This guidance is for public health, health care and other agencies providing in-home healthcare and other support services. “Home visits” entail clinical or healthcare professional or paraprofessional visiting the home of a client to perform site-based services, such as case management, client interviews, follow-ups/check-ups, home assessments and/or health audits. By definition, home visits involve person-to-person contact in close quarters. Given that, and given community spread of COVID-19 in Los Angeles County, in-person home visits should be avoided except when face-to-face contact is critical to the health or well-being of the client. The guidance is intended to help home visitors determine when home visit can be postponed, when and how alternate strategies can be employed instead of home visits, and how to conduct home visits safely when one is needed.

This guidance includes recommendations that public health and home visiting staff of other departments and organizations can use while the Health Officer’s Safer at Home Health Officer Order is in place in Los Angeles County. DPH has also developed a pocket card that staff can carry to remind them of key steps and key contacts for dealing with a client who is symptomatic or may have been exposed to COVID-19.

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**KEEPING YOURSELF AND YOUR CLIENTS INFORMED**

**Understand how COVID-19 is spread**

- COVID-19 is spread the same way as other infectious respiratory illnesses, such as influenza. A person does not have to be symptomatic to infect others. The most common modes of infection are:
Symptoms of COVID-19 may include some combination of the following: fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

- This list of symptoms is not all inclusive. Please consult your healthcare provider about the need for testing and isolation for any other symptoms that are severe or concerning to you.
- If you develop fever, cough, shortness of breath, or your provider tells you that you are likely to have COVID-19,
  - Stay home for at least 10 days from when your symptoms first appeared AND
  - At least 3 days (72 hours) after you have recovered. “Recovered” means that your fever has gone without the use of medications and your respiratory symptoms (such as cough and shortness of breath) have improved.

Older adults, and those with compromised immune systems or underlying medical problems who experience COVID-19 symptoms should call their doctor early. If you are having difficulty breathing, feel pain or pressure in your chest, have bluish lips or face or are experiencing a new onset of confusion or difficulty waking up call 911 or go to an emergency room, otherwise call your doctor before going in to seek care.

Empower yourself and your clients with reliable health information

- During the pandemic, beware of scams, false news and hoaxes concerning COVID-19. Accurate information is available on the DPH coronavirus website.
  - Los Angeles County Department of Public Health (LACDPH, County)
    - [http://dph.lacounty.gov/coronavirus](http://dph.lacounty.gov/coronavirus)
  - State, federal and international sites also offer reliable information on COVID-19:
    - California Department of Public Health (CDPH, State)
      - [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx)
    - Centers for Disease Control and Prevention (CDC, National)
    - World Health Organization (WHO, International)
      - [https://www.who.int/health-topics/coronavirus](https://www.who.int/health-topics/coronavirus)
If you or your client have questions and would like to speak to someone directly, or need help finding medical care, call the Los Angeles County Information Line 211 (press 2 1 1 on any phone), which is available 24 hours a day.

**PRACTICE PREVENTION**

*Employ “universal” COVID-19 precautions to prevent spread*

- Wash your hands thoroughly and often. Use soap and water for at least 20 seconds. If soap and water are not available, use alcohol-based hand sanitizer that contains at least 60% alcohol for at least 20 seconds.
  - Limit close contact with others and practice physical distancing. Maintain a distance of at least 6 feet from anyone other than a member of your household.
- Routinely cleaning and disinfecting frequently touched objects and surfaces using regular household cleaning spray or wipes.
- Don’t share objects such as utensils, cups, food and drink.
- Avoid skin-to-skin contact (such as shaking hands) with others.
- Wear a cloth face covering to prevent you from infecting others in case you are asymptomatic.

**Attend to your own health**

- If you are in a high risk category for COVID-19 take extra care to avoid close contact with other people. Call your healthcare provider immediately if you become ill.
- If you develop symptoms associated with COVID-19 go home immediately. Follow directions for self-isolation in the box on Page 2.

**Exchange back-up plans with your co-workers**

- Develop contingency plans with your co-workers to ensure continuity of care/services in case you cannot provide the service, and/or a home visit is not feasible.
- Whenever you have to make changes to your home visiting routine, communicate with your colleagues so they can fill in for you as needed.

**BEFORE CONDUCTING A HOME VISIT**

*Assess the necessity of a home visit*

- Cessation of in-person home visits may be mandated by a funder or authorizing authority. When that occurs, home visiting staff will have to use alternative strategies.
- Given the spread of COVID-19, alternatives to in-person visits are preferable, unless:
  - A client’s health or social needs outweigh the risk,
  - Program guidance requires the home visit regardless of potential COVID-19 exposure,
  - The client’s physical health, safety and/or well-being are at risk or in jeopardy, absent the visit, or
  - The client’s care requires a direct, physical or “hands-on” assessment.

