




<u>DEPARTMENT NAME:</u> Administration		
<u>SUBJECT:</u> Viral Outbreak Emergency		<u>POLICY NUMBER:</u> AD-010
<u>APPROVAL:</u> 	<u>EFFECTIVE DATE:</u> 2/3/2021	<u>REPLACES :</u> AD-010 dated 9-24-2018

- I. **PURPOSE:** To provide a process outlining actions to be taken in the event of a viral outbreak emergency
- II. **REVIEW HISTORY:** September 24, 2018.
- III. **CONTACT:** Children's Network's CEO or designee.
- IV. **PERSONS AFFECTED:** All employees of Children's Network and contracted Case Management Organization employees
- V. **RATIONALE:** In the event of a viral outbreak emergency, this policy will provide guidelines to be followed to ensure employee's health and safety and continued service delivery to the children and families served by CNSWFL. In response to the global pandemic with COVID19, the Children's Network will follow directions outlined in the Coronavirus (COVID 19) Guidance Document, attached and made a part of this policy.
- VI. **CROSS-REFERENCES:** Coronavirus (COVID19) Guidance Document dated August 1, 2020, or most current version found at
- VI. **PROCEDURES:**
 - A. CNSWFL's coordinator for all emergency viral outbreaks is the Chief Executive Officer or designee.
 - B. CNSWFL will identify essential employees and other critical inputs required to maintain business operations by location and function.
 - C. CNSWFL will consult with local health officials and CDC for policies on managing viral outbreaks and update and alter the policy as needed.
 - D. CNSWFL will train and prepare staff to address viral outbreaks or pandemic emergencies if necessary.
 - E. CNSWFL will ensure up to date information from community public health, emergency management and other sources is maintained and disseminated to staff and clients.

F. In the event of excess employee absences during a pandemic due to factors such as personal illness, family member illnesses, quarantines, school and /or business closures and public transportation closures will assess the availability of remaining staff and reassign job duties as necessary, prioritizing those duties that pertain to safety and child welfare directly.

G. CNSWFL will encourage annual influenza vaccination for employees.

H. CNSWFL will evaluate employee access to and availability of healthcare, mental health, and social services during a pandemic crisis.

I. CNSWFL will identify employees and clients with special needs and will respond to the requirements of such person as needed.

J. CNSWFL will train employees on the prevention of further outbreak and provide any medical equipment as necessary, i.e. masks, hand soap, disinfectant, gloves, etc.

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Attachments:

- **OCW Guidance for COVID-19 for Frontline Team Members**
- **OCW Guidance for COVID-19 Required Use of Personal Protective Equipment**



COVID-19: Guidelines for Client Contacts

30-Day Visits for Children, Youth, Young Adults Placed In-State Care

1. Case management should conduct an updated safety assessment (refer to the guide on page 6 entitled "Safety Considerations Based on Placement Type") to help identify possible safety concerns of each child served through in home, out of home, preadoption, Family Support Services and EFC to determine children that have not received an in home, physical face-to-face visit in the last 90 days. They will conduct subsequent assessments every 30 days to determine whether a physical face-to-face visit should occur, or determine it is safe to conduct virtual visits.

Careful consideration should be given for those communities experiencing exceptionally high COVID-19 positive rates, in concert with the safety assessment and needs of the child, to make a determination when a physical face-to-face visit should occur.

Children who are deemed to be unsafe or high risk will receive a face-to-face visit every 30 days. Children who can safely receive a physical face-to-face visit, who are not already deemed unsafe or high risk needing more frequent visits, must receive a physical face-to-face, at minimum once every 90 day period, dependent on careful safety assessments being completed to address that child's specific circumstances. For these children, virtual visits will be conducted every 30 days in between the 90-day face-to-face visits.

Again, at any time concerns are noted, or a new report of abuse/neglect is received on an open services case, children must be seen physically face-to-face until risk is remedied and transitioning to virtual visits is approved by the Program Director. It is preferable that alternating physical and virtual visitations occur every other month.

