anyone who was determined to have had close contact with an affected individual for 14 days after the last day they had contact.

If Anyone is Exposed to COVID-19

- ◆ If anyone is exposed to someone diagnosed with COVID-19 (a household member, caregiver in the home, or an individual who has had close contact for a prolonged period of time), they shall follow **CDC guidelines**.

Vulnerable/High Risk Groups

- ◆ If programs have staff or if there are family members age 65 or older, or with serious underlying health conditions, encourage them to talk to their healthcare provider to assess their risk and to determine whether they should not participate in in-person visits or come to an office.
- ◆ Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at **higher risk** for severe illness from COVID-19. To protect those at higher risk, it's important that everyone practices **healthy hygiene behaviors**.
- ◆ Information about **COVID-19** in children is somewhat limited, but the information that is available suggests that many children have mild symptoms. However, a small percentage of children have been reported to have more severe illness.
- ◆ Parents of children with underlying health conditions can be made aware of increased risk. Follow children's care plans for underlying health conditions.

