



**PROTOCOL FOR THE OFFERING OF HOME VISITS FOR INDIVIDUALS RESIDING IN IGH, CDD AND ANGELA'S HOUSE CERTIFIED RESIDENCES
EFFECTIVE JULY 24, 2020**

IGHL and its Affiliates acknowledges their responsibilities to provide and maintain all appropriate protections for the individuals we serve during the current Covid emergency.

While also recognizing the need to insure that all capable individuals can experience home visits, **of which could extend up to no more than 13 days** (see RETURNING TO THEIR RESIDENTIAL FACILITY AFTER AN EXTENDED FAMILY STAY protocol), with their families and loved ones in the family's home settings in safe and appropriate ways, such practices are being **strongly discouraged**.

In order to most effectively address these issues, the following protocol will be followed, effective 7/24/2020:

1. The opportunity for individuals to participate in this HOME VISITS protocol is at the discretion of the applicable Executive Director.
2. **At no time is the family member allowed to enter the facility during the pick-up/drop-off process.**
3. The individual must not be suspected or confirmed to have COVID-19, and is not under any quarantine or isolation requirements;
4. The individual must pass a health screen and temperature check immediately prior to leaving the certified residence;
5. The individual washes their hands immediately prior to their departure from and return to the residence;
6. The program must gain from the family written confirmation that the location(s) of the visit does not include:
(a) any household member that is suspected or confirmed to have COVID-19; (b) any household member who has been exposed to COVID-19 in the prior 14 days; (c) any household member that has displayed any symptoms of COVID-19 in the preceding 14 days; and (d) that no one in the household is currently under isolation or quarantine for COVID-19; (see attached "Log of Individual Home Visit");
 - a. It is highly recommended that family members of the primary household provide the program negative Covid or positive Covid antibody test results for each such person, verifying the above.
7. The program must also insure that the individual has not traveled to locations currently under travel restrictions.
8. The program must gain from the family written confirmation that staff reminded families to insure that individuals are washing and/or sanitizing hands throughout the day, implementing social distancing whenever possible, and wearing face coverings whenever social distancing cannot be maintained in public (see attached "Log of Individual Home Visit");
9. The following measures will be required for agency vehicles used to transport individuals to home visits; again, at the discretion of the applicable Executive Director:
 - a. Only individuals and staff from the same facility should be transported together. Individuals and staff from other certified residences shall not be intermingled for purposes of transportation;

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- b. Capacity on agency buses, vans, and other vehicles should be reduced to no more than 50% of total capacity, to maximize social distancing and reduce COVID-19 transmission risks;
 - c. To the greatest extent possible, individuals and staff should restrict close contact by not sitting near each other or the driver. Individuals should be directed to not exit the vehicle at once, instead following driver or staff instruction on exiting one person at a time;
 - d. Individuals, to the extent individuals can medically tolerate one, staff, and the driver must wear a face covering at all times in the vehicle. Staff who cannot medically tolerate the use of a face covering should not be assigned to transport individuals;
 - e. After each trip is completed, the interior of the agency vehicle should be thoroughly cleaned and disinfected before additional individuals are transported;
 - f. Where appropriate and safe, windows should be rolled down to permit air flow; and
 - g. Individuals utilizing public or other transit should be reminded of the importance of social distancing and good hygiene and should be provided with hand sanitizer for use immediately following such transportation.
10. Programs must maintain an "Log of Individual Home Visit" report (see attached). Such logs must include the following information:
- a. The name of any individual who participated in a home visit, the address of the home visit, and the dates and times such visit started and ended;
 - b. Confirmation from the family that staff reminded families to insure that individuals are washing and/or sanitizing hands throughout the day, implementing social distancing whenever possible, and wearing face coverings whenever social distancing cannot be maintained in public;
 - c. Confirmation from the family that person(s) picking up or receiving an individual for a home visit denied that (a) any household member is suspected or confirmed to have COVID-19; (b) any household member has been exposed to COVID-19 in the prior 14 days; (c) any household member has displayed any symptoms of COVID-19 in the preceding 14 days and (d) that no one in the household was currently under isolation or quarantine for COVID-19;
 - d. Confirmation that the individual participating in the visit passed their health screen immediately prior to participating in the home visit;
 - e. Addresses of any and all places the individual spent time during the home visit, including the names of other people with whom time was spent in close (within 6 feet) or proximate contact; AND
 - f. Confirmation that staff were instructed to perform an individual health screen upon return from the home visit.



LOG OF INDIVIDUAL HOME VISIT

Individual name: _____

Main address of home visit: _____

Start day/time of home visit: _____

PRIOR TO VISIT

As part of our “home visit” protocol, we need to ask you to insure that your loved one washes and/or sanitizing their hands throughout the visit, practices social distancing whenever possible, and wears a face covering whenever possible.

Also, as part of the protocol, we ask that you confirm, by signing off below, that:

- (a) there are no household members that are suspected or confirmed to have COVID-19;
- (b) there are no household members that are currently under isolation or quarantine for COVID-19;
- (c) there are no household members that have been exposed to COVID-19 in the prior 14 days;
- (d) there are no household members who have displayed symptoms of COVID-19 in the preceding 14 days,
- (e) The program must also insure that the individual has not traveled to locations currently under travel restrictions and,

A home visit cannot occur if any of the items above cannot be confirmed

(f) that your loved one passed their health screen, done by program staff, immediately prior to participating in the home visit;

Family member confirmation of the above: (sign-off): _____ Date: ___/___/___

Staff person confirmation of the above: (sign-off): _____ Date: ___/___/___

FOLLOWING THE VISIT

End date/time of home visit: _____

As part of our “home visitation” protocol, we need to ask you:

(a) what addresses (places) did the individual spent time during the home visit? and,

(b) With whom did the individual spend time with, in close or approximate contact (within six feet) during the visit?

Family member confirmation of the above: (sign-off): _____ Date: ___/___/___

Staff person confirmation of the above: (sign-off): _____ Date: ___/___/___

Staff are now required to perform and log a “daily health check” with the individual upon their return.