



Coronavirus (COVID-19) Guidance Document

**Child Welfare System of Care
Circuit 20**

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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 FSN 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 are 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.**

COVID-19: Guidance for Frontline Team Members

ALWAYS

- Practice social distancing by maintaining at least six feet of distance from anyone you come in contact with.
- Practice proper hand hygiene - Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Avoid touching your face, mouth, eyes, and nose.
- Ensure you have access to the appropriate contact information for the local health department in your area should you need to provide any referral information. For more information, visit the Florida Department of Health's website at: <http://www.floridahealth.gov/diseases-and-conditions/COVID-19>.
- Sanitize frequently (use gel and/or wipes before and after leaving site) your vehicle and/or child restraint devices. Keep a bottle of hand sanitizer or rubbing alcohol (60% or stronger alcohol content) nearby in case you do not have access to soap and water.

DURING AN ON-SITE VISIT IN A PUBLIC OR PRIVATE SETTING

- Social distancing, by maintaining at least six feet of distance with anyone you come into contact with and wearing a face mask are the most effective and critical methods to prevent exposure and spread of COVID-19. A face mask helps prevent you from spreading the virus to others in the event you may be infected and may not be showing symptoms.
- Before exiting your vehicle:
 - Gather all information available regarding the case and/or subjects
 - Prepare to conduct an expedited assessment or site-visit
 - Upon receipt, wear personal protective equipment (gloves, mask, etc.). See COVID-19: Required Use of Personal Protective Equipment for DCF Frontline Team Members.
- While in a home, facility, or provider setting:
 - Maintain at least a six-foot distance from anyone you come in contact with.
 - Conduct an expedited assessment of safety in the home, facility, or provider setting.
 - If a member of the household is symptomatic, maintain a distance of at least six feet.
 - Avoid shaking hands or making unnecessary physical contact.
 - Screen household/facility/provider setting using the COVID-19 Screening Checklist on the last page. Be aware of individuals with symptomatic presentations of a fever, cough, or shortness of breath.
 - Do not share mobile devices.
 - Suspend e-signature collection and return to using paper copies.
 - Avoid surface contact inside residences and/or facilities.



- o Avoid leaning against furniture, countertops, or other surface areas.
- o Open doors and cabinets with a pen or tissues/towels or have the subject/household member open, if possible.
- o Conduct interviews in a well-ventilated area (outside is preferable) whenever it is appropriate to do so. Please be considerate of any privacy/confidentiality concerns.

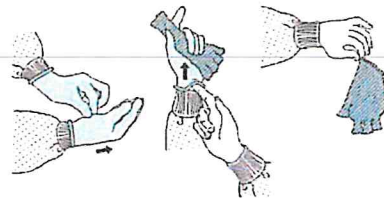
After completing a site-visit or interview, remove and properly dispose of personal protective equipment (PPE) appropriately and perform hand hygiene.

In the event a worker must transport a child that is suspected or confirmed to have COVID-19, the worker should:

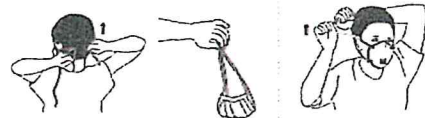
- Immediately contact a supervisor for precautionary safety guidance.
- Seek support from the family, such as relatives or friends to assist in transporting the child.
- If symptomatic but not confirmed, contact the child’s physician for medical instruction and follow their guidance for care of the child and protective measures to be taken. If the child does not have a primary care physician, contact your local health department and follow their guidance.
- Wear personal protective equipment (PPE) such as gloves and a face mask during contact with any suspected or confirmed COVID-19 subjects.
- As a last resort, the worker should seek assistance from Emergency Medical Services (EMS) or first responders, if all other efforts to seek assistance from relatives or friends have been exhausted.

PERSONAL PROTECTIVE EQUIPMENT

1. **GLOVES** • Outside of gloves are contaminated! • If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer • Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove • Hold removed glove in gloved hand • Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove • Discard gloves in a waste container



2. **MASK AND/OR FACESHEILD**• Front of mask/respirator is contaminated — DO NOT TOUCH! • If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer • Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front • Discard in a waste container.



