

## **REVISED Restore Illinois Recommendations and Guidance for Home Visiting, Doula, and Coordinated Intake Programs**

Developed by GOECD in consultation with the major funders of home visiting  
and the Executive Committee of the Home Visiting Task Force

**Revised August 7, 2020 and subject to change**

To Illinois home visiting, doula, and coordinated intake programs,

For months, you have adapted services to ensure the health and safety of the families you serve and your staff. The duress that families and staff are experiencing during this time is very challenging. We deeply appreciate the considerations your organization has taken to care for the well-being of families and staff as they experience the pressures of working from home, juggling schooling and caregiving children or other adults like never before. As we move ahead into new phases of reopening, the challenges that families and staff experience during the pandemic may not be resolved for many months to come.

While this communication will not provide the answers to all of the questions you may have, it is intended to provide guidance that aligns with Governor Pritzker's phases of restoration and keeps health and safety of families and home visiting staff as a top priority.

Please see the table on page 4 for an overview of guidance for each phase of the Restore Illinois Plan. This document has been approved by the Illinois Department of Human Services (IDHS) and the Governor's Office of Early Childhood Development (GOECD). (The other Illinois public funders of home visiting are in the process of reviewing this document and will be added upon approval.) This guidance is consistent with the Health Resources and Services Administration's (HRSA) [guidance on mitigation of risk for home visiting](#).

This guidance is current as of August 7, 2020. This guidance is subject to change in response to developments in the pandemic, and in alignment with any future updates to the [Restore Illinois plan](#). Programs should continue to adhere to the latest guidance from local health departments, IDPH, Governor Pritzker, and the Centers for Disease Control and Prevention (CDC) to limit the spread of COVID-19.

### **Key Points:**

- The funders of home visiting recognize the importance and value of in-person home visits and look forward to restoring in-person visits when it is safe to do so.
- In recognition of the unique challenges presented by virtual engagement as well as the multiple family and work burdens shouldered by home visitors, all funders continue to offer maximum flexibility throughout the pandemic. For example, [ISBE's ECBG FAQ](#) states: "Programs that are unable to serve their funded enrollment will not receive a reduced allocation."
- Health and safety for families and staff are paramount and should be the central focus, especially understanding the toll COVID-19 has had on families and communities of color across Illinois.
- Health and safety are prioritized and ensured for all by limiting in-person interactions, ensuring adequate safety measures, and empowering families to voice the type of contact that feels most comfortable to them (in alignment with the current Phase).
- In limited capacity, brief in-person contacts are allowable in Phase 4, based on the ability to establish protective measures for health and safety of families and staff. Priority should be given to those with acute needs and those families who have been unable to participate in virtual visits.

In general, these brief contacts should last no more than 15 minutes. Programs are NOT required to have in-person contacts.

- Many home visiting models do not consider such brief in-person contacts to count as a “visit.” Home visitor, doula, and coordinated intake workers should continue to document such contacts as directed by their respective models and programs.
- In-person groups and group celebrations are not allowed in Phase 4.
- Family and staff choices should be respected. There may be some families and some home visitors, doulas, and coordinated intake workers who will not feel comfortable meeting in person. This may be due to the presence of family members with at-risk health conditions or for other personal reasons. These personal choices should be respected, and the option of virtual services should continue to be available throughout all phases of the pandemic, in alignment with guidance from the home visiting models.
- We recognize that the restoration of in-person doula-attended births may lag behind the resumption of in-person home visits, and that individual hospitals may have more specific guidelines that will need to be followed.
- In-person contacts should not resume until a sufficient supply of Personal Protective Equipment (PPE) is available for staff and families. Unless otherwise directed, programs may continue to utilize contract funds to purchase PPE for home visitors and families for program use. DHS, in conjunction with the Illinois Association of Rehabilitation Facilities (IARF), is distributing non-NIOSH approved surgical face coverings or masks to community-based provider organizations, free of charge, across the state of Illinois. To request these face coverings from DHS, complete this form. In addition, the City of Chicago’s PPE marketplace is here: <https://www.chicagoppemarket.com/>.
- Governor Pritzker and the Illinois Department of Public Health (IDPH) continue to offer general and industry-specific guidance about engaging in public life focused on the health and safety of all Illinois residents. Guidance from the Illinois Department of Labor about establishing safety in the workplace can also be found here.

