To: DCYF Staff

From: Joseph E. Ribsam Jr., Director, Division for Children, Youth, & Families

Date: July 23, 2020

RE: Directive Regarding In-Person Staff, Child, Youth, and Family Contact During COVID-19 State of Emergency

Purpose

The purpose of this memo is to advise staff on procedures for in-person visits during the COVID-19 state of emergency. 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.

In an effort to reduce contact with other people and exposure to the virus through in-person contact while concurrently ensuring child safety, the following alternative procedures will be permitted during the State of Emergency.

This memo is intended to supersede the Directive issued to staff on May 15, 2020.

The following procedures shall be followed to determine whether an in-person visit is appropriate and if so, the necessary screening and procedures. In all instances where an in-person visit is not deemed appropriate, video conferencing shall be the preferred method of conducting the visit.

Step 1: Determine Whether an In-person Visit is Appropriate

- Determine whether the visit should be achieved in-person:
    - High Risk situations require in-person contact
        - High Risk Child Protection Assessments :
            - Supervisors can conduct a preliminary assessment of whether a situation is "high risk" by considering the following: the screening level (1, 2, or 3) assigned at intake; any history maintained by the Division from prior family/child interactions; current preliminary NHIA Risk level of high risk; the nature of the allegation; and additional preliminary fact gathering from the referent, collaterals, and in some instances the subjects of the assessment.
                - Allegations regarding sexual abuse, physical abuse, caregiver substance misuse, and domestic violence where the children are under 6, particularly where the alleged victim resides with the alleged perpetrator, require in-person contact, should be treated as high risk.
                - Any assessment that are identified as "Rapid Safety Feedback" requires in-person contact and should be treated as high risk.
                - Child Advocacy Center (CAC) interviews and other evaluative processes of high risk matters should be attended in-person if

the CAC (or other host as applicable) is able to abide by social distancing protocols and individuals in direct contact with the CPSW will be wearing masks.

- If the information received from the victim interview would not support a finding or it does not otherwise indicate that the assessment remains high risk, the supervisor may approve a video or telephonic alternative for siblings, parents, and others in lieu of additional in-person contact.

- High Risk Juvenile Justice and Child Protection Case Visits:
  - In-person visits in Juvenile Justice Cases are necessary in instances where risk assessments and other data indicate high risk to child, youth, family, or community. Consideration should be given to nature of reason for involvement or assessment completed during PDI. If SAVRY has already been completed, JPPO should consider risk level assigned in consideration of Juvenile Justice Policy 1410.
  - In-person visits in Child Protection cases are necessary in instances where: the children remain in home and the NHIA Risk Assessments indicates high risk; there remains ongoing concerns for supervision of children; parents substance use is concerning and can't verify ongoing treatment; concerns for ongoing domestic violence; when the CPSW or services providers have been unable to contact the family and reports or concerns for use of physical discipline.
  - The supervisor should further assess the current situation by reviewing: any history from family/child/youth interactions; the nature of the ongoing risk; and additional information gathered from the referent, collaterals, children, youth, parents, etc.

- Moderate risk matters **<u>may require</u>** in-person contact
  - Moderate Risk Child Protections Assessments :
    - Supervisors can conduct a preliminary assessment of whether a situation is "moderate risk" by considering the following: the screening level (1, 2, or 3) assigned at intake; any history maintained by the Division from prior family/child interactions; current preliminary NHIA Risk Level; the nature of the allegation; and additional preliminary fact gathering from the referent, collaterals, and in some instances the subjects of the assessment.
      - In-person visits should occur for assessments regarding families for whom we have multiple prior assessments that are either founded or unfounded with reasonable concerns.
      - In-person visits should occur for assessments of families where other community providers (schools, law enforcement, mental health providers, medical providers, etc.) have been unable to make contact despite reasonable attempts to initiate such contact.