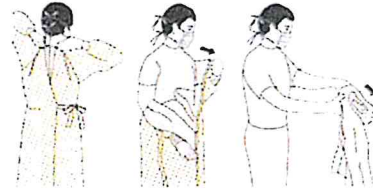


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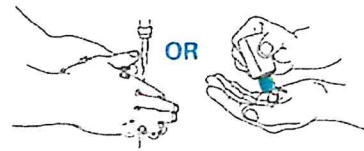
OCW Guidance for COVID-19

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3. **GOWNS** • Outside of gowns are contaminated! • If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer • Using a gloved hand, untie all ties (or unsnap all buttons) • Some gown ties can be broken rather than untied, do so in gentle manner, avoiding a forceful movement • Reach up to the shoulders and carefully pull gown down and away from the body, rolling the gown down is an acceptable approach • Dispose in trash receptacle. hand and peel off first glove



4. **WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**



LEARN MORE: Florida Department of Health: <https://floridahealthcovid19.gov/>
Centers for Disease Control: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>



COVID-19 Screening Checklist

VIRAL SYMPTOMS & TRAVEL HISTORY	YES	NO									
1. Has anyone experienced a fever ≥ 100.0 °F in the past 14 days?											
2. Has anyone experienced a new or change in your cough or sore throat in the past 14 days?											
3. Has anyone experienced difficulty breathing in the past 14 days?											
4. In the past 14 days before symptom onset, has anyone had close contact with a laboratory—confirmed COVID-19 person ?											
5. Has anyone traveled to or from an affected geographic area with widespread community transmission of COVID-19?											
6. Has anyone traveled via a cruise ship, airplane, or train in the past 14 days?											
SUPPLEMENTAL SCREENING											
<p>In the past 14 days, has anyone experienced any of these symptoms? (Check all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Chills</td> <td><input type="checkbox"/> Headache</td> <td><input type="checkbox"/> New onset of diarrhea</td> </tr> <tr> <td><input type="checkbox"/> Shortness of breath</td> <td><input type="checkbox"/> New loss of taste or smell</td> <td><input type="checkbox"/> Congestion or runny nose</td> </tr> <tr> <td><input type="checkbox"/> Fatigue</td> <td><input type="checkbox"/> Muscle or body aches</td> <td><input type="checkbox"/> Nausea or vomiting</td> </tr> </table>			<input type="checkbox"/> Chills	<input type="checkbox"/> Headache	<input type="checkbox"/> New onset of diarrhea	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> New loss of taste or smell	<input type="checkbox"/> Congestion or runny nose	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Muscle or body aches	<input type="checkbox"/> Nausea or vomiting
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<input type="checkbox"/> Fatigue	<input type="checkbox"/> Muscle or body aches	<input type="checkbox"/> Nausea or vomiting									

If the answers is yes to any of the questions 1-4, or there is a confirmed case of COVID-19 in the home or setting, the frontline team member should determine the potential for aerosol transmission and the need for an N-95 mask.

If the answers to questions 5-6 is YES, then the frontline team member should exercise a heightened sense of caution.

If any of the items are checked in the Supplemental Screening section, the frontline team member should suggest that the individual may want to consult a health care professional.

Frontline team members should observe the following practices and pass along information as the situation warrants:

- ✓ Surgical masks should be utilized per CDC guidelines and provided to those being interviewed when contact cannot be maintained using at least six feet of social distancing.
- ✓ Individuals who are symptomatic with COVID-19 must quarantine for a minimum of 10 days with 3 consecutive days of no fever before coming out of quarantine
- ✓ Individuals who are asymptomatic with COVID-19 must quarantine for a minimum of 10 days.
- ✓ Runaway youth who return must wear a mask and maintain at least six feet of social distancing for a minimum of 10 days.
- ✓ Anyone who has been exposed to COVID-19 must be isolated for at least 10 days; isolation can be within the home/facility using social distancing, own room/area, regular cleaning, etc.



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- ✓ Group Home guidance: maintain six feet of social distancing and/or utilize PPE while inside; conduct regular cleaning of surfaces, shared areas; wash hands regularly; utilize hand sanitizer. Ensure CDC cleanliness guidelines are being followed:
<https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>



OCW Guidance for COVID-19

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COVID-19: Required Use of Personal Protective Equipment for DCF Frontline Team Members

Effective March 28, 2020, frontline team members must utilize Personal Protective Equipment (PPE) while conducting investigations, inspections, or site-visits to homes, childcare programs, group homes, foster homes, or other facilities/settings, to prevent the spread of COVID-19.

