The purpose of this memorandum is to:


As a result of the latest developments, regarding COVID-19 in the State, we continue to monitor and adjust our practices to meet the needs of our most vulnerable citizens who depend on Adult Protective Services within the social distancing framework outlined by the Centers of Disease Control and the New Hampshire Division of Public Health Services. COVID-19 is a respiratory illness transmitted through droplets. While it is contagious, the risk is mitigated by limiting interpersonal contact and following recommendations to frequently wash hands, maintain six feet of distance from others, and clean frequently touched surfaces. The latest information regarding COVID-19 can be found at: https://www.nh.gov/covid19/ and https://www.cdc.gov/coronavirus/2019-ncov/index.html.

Our dedication and responsibility to those we serve is unwavering. Concurrently, we can responsibly limit both our own exposure and the risk of amplifying the spread of COVID-19. Accordingly, we are updating our guidance to BEAS staff and supervisors to empower you to make decisions about when personal contact with a vulnerable adult or professional colleague is necessary and when our objectives can be accomplished via telephone and video conferencing.
Considerations for Determining Whether Face-to-Face Contact is Necessary:
Supervisors and staff should initiate some activities such as calling the referent and other collaterals, consulting any prior APS history and consider the nature of the allegation to determine whether the primary objective of the in-person visit can be conducted via telephone conference.

Reducing Staff Contact with Other People:
We must ensure we are conducting visits in a manner that allow us to assess and meet the needs of vulnerable adults in the safest possible manner. Effective immediately, supervisors are being given supervisory discretion to consider whether the primary objective of a contact that would typically be conducted face-to-face can be safely and appropriately achieved utilizing various modalities, including video conferencing and telephonic. If a determination is made that we can and will safely and appropriately achieve the primary objective of a visit by any other means than in-person, this must be documented with a brief statement of how we came to the decision.

Prior to all in-person interactions, staff must initiate a telephone screening regarding symptoms and exposure. This may not eliminate our need to have contact but it will allow staff to prepare for the interaction. Ask the screening questions:

- Do you currently have or have you had within the last 7 days any of the following symptoms:
  - fever,
  - respiratory illness, such as cough, sore throat, runny nose, or shortness of breath,
  - mild flu-like symptoms, such as fatigue, muscle aches, headache, or
  - New symptoms of loss of taste and smell
- Have you or anyone in your household been asked to quarantine because you may have been in direct contact with a person who had COVID-19?
- Have you traveled in the past 14 days by bus, plane, train, or cruise ship?

If the answer to any of those questions is ‘yes,’ we should strongly consider whether the objective of the visit can be met through telephone conferencing.

During all in-person interactions, staff should follow the recommended guidelines of social distancing. This includes but is not limited to:

- Decreased frequency of any interpersonal contact by limiting the number of people to the minimum necessary;
- Decreased duration of interpersonal contact by only personally interacting for the necessary aspects of the visit and conducting the balance of the visit through telephone;
- Decreased frequency and duration of time in homes and other locations by only spending as much time in the location as necessary to achieve the primary objective and conducting the balance of the visit through telephone conferencing;
- Observe 6 feet of personal space;
- Stand during a visit;
- Use private space outside of the home to meet and conduct interviews;
- Do not take personal belongings into the visit area;
- Limit surface contact;
- Frequently and thoroughly wash your hands;
- Utilize a hand sanitizer after any contact;
- Do not share items such as pens;
- Utilize items such as gloves, wipes, or paper towels if you must touch surfaces such as door knobs;
- Wipe down phones, electronics and other items before and after use; and
- Do not touch your face.
o Using a mask (cloth or medical if available) if you may be within 6 feet of another individual and requiring that other participants do the same;
  - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

o Communicate with people with whom you are interacting and advise them that the measures you are taking is benefit their safety as well as your own. Recommend they take similar protections for themselves and their families.