- Moderate Risk Juvenile Justice and Child Protection Case Visits:
  - In-person visits in Juvenile Justice Cases may be appropriate in instances where risk assessments and other data indicate moderate risk to child, youth, family, or community. Consideration should be given to nature of reason for involvement or assessment completed during PDI. If SAVRY has already been completed, JPPO should consider risk level assigned in consideration of juvenile Justice Policy 1410.
  - In-person visits in Child Protection cases may be necessary in instances where the children remain in home and: the NHIA Risk Assessments indicates moderate risk; there remains ongoing concerns for supervision of children; parents substance use is concerning and ongoing treatment cannot be verified; ongoing concerns for ongoing domestic violence; when the CPSW or service providers have been unable to contact the family and reports; or ongoing concerns for use of physical discipline.
  - The supervisor should further assess the current situation by reviewing any history from family/child/youth interactions; the nature of the ongoing risk; and additional information gathered from the referent, collaterals, children, youth, parents, etc.
  - Unless high risk, in the following circumstances a matter should be considered moderate risk and appropriate for an in-person visit:
    - Open in-home child protection cases if the child/youth/family has not been seen in-person in the prior 5 weeks.
    - Open in-home juvenile justice cases, excluding administrative cases, if the child/youth/family has not been seen in-person in the prior 5 weeks.
    - Out-of-home Juvenile Justice and Child Protection cases if the child/youth/family has not been seen in person in the prior 8 weeks.
      - This may be waived in favor of increased video conferencing if the child/youth is placed in a setting which is currently restricting face-to-face in-person contact to mitigate the risk of COVID-19 transmission.

  - Low risk matters should be conducted remotely.

- **If it is determined that an in-person visit is appropriate, proceed to Step 2.**

Step 2: Screen the Individuals Involved to Assess Risk of Exposure to Covid-19

- Screen participants by telephone to determine risk of expose prior to scheduling, by asking:

1. Within the past 10 days have you or anyone in the residence/location had:
    - fever, or feeling feverish;
    - respiratory symptoms such as runny nose, nasal congestion sore throat, cough, or shortness of breath;
    - general body symptoms, such as muscle aches, chills, and severe fatigue;
    - gastrointestinal symptoms such as nausea, vomiting, or diarrhea; or
    - changes in their sense of taste or smell.
    - If yes, please explain

2. Have you or has anyone in the residence been in close contact with someone who is suspected or confirmed to have COVID-19 in the prior 14 days? (Close contact is defined as less than 6 feet apart for more than 10 minutes. This excludes healthcare and other professionals who come into contact in the course of providing care while wearing appropriate personal protective equipment.)

3. Have you, or has anyone in the residence/location, traveled in the prior 14 days outside of New Hampshire, Vermont, Maine, Massachusetts, Connecticut, or Rhode Island (please consult https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html for latest guidance)?
    - If yes, please explain

- If the answer is yes to any of the above, consult with your supervisor to determine how the visit can occur.
    - Supervisors should contact their Field Administrator to assess whether consultation with the Division of Public Health Services (DPHS) is indicated. In the event that an individual to be visited is quarantined, isolated, or positive for COVID-19, always consult with DPHS prior to initiating contact.

- **If the answer to all of the questions above is no, the JPPO or CPSW should consult with their supervisor to discuss the logistics of the home visit and then proceed to Step 3.**

Step 3: Schedule Visit and Establish Social Distancing Procedures for the Visit

- All visits should be structured with the appropriate social distancing as recommended by DPHS and the CDC, including:
    - Use of Personal Protective Equipment (PPE) as set forth in the DCYF PPE Guidance issued April 16, 2020 and attached as an appendix hereto;
    - Decreasing the number of individuals involved in the visit to only those necessary for the purpose of the visit;
    - Decreasing the duration of the in-person visit to only complete necessary aspects in-person and complete the remaining portions remotely;
    - Meeting outside whenever possible;
    - Minimizing contact with surfaces and personal items by standing, not touching surfaces and not bringing personal items like bags into visits;
    - Maintaining at least 6 feet of personal space;
    - Avoiding sharing items such as pens;
    - Using disinfectant wipes, gloves, etc. in the event you must touch a surface, such as a door knob;
    - Refraining from touching your face;
    - Washing hands and using hand sanitizer immediately after a visit; and
    - Wiping any items used during the visit, such as phones, with disinfectant wipes/solution immediately after the visit.
- If listed items are unavailable in your office such as disinfectant wipes, hand sanitizer, gloves, and masks may be reimbursed by including on your travel voucher.
- If there were positive risk factors and for exposure and the safety of the child requires close contact, the worker and supervisors shall consult with Field Administrator who shall consult with DPHS to determine the appropriate precautions for the individual situation.
- Children, youth, and families should be advised of the social distancing precautions prior to the visit, if possible.

Required Documentation

Each of the above determinations shall be documented in Bridges:

- Video visits should be documented as “face-to-face” in contacts.
- Telephone visits should be documented as “telephone” in contacts.