2. For this initial transition to safe, physical visits during the month of August, case management will conduct a physical face-to-face for applicable children by August 31, 2020 and document according to existing policy in FSFN, ensuring to indicate that the visit was a physical face-to-face contact in the notes.
3. Provide a listing on the **COVID-19 Face-to-Face Exception Reporting Log** of children who do not receive a physical face-to-face to Ann Wierengo, CNSWFL Contract Manager by September 1, 2020 with one of the exception reasons selected.

Exception Reasons:

- COVID-19 Positive and/or Exposure
- Exceptionally vulnerable to COVID-19 - This could include caregivers or children with medical conditions, compromised immune systems, or other conditions which place them in vulnerable categories to COVID-19.
- Medical or Behavioral Health placement type as outlined: specialized group care, therapeutic foster or group care, SIPP placements, medical homes, skilled nursing homes, or out of state residential care placements where licensed behavioral health and or medical professionals are providing input and insight as to the child’s wellbeing and safety during the virtual visitation.

4. For those families that require an in-person face-to-face visit, refer to the “**Home Visit Procedures**” outlined in this document. Case manager will ask all household members present during the visitation to wear a mask.

5. For those children/families that cannot receive a face-to-face contact, Mindshare Teleshare is the preferred platform to be utilized. If Mindshare Teleshare is not available, other video conferencing platforms may be utilized. All visits utilizing Mindshare or alternate video conferencing platforms must be approved by a Supervisor prior to the visit. If the Supervisor does not agree with the case manger’s assessment or vis a versa, the issue will be elevated to Program Director who will make the final decision.

6. When an alternate method of contact has been approved, the frequency of the contacts shall be, at a minimum, as follows:

Licensed Care Level 2 and above	In-Home, Relative & Non-Relative/ Level 1 Licensed
Every 30 days	Every 30 days

7. Document the contact in FSFN citing that a virtual contact was conducted. In the documentation:
- Choose Visit Type: select Virtual Contact
 - In the Contact Information section select each case participant who was seen during the virtual contact and enter Completed in Face to Face Contact data field.
 - Any virtual contact that is attempted and not completed should be documented in the case note narrative. Complete the Face to Face Contact data field by entering Attempted. In the Reason Not Seen field enter the applicable choice.
 - The narrative needs to be descriptive, clear and **MUST** include the following in the first sentence: a face to face contact was completed (or attempted) utilizing (specify which video platform was used e.g. Mindshare Teleshare, Teams Meeting, Zoom, FaceTime etc.)

Visitation Between Children and other Family Members as well as Non-Relatives

1. Follow current guidelines in place through the administrative order that allows for virtual visits to occur between children and their parents, as well as between siblings when possible.
2. When youth leave the facility for family or sibling visitation without supervision, to the extent possible, conduct an assessment of that parent/caregiver for COVID-19 symptoms and exposure. If there are concerns noted, the case manager should notify their supervisor immediately for guidance and legal advice if a formal legal request to alter visitation requirement is needed. When these type visits occur, the parent/caregiver should be advised of CDC guidelines and requested to follow for the protection of the child and all in the placement home upon return.
3. At any time, if there are serious concerns for vulnerable persons within the home and the visits should occur only virtually, case managers should always seek supervisory consultation and legal consultation when needed
4. Document the contact in FSFN citing which type of visits was utilized. In the documentation:
 - Choose Visit Type: select Virtual Contact
 - Type in the narrative of the note. This needs to be descriptive and clear and MUST include in the first sentence one of the following statements: *“This was a physical face-to-face visit”* or *“This visit was completed using a virtual platform.”*