Frontline team members are to don (put on) a surgical mask upon the start of their shift or visit and only change it once it becomes moist, soiled, torn, or difficult to breathe through. It is important to keep hands away from the mask and only touch the straps of the mask. Gloves should be worn when donning and removing masks; it is necessary to perform hand hygiene prior to donning PPE and after removing PPE.

It should be noted that there is a difference between a surgical mask and an N-95 mask. N-95 masks should be prioritized and used in situations where there is a positive case of COVID-19 and the individual is on a respirator or other circumstances where there are concerns for aerosol transmittal.

Regional leadership will disseminate PPE to frontline team members. PPE must be used in the field during investigations, inspections, site-visits and other interactions with the public. PPE use is not required in DCF offices since social distancing, self-isolation, and teleworking measures are in place to reduce the spread of COVID-19. However, if the employee is within close proximity of other team members in the office, a mask should be worn. Team members who are reporting to DCF offices and have compromised immune systems or identify as part of a vulnerable population, should use PPE (gloves, masks).

PPE must be worn in accordance with county emergency orders where applicable. Even with the use of PPE, frontline team members should follow Department of Health (DOH) guidelines and practice social distancing by maintaining at least six feet of distance from anyone you come in contact with. Surgical masks should be utilized per CDC guidelines and provided to those being interviewed when contact cannot be maintained at 6 feet. If appropriate, conduct the assessment, investigation, or site-visit in an outdoor setting.

Before entering a home, childcare program, group home, foster home, or other facilities/settings, frontline team members should begin by asking the following screening questions to determine the need of a surgical mask or N-95 mask, as well as additional PPE such as a face shield and/or gown:

- Has anyone experienced a **fever ≥ 100.0 °F** in the past 14 days?
- Has anyone experienced a **new or change in coughing or sore throat** in the past 14 days?
- Has anyone experienced **difficulty breathing** in the past 14 days?
- If YES to any of these questions, did the individual have close contact with a **laboratory confirmed** COVID-19 person?
- Has anyone traveled to or from an affected geographic area with widespread community transmission of COVID-19?
- Has anyone traveled via a cruise ship, airplane, or train in the past 14 days?

Updated: 7/21/2020



OCW Guidance for COVID-19

If the subject answers “yes” to any of the above questions or there is a confirmed case of COVID-19 in the home or setting, the frontline team member should determine the potential for aerosol transmission and the need for an N-95 mask.

If the contact required with the child or individual is prolonged and must be within close proximity, such as examining a child for physical abuse indicators or holding a young child in order to evaluate or transport, the frontline team member should assess for the use of a face shield and gown as needed.

The front-line team member should provide a mask to those they are coming in close or prolonged contact with, and when social distancing cannot be maintained, and/or the contact is occurring within a home or building.

If the contact within a home or facility must be prolonged, assess the situation for use of a face shield and/or gown based on the questions above.

Required training on the use of PPE has been uploaded into the DCF Learning Management System (LMS) in People First. This training is intended to inform DCF employees on PPE procedures. The instructional video is comprehensive in nature and in accordance with established CDC guidelines. All of the equipment identified in the video may not be required in the course of day-to-day contact with clients, but is provided as informational reference should you be required to use PPE in the course of your duties. Ensure that you observe social distancing and hygiene guidelines in the daily performance of your duties, as this is the best practice to prevent infection. It should be noted that DCF frontline team members have been directed to use the following PPE: hand sanitization, gloves, surgical masks, face shields, gowns, and N-95 masks (for situations with known COVID-19 exposure). The course information is as follows:

DCF Personal Protective Equipment for COVID-19 Video

COURSE: DCF.OCW.COVID.PPEVideo

Due to the nature of the frontline work, including contact with multiple children and individuals in order to conduct responsibilities, DCF strongly requests employees of DCF and contracted agencies to practice social distancing, regular hand washing, the use of hand sanitizer, and the use of masks while off duty to control the spread of COVID-19 in the workplace and among those we serve.