



HFA policies for disease outbreaks and health crises:

HFA/PCAA policies follow the CDC's recommended guidelines for prevention, treatment and travel when there is a health outbreak or risk of outbreak.

HFA day-to-day activities:

Agencies implementing HFA services and all state-level leaders and administrators should practice prevention when it comes to COVID-19, or any other outbreaks or potential outbreaks.

Individuals should follow the community mitigation guidance as provided by the CDC for COVID-19, <https://www.cdc.gov/coronavirus/2019-ncov/preparing-individuals-communities.html>, including:

- Voluntary Home Isolation: Stay home when you are sick with respiratory disease symptoms. At the present time, these symptoms are more likely due to influenza or other respiratory viruses than to COVID-19-related virus.
- Respiratory Etiquette: Cover coughs and sneezes with a flexed elbow or with a tissue, then throw it in the trash can.
- Hand Hygiene: Wash hands often with soap and water for at least 20 seconds; especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with 60%-95% alcohol.
- Environmental Health Action: Routinely clean frequently touched surfaces and objects

If local community leaders or health departments take actions to decrease the spread of a virus, such as dismissing schools, HFA day to day activities should be performed remotely for the duration of such restrictions. In addition, if families being served by HFA have recently traveled to an identified area of outbreak and is exhibiting symptoms, it is advisable to visit with that family remotely until they are well (and refer them to care).

For Home Visiting Services:

The HFA Best Practice Standards allow for exceptions to in-person home visits in situations such as this, and these exceptions have been utilized in the past when sites have been affected by natural disasters. Within the definition of a home visit, we learn: When there is a community safety advisory in place, a virtual home visit via phone, skype, FaceTime or other video technology can be counted as a home visit if it focuses on the overall goals of a home visit it is documented as such. Virtual home visits

should still strive to include focus areas such as those described in the glossary section of the Best Practice Standards.

If virtual home visits are impossible, or if the regularity of such visits are affected due to disease outbreak, then sites should consider placing families on Level TR. While Level TR is usually reserved for times when sites are unable to offer regular visits due to staff transition, in the case of disease outbreak it is also allowable. This will exempt sites from the requirement of regular home visits. Sites should clearly communicate with families about the need to pause regular home visits, and outreach efforts should still be maintained to check in on families during this time.

For supervision:

In a similar fashion to home visiting, supervision should be provided for all direct service staff who are serving families (even if home visits are occurring virtually). Supervisors should be on call as needed to help staff manage their responsibilities in a virtual capacity. As we know, home visiting can already be a high-stress job, and virtual home visiting during a time when there is an outbreak of disease in the community is no different. Supervisors have a critical role of offering guidance, emotional support, and insight into the impact of the work on the worker.

It has long been the case that when extreme situations call for it, that supervision can be conducted virtually, those use of video technology is highly preferred when possible (vs phone contact). If supervision sessions are occurring in a virtual capacity, supervisors should maintain documentation of such sessions.

If the site decides to place families on Level TR until the community advisories have been lifted, supervisors should assist staff on check-ins with families and keep staff updated about community-level responses.

For program managers, TA/QA, and state level leaders:

Managers are encouraged to follow the CDC's guidelines on infectious disease outbreak response plans: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html> Select text is pasted here:

Employers should:

- Ensure the plan is flexible and involve your employees in developing and reviewing your plan.
- Conduct a focused discussion or exercise using your plan, to find out ahead of time whether the plan has gaps or problems that need to be corrected.

- Share your plan with employees and explain what human resources policies, workplace and leave flexibilities, and pay and benefits will be available to them.
- Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.
- Recommendations for an Infectious Disease Outbreak Response Plan:
- Identify possible work-related exposure and health risks to your employees. OSHA has more information on how to [protect workers from potential exposures](#) to COVID-19.
- Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws (for more information on employer responsibilities, visit the [Department of Labor's](#) and the [Equal Employment Opportunity Commission's](#) websites).
- Explore whether you can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies. For employees who are able to telework, supervisors should encourage employees to telework instead of coming into the workplace until symptoms are completely resolved. Ensure that you have the information technology and infrastructure needed to support multiple employees who may be able to work from home.
- Identify essential business functions, essential jobs or roles, and critical elements within your supply chains (e.g., raw materials, suppliers, subcontractor services/products, and logistics) required to maintain business operations. Plan for how your business will operate if there is increasing absenteeism or these supply chains are interrupted.
- Set up authorities, triggers, and procedures for activating and terminating the company's infectious disease outbreak response plan, altering business operations (e.g., possibly changing or closing operations in affected areas), and transferring business knowledge to key employees. Work closely with your local health officials to identify these triggers.
- Plan to minimize exposure between employees and also between employees and the public, if public health officials call for social distancing.
- Establish a process to communicate information to employees and business partners on your infectious disease outbreak response plans and latest COVID-19 information. Anticipate employee fear, anxiety, rumors, and misinformation, and plan communications accordingly.
- In some communities, early childhood programs and K-12 schools may be dismissed, particularly if COVID-19 worsens. Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from school. Businesses and other employers should prepare to institute flexible workplace and leave policies for these employees.

- Local conditions will influence the decisions that public health officials make regarding community-level strategies; employers should take the time now to learn about plans in place in each community where they have a business.
- If there is evidence of a COVID-19 outbreak in the US, consider canceling non-essential business travel to additional countries per [travel guidance](#) on the CDC website.
 - Travel restrictions may be enacted by other countries which may limit the ability of employees to return home if they become sick while on travel status.
 - Consider cancelling large work-related meetings or events.
- Engage [state](#) and [local](#) health departments to confirm channels of communication and methods for dissemination of local outbreak information.

Helping communities respond to a disease outbreak:

While there is not any suggestions or evidence that COVID-19 has more or a different effect on pregnant women and children, “Pregnant women experience immunologic and physiologic changes which might make them more susceptible to viral respiratory infections, including COVID-19.” (CDC). Please continue to watch the CDC’s page for pregnant women and children for more details as they become available: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnant-women.html>

While maintaining staff safety as priority number one, HFA sites should take seriously their role in helping to distribute important information about any disease outbreak to families and community members. HFA staff have developed trusting relationships with community members who may not have information that is accessible. Please help to keep families updated and informed and connect to medical care as needed. Families may need to know:

- How to help prevent the spread of disease
- Where to go if they or their children start to feel sick
- What symptoms to be aware of
- Which populations are most at-risk
- How to plan for school closures or other shut-downs

The CDC has released handouts and posters, which you can download here: <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>