**Contact the client before a visit**

- Use a pre-visit contact to learn if a face-to-face visit is feasible and desirable from the client perspective.
Use a calm, reassuring voice to ease your client’s worries and frustrations. Concerns about COVID-19 and its resulting economic and social effects are stressful. Comforting language and tone can soothe anxiety.

Use this contact to assess your clients’ understanding of COVID-19 before screening them for it. Ask open-ended questions to gauge their COVID-19 knowledge, dispel myths or false information, and clarify any misunderstandings they might have about it.

Give the client a chance to express fears or concerns about COVID-19. Being able to voice their fears may itself be comforting and it gives you a chance to address misunderstandings.

After discussing COVID-19, discuss strategies and behaviors that they can adopt (e.g., physical distancing to prevent or slow the spread of COVID-19).

Screen clients for COVID-19 risk before visiting

- Although it is not common practice to screen clients’ health before home visits, screening is necessary while exposure to COVID-19 remains a risk.
- Pre-screen the client by asking if the client or anyone in the client’s household has any of the symptoms listed in the box on page 2.
  - Be sure to use language the client can understand and a tone that makes clear you are concerned about the client’s wellbeing.
  - If the client’s only symptom is muscle pain, headache or sore throat, make sure it is not due to an ongoing condition.

DECIDE ON THE BEST COURSE OF ACTION

Is an in-person home visit the right strategy

- If the client is not reachable, not willing to answer your question, or reports having symptoms, follow your program’s guidance to determine next steps.
- If screening results in a decision not to conduct an in-person visit:
  - Communicate the decision to hold off on in-person visits with empathy and sensitivity
    - Make sure the client understands that your program cannot risk having you spread COVID-19 to others; the visit is not being canceled due to lack of concern about them. Be careful not to stigmatize the client or the client’s family—nor leave them feeling judged or undervalued.
  - Suggest an alternative way to stay in touch

Engage the client in problem-solving

- Present various alternative strategies for conducting the home visit—some of which are detailed below—and allow time to discuss the pros and cons of each strategy with the client.
  - Discuss any fears the client has about switching to another form of home visit interaction.
  - Offer to contact them more frequently—especially in the following few days when you have encouraged them to check the status of possible COVID-19 exposure with their provider. More frequent contact may mitigate the uneasiness they have about not meeting face-to-face.
Select a strategy that can substitute for the home visit

- The strategy you choose with the client should be consistent with your program’s guidelines and allowances. Here are some options:

- If the client finds it acceptable and client needs do not necessitate more immediate contact, reschedule the visit(s) for a later time.
- Arrange to call back at a set time to re-screen the client, re-assess risk and determine if a home visit can be conducted more safely at that point.
- Schedule frequent client contacts to counter client anxiety absent face-to-face meetings.
- If program capacity and IT infrastructure allow, and relevant HIPAA, privacy and confidentiality requirements are met, conduct your visits using video-conferencing technology, such as FaceTime, Skype, Teams or other approved visual interface communication platforms.
  - Many programs have adopted telehealth strategies and have relaxed HIPAA requirements for the duration of the COVID-19 pandemic. Check to see if your program has made it easier to video-conference with your clients.

WHEN HOME VISITS ARE NECESSARY IN SPITE OF THE RISK

Mitigate risk when a visit is conducted

- If the client needs immediate healthcare attention, the home visitor should advise the client or the client’s family to call 911 for emergency assistance and tell the dispatcher about any COVID-19 symptoms or exposure. If the health concern is less urgent, they can contact their primary care provider for guidance.
- If a “visual assessment” is needed, then the staff member should do it from outside the house and remain at least 6 feet away from the client.
- When you cannot avoid direct contact with a potentially infectious client, be sure to:
  - Limit time spent close to the client; maintain a distance of at least 6 feet or more if possible;
  - Avoid direct physical contact.
  - Make sure you have a surgical or N-95 mask in place, and have the client wear, at a minimum, a cloth face covering over their mouth and nose.
    - Do not offer a mask to any client with a condition which may make a mask too risky), a child under age 2, or a child 2-8 who does not have adequate adult supervision to wear a mask safely.
  - Wear gloves for any needed physical contact, or when you come in contact with shared surfaces. Wear gloves only one time and then discard and clean your hands.
  - Wash your hands with soap and water for a minimum of 20 seconds after physical contact with the client. If soap and water are not available, use hand sanitizer with at least 60% alcohol; use the hand sanitizer frequently.