**Here are three action steps for Phase 4 that we are asking all Illinois home visiting, doula, and coordinated intake programs to take:**

- 1. Assess the equity impact when making decisions about in-person contacts:** Nationally and in Illinois, communities and individuals of color have been disproportionately impacted by COVID-19. When making decisions about in-person contacts, programs should consider and assess how returning to in-person services will address inequities that staff and families face, inequities that continue from historical and systemic injustices that long-preceded the pandemic. *For example, programs are encouraged to review which families have not been able to continue participation during the pandemic and examine if specific populations have been more impacted by barriers to participate in virtual visits.*
- 2. Continue to document the impact of COVID-19 on the program:** We know that programs have done an incredible job adapting to the needs of families and staff. The funders of home visiting will continue to provide as much flexibility as possible on caseload requirements and benchmark outcomes, recognizing that COVID-19 is having an impact on both. *We request that programs continue to document the impact of the COVID-19 pandemic on their approach and their ability to engage with families and caseloads, and to contact their funder(s) with any questions about specific requirements.*
- 3. Develop policy and procedures for Phase 4:** Prior to resuming offering in-person services, we request that all funded home visiting, doula, and coordinated intake programs connect with their local health department for the most up-to-date local health guidance. In addition, we request that these programs **develop, retain onsite, and share with all staff, Phase 4 policy and**

**procedures** that include, at a minimum, the following areas (guidance for each of these areas is provided on pages 5-7). The policy and procedures should not be sent to your program funder(s) now, but should be available to funders upon their request.

1. Risk assessment prior to in-person contact
2. Physical distancing
3. Personal Protective Equipment (PPE)
4. Sanitation and materials
5. Communication plans with families and consent to in-person contacts
6. Documentation for contact tracing
7. Responding to COVID-19 symptoms

Your unwavering commitment to supporting families and staff during this time has been and continues to be remarkable. Please know that emotional reactions to stressful situations such as this public health emergency are expected. We encourage staff and supervisors to take self-care measures and be proactive in stress management. Some resources are available on the [GOECD COVID-19 webpage for providers](#). In addition, programs may seek [Infant/Early Childhood Mental Health Consultation](#).

We recognize that Early Intervention (EI) will allow in-person meetings and services as of August 1, 2020, for a limited caseload, and with health and safety conditions, as described in their [guidance](#) issued on July 17, 2020. EI is an entitlement program, while home visiting services are voluntary. These changes were made to support the continued development of young children with identified delays and/or specialized needs, including those who were unable to benefit fully from virtual services.

This guidance is based on current conditions and our current understanding of COVID-19. We expect to revisit this guidance in the fall, after the school year begins and when the weather begins to change. If you have any questions or concerns about this guidance, please reach out to [Gov.HomeVisiting@illinois.gov](mailto:Gov.HomeVisiting@illinois.gov).

## Resources

Programs should refer to [Illinois Department of Public Health guidance](#) and frequently review the CDC website dedicated to COVID-19: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>.

The following additional resources may be useful to programs when developing their policies and procedures:

- Illinois
  - [Restore Illinois: A Public Health Approach to Safely Reopen Our State](#)
  - [Illinois Department of Labor guidelines for workplace safety](#)
  - [ISBE Transition Guidance for Starting School Year 2020-21](#)
  - [ISBE Considerations for Closing Out the 2019-20 School Year and Summer 2020](#)
  - [Restore Illinois Day Care Guidance from DCFS](#)
  - [Survey of Illinois Home Visiting—Impact of COVID-19](#)
  - [Illinois Model for Infant/Early Childhood Mental Health Consultation](#)
- National
  - [HRSA Guidance on Mitigation of Risk for Home Visiting](#)
  - [ACF and HRSA Joint Letter on Collaboration](#) (May 28, 2020)