COVID 19 Incident Reporting Protocol/ COVID 19 Response Task Force

1. The following protocol will be followed upon any staff being made aware of any of the following:
 - someone in a residence tested positive for COVID 19 or;
 - someone in a residence has been tested for COVID 19 and is awaiting the result or;
 - someone in a residence has been exposed to a person diagnosed with COVID 19;
2. The staff is required to complete and submit the standard Incident Report form report.
 - Under the **Categories** section, select the **“Significant Client Injury / Illness”** option.
 - In the **Description of Incident** section, provide detailed information as to the type of placement (In Home, Foster Home, Relative / Non- Relative Home, Group Care etc.)
 - Specify the name(s) of the person(s) who meet the COVID 19 reporting status and state which applies.
 - Specify if the report concerns a non-custodial parent and the potential impact (e.g. parent has visits)
 - In the **Identifying Information** section, **provide full names and relationships.**
3. Upon receipt of an Incident Report concerning a COVID 19 related incident, a conference call will be scheduled with a standing COVID 19 Response Task Force and will also include the Case Manager and Supervisor. The COVID 19 Response Task Force will staff the case, make recommendations concerning the safety of the clients as well as the staff. Follow-up calls will occur as necessary until all concerns are mitigated.

Home Visit Procedures

Prior to conducting critical home visits for children and adults to ensure SAFETY, procedures outlined below shall be employed at minimum:

- a. Ask all household members present during the visitation to wear a mask.
- b. Ask the Caregiver the following questions: (also refer to attached OCW COVID-19: Guidance for Frontline Team Members – Screening Checklist)
 - i. Have you or anyone in your household tested positive for COVID-19?
 - ii. Have you or anyone in your household been exposed to anyone who has tested positive for COVID-19?
 - iii. Are you or anyone in your household experiencing the following symptoms?
 - Fever
 - Cough
 - Shortness of breath
 - iv. Have you or anyone in your household returned from international travel or a cruise within the last 14 days and are experiencing any of the above symptoms.

*Once safety has been assessed, request that the caregiver inform the Case Manager of any changes in response to the questions above as subsequent visits may be unannounced.

- c. If the answer to **any** of the above questions is **YES**, Mindshare Teleshare or telecommunication may be utilized to complete the face-to-face home visit requirement with prior supervisor approval.
- d. If the answers to **all** the above questions are **NO**, the case manager should proceed with meeting the requirements of the visit. In doing so, consider the following precautions:
 - i. Limit physical contact
 - ii. Wear gloves and a mask as appropriate and if needed to conduct work activities (such as conducting body checks for possible victims of physical abuse)
 - iii. Conduct home observation expeditiously
 - iv. Conduct interviews in an open and secure area (outside, open air areas)
 - v. Wash hands/use sanitizer as soon as possible after removing PPE
- e. If the Case Manager observes concerning medical symptoms, please follow CDC and local Department of Health guidance and assist the family in seeking medical assessment according to what is available in your community.
- f. If law enforcement is required, notify the responding operator or officer of any concerns you have identified within the home so that they can issue an alert in their system to make emergency responders aware. When calling law enforcement, you may inquire if there is an alert issued on the home from prior first responder responses.

Safety Considerations Based on Placement Type

Factors	Placement Type		
	In-Home	Relative & Non-Relative/ Level 1 Licensed	Licensed Care Level 2 and above
Cases with an open active present danger safety plan	X	X	
Cases where children were placed in-home on an in-home safety plan within the last 45 days	X		
Cases where sexual abuse has occurred	X	X (if alleged perpetrator may possibly have access)	
Household with more than 3 children under the age of 5	X	X	
Households where one or more children are under a Child Placement Agreement	X	X	X
Households with children with development disabilities and special needs	X	X	X
Child has Significant medical diagnosis	X	X	X
Parent has Significant medical diagnosis	X		
Child with multiple Baker Acts with in the last 90 days	X	X	X
Parent with multiple Baker Acts with in the last 6 months	X		
Household History of Domestic Violence within past 6 months	X		

***X indicates a possible safety concern to be considered in making the determination if an in-person face-to-face visit is required.**