# **REVISED RESTORE ILLINOIS GUIDANCE FOR HOME VISITING, DOULA, AND COORDINATED INTAKE**

Approved by IDHS and GOECD/MIECHV as of August 7, 2020

PROGRAM ELEMENTS	Phase 1 Rapid Spread	Phase 2 Flattening	Phase 3 Recovery	Phase 4 Revitalization	Phase 5 Restored
		Strict stay at home and social distancing guidelines are put in place, and only essential businesses remain open. Every region has experienced this phase once already and could return to it if mitigation efforts are unsuccessful.	Non-essential retail stores reopen for curb-side pickup and delivery. Illinoisans are directed to wear a face covering when outside the home and can begin enjoying outdoor activities like golf, boating & fishing while practicing social distancing.	Manufacturing, offices, retail, barbershops and salons can reopen to the public with capacity and other limits and safety precautions. Gatherings of 10 people or fewer are allowed. Face coverings and social distancing are the norm.	Gatherings of 50 people or fewer are allowed, restaurants and bars reopen, travel resumes, child care and schools reopen under guidance from the IDPH. Face coverings and social distancing are the norm.
Home visits	Virtual visits only (refer to model guidance and your TA provider)			Virtual visits continue, <i>and limited, brief in-person contacts allowed*</i>	Virtual and <i>in-person</i>
Doula+	Virtual visits only (with permission of the birthing parent)				
Recruitment, intake, and coordinated intake	Virtual intake only			Virtual intake continues, <i>and in-person recruitment may begin in spaces such as health depts, FCRCs and WIC offices*</i>	
Group activities	Virtual group activities only			Virtual groups only	Virtual and <i>in-person</i>
Consents and forms	Obtain virtual consents; collect “ink signatures” during Phase 5				“ink signatures”
Transitions (exits from HV)	Await and follow enrollment guidance from 3-5 programs and school districts				
Professional development (PD) and model requirements	Refer first to your model for guidance on training requirements and maintaining model fidelity. To explore options for training and technical assistance, please contact your TA provider. To access PD offerings provided by the Ounce, please log in to your Ounce account at <a href="http://theounce.org/ILPD">http://theounce.org/ILPD</a> . For PD offerings provided by Baby TALK, please refer to <a href="http://www.babytalk.org">www.babytalk.org</a> . For any unresolved questions, please contact your program funder(s).				
Work location	Follow your employer’s guidance (in accordance with guidance from the State of Illinois, IDPH and CDC)				

**\* In-person services must occur with face coverings, physical distancing, approval of the family and staff, and in accordance with local health departments, IDPH and CDC.**  
**+ Resumption of in-person doula activities must also occur in accordance with individual hospital policies.**

**Throughout all phases of restoration, services must be provided in accordance with IDPH and CDC guidelines. This guidance is subject to change in response to developments in the pandemic, and in alignment with any future updates to the [Restore Illinois plan](#).**

## Policy and Procedures for Phase 4: Guidance for Home Visiting, Doula, and Coordinated Intake Programs

This guidance is current as of August 7, 2020 and is subject to change. This guidance is adapted from [HRSA Guidance on Mitigation of Risk for Home Visiting](#) and the home visiting plans from the states of Alaska and Washington. This guidance is subject to change in response to developments in the pandemic, and in alignment with any future updates to the [Restore Illinois plan](#). Programs should continue to adhere to the latest guidance from local health departments, IDPH, Governor Pritzker, and the Centers for Disease Control and Prevention (CDC) to limit the spread of COVID-19.

During Phase 4 of Restore Illinois, programs are allowed to have limited, brief in-person contacts. These in-person contacts are optional, not required. Family and staff choices should be respected. There may be some families and some home visitors, doulas, and coordinated intake workers who will not feel comfortable meeting in person. This may be due to the presence of family members with at-risk health conditions or for other personal reasons. These personal choices should be respected, and the option of virtual services should continue to be available throughout all phases of the pandemic, in alignment with guidance from the home visiting models.

Prior to resuming in-person services, we request that all funded home visiting, doula, and coordinated intake programs **connect with their local health department for the most up-to-date local health guidance**. In addition, we request all funded home visiting programs **develop, retain onsite, and share with all staff**, documentation for a *return to in-person services policy and procedure* that includes, at a minimum, the following 7 areas.

The policy and procedures should not be sent to your program funder(s) now, but should be available to funders upon their request.

1. **Risk Assessment prior to in-person contact:** Illinois recommends that home visitors, doulas and coordinated intake workers perform daily measurements of temperature for fever (temperature of 100.4 degrees F or higher) and an assessment of symptoms of infection prior to entering the home. CDC guidance advises that staff members aged 65 or older, or with serious underlying health conditions, should be encouraged to talk to their healthcare provider to assess their risk and to determine if they should conduct in-person contacts.

The following screening questions are recommended for home visitors, doulas, and coordinated intake workers to ask themselves and their families, prior to an in-person contact:

1. Do you feel ill with any symptoms consistent with COVID-19? *For example, have you had a cough, temperature of 100.4 F or higher, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell?*
2. In the last 14 days, have you had contact with someone you know has COVID-19, who is under investigation for COVID-19, or who is ill with any of the symptoms above?
3. Is there anyone in the household who has a weakened immune system, is over the age of 65, has chronic health conditions (e.g. heart disease, lung disease, diabetes), or other COVID-19 risk factors? The CDC has information on how to learn more about [people who are at higher risk](#) for severe illness.

If the response is yes to questions 1 or 2 above, then the staff should proceed with a virtual visit (i.e., telephone and/or video communication) until such time as it is deemed safe to meet in person. Individuals with symptoms should be directed to contact their health care provider.

If the response is yes to question 3 above, the staff may consider whether a virtual visit could be scheduled instead of an in-person contact.

In addition, programs are encouraged to ask the family about other services that may be resuming in the home or in person, such as [Early Intervention](#). If multiple providers may be providing in-person services, evaluate the following:

- a. Is the home already being visited by another service provider, such as Early Intervention?
- b. Are there services the family may wish to prioritize?
- c. Could there be partnership with these others in provision of services to limit the number of in-person interactions? If so, is there a release of information in place between the providers?

2. **Physical Distancing:** Recent information suggests that a significant portion of persons with COVID-19 may not have any symptoms, and even those who do have symptoms can transmit the infection before showing signs of illness. Physical distancing, performing frequent hand hygiene, avoiding touching eyes/nose/mouth with unwashed hands, facial coverings by home visitors and family members, staying home when sick and avoiding being around sick people are the most important basic precautions.

- We understand that maintaining a physical distance during in-person contact with families may be very difficult, especially for families with toddlers and young children, and when residential spaces do not allow for physical distancing.
- To the extent possible, staff should maintain a distance of at least six feet between themselves and family members during a contact.
- Whenever possible (and as appropriate), the contact can take place outside. In cases where there are concerns about community violence, indoor hallway or doorway contacts may be an option.
- Facial coverings are strongly recommended for both staff and family members.

3. **Personal Protective Equipment (PPE):** Programs should require proper use of personal protective equipment (PPE), such as gloves and face masks, and should provide PPE at no cost to workers. PPE should be changed and sanitized between contacts. Refer to [Illinois guidance on face coverings](#) for additional details.

- Children under 2 years of age are not advised to wear facial coverings.
- Programs should provide face coverings to all adult caregivers and children ages 3 and above who are present. All those present should wear at least a cloth face covering to protect the health of all persons, and to avoid risk of community transmission.

4. **Sanitation and Materials:** Many home visiting models bring information and resources to support their visits. Some programs are dropping off materials with families, to be utilized across many visits and possibly accessed by multiple families in the future. Home visitors should consider what materials and resources are utilized for visits, minimizing the use of materials that will be utilized across multiple families, unless they can be sanitized between use. Other precautions should be taken as well, including, but not limited to:

- performing daily measurements of temperature for fever and assessments of other symptoms
- minimizing contact with frequently touched surfaces at the home
- avoid touching eyes, nose and mouth
- handwashing with soap and water for at least 20 seconds before entering the home and after exiting and/or using hand sanitizer that contains at least 60% alcohol if soap and water are not available
- monitor [FDA guidance](#) on hand sanitizers that should not be used

5. **Communication Plans with Families and Consent to In-Person Services:** When in-person contacts resume, the experience will be different for families. It is important that programs develop plans to communicate with families about this.

- Programs should develop communication plans for families prior to restoring in-person contacts that describe what will be different about their experience than before the COVID-19 pandemic (such as use of PPE, materials, physical distancing, etc.).
- Programs should seek feedback from families on their communications and approaches, once these new in-person contacts are implemented.
- Programs may develop a family-friendly re-initiation consent form that gives information about the risk of transmission and seeks confirmation to have limited, voluntary in-person contacts under these changed circumstances.
- Programs should develop communication plans for families and staff in the case of any COVID-19 exposures, while maintaining confidentiality of the exposed individual(s).

6. **Documentation for Contact Tracing:** To the extent possible, home visitors, doulas, and coordinated intake workers should also document any persons present during the time of the in-person contact, even if those persons are not participating in the contact. This documentation will support any contact tracing, should anyone involved experience COVID-19 symptoms or a confirmed case of COVID-19.
7. **COVID-19 symptoms:** Any staff member with signs and symptoms of a respiratory illness or related illness should not report to work. If a staff member develops signs and symptoms of illness while on the job, or if any person is found to be ill during an in-person contact, the staff should stop working immediately, notify their supervisor and program funder(s), follow state and local health department protocols, and self-isolate at home immediately.

Refer to the CDC recommendations on [“what to do if you are sick”](#), [“cleaning and disinfecting your building or facility when someone is sick,”](#) and [“when you can be around others if you had or likely had COVID-19.”](#)

For additional examples, see also the [ISBE Transition Guidance for Starting the School Year 2020-21](#) and the [Restore Illinois Day Care Guidance from DCFS](#).

**Optional:** Home visitors, doulas, and coordinated intake workers may consider using a checklist as a reminder of the above precautions. The State of Alaska created this self-checklist for providers, to help reduce the risk associated with in-person contacts:

1. Did you wash your hands or use hand sanitizer before beginning the contact and at the end of the contact?
2. Did you minimize contact with people?
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 before the in-person contact, then verify the information with the family in-person, at the beginning of the contact?
6. Did you keep your face mask on? Did the family use them?
7. Did you document who was present at the contact (in case this is needed later on for contact tracing)?