Questions

Questions regarding alternative procedures for visits should be directed through your supervisor.

APPENDIX

NH DCYF COVID-19 Guidance
Best Practices and Training Resources for Child Protection & Juvenile Justice Staff
Regarding use of Personal Protective Equipment (PPE) in the Field
(Originally Issued 4/16/20)

General Guidelines
It is important to note that these are general guidelines for DCYF business purposes and are not meant to take the place of CDC recommendations, which are subject to change at any time. Although the primary recommendation will continue to be physical distancing, due to the nature of our business, avoiding close contact may not always be possible. These guidelines include recommendations and instructions that are intended to keep staff members safe and as informed as possible. Additionally, the resources below are intended to increase the effectiveness of Personal Protective Equipment.
When close contact (within 6 feet) cannot be avoided staff will need supervisor approval prior to any client contact. When having contact with children and families who are COVID-19 positive or suspected to have COVID-19, the Field Administrator must consult with the Division of Public Health Services and notify the Director of DCYF or Bureau Chief of Field Services.

Outdoor Visit without Close Contact
If you are making a home visit but can remain outside and maintain a minimum 6 foot social distancing, then no PPE is required; however, you may consider wearing a cloth or surgical mask. Wash hands or use hand sanitizer. Please review the resources below detailing how to effectively wash your hands.

https://www.cdc.gov/handwashing/when-how-handwashing.html
https://www.cdc.gov/handwashing/videos.html

Indoor Visit (asymptomatic clients)
If entering a home six feet of social distancing shall be observed. Any client or household member should be asked to wear a cloth face covering (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html). Cloth face coverings are not personal protective equipment, but are intended to prevent possible spread of the novel coronavirus from the person wearing the cloth face covering in the event they are infected but not yet showing symptoms of COVID-19. 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.

A medical/surgical facemask should be worn by staff entering a home environment to cover the mouth and nose, and should be discarded after single use. Gloves can also be worn, but it is most important that staff carry some alcohol-based hand sanitizer and practice frequent hand hygiene and avoid touching their eyes, nose, or mouth with unclean hands.

Please visit the links below and review the content outlining how to properly use surgical masks and gloves detailed in this section.

- https://www.utmb.edu/covid-19/health-care-workers/don-and-doff-ppe
- https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Indoor Visit (asymptomatic client) Anticipating Close Contact
If entering a home and anticipate close contact (within 6 feet) with asymptotic individuals, such as during a removal, the client and household members should be asked to wear cloth face covering. (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) Cloth face coverings are not personal protective equipment, but are intended to prevent possible spread of the novel coronavirus from the person wearing the cloth face covering in the event they are infected but not yet showing symptoms of COVID-19. 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.

Staff should wear a medical/surgical facemask to cover the mouth and nose, and gloves. Staff should carry some alcohol-based hand sanitizer, practice frequent hand hygiene, and avoid touching their eyes, nose, or mouth with unclean hands. Law Enforcement shall be engaged to assist with any child protective removal.

Please visit the links below and review the content outlining how to properly use personal protective equipment.

- https://www.utmb.edu/covid-19/health-care-workers/don-and-doff-ppe
- https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Indoor Visit (symptomatic or confirmed COVID-19 clients)
If entering a home with symptomatic or COVID-19 positive individuals, staff and supervisors should inform the Field Administrator in advance, who shall consult with DPHS.

Keep a distance of at least 6 feet from household members if possible. The person who is symptomatic and their household members should all be provided a medical/surgical facemask to wear covering mouth and nose before staff enter a person's home.

Full personal protective equipment should be worn by staff including a medical/surgical facemask, gloves, eye protection, and disposable gown. Staff should sanitize their hands before putting on PPE and after removal. Staff should be trained in both putting on and taking off PPE as infection can occur with improper removal.

Please visit the links below and review the content outlining how to properly use personal protective equipment.

- https://www.utmb.edu/covid-19/health-care-workers/don-and-doff-ppe
- https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Transporting children and youth

In the event that asymptomatic children and/or youth need to be transported, staff and passenger(s) shall distance as much as is feasible within the vehicle. The client should wear a cloth face covering (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html). Cloth face coverings are not personal protective equipment, but are intended to prevent possible spread of the novel coronavirus from the person wearing the cloth face covering in the event they are infected but not yet showing symptoms of COVID-19. 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. Staff should wear a medical/surgical facemask to cover the mouth and nose.

In the event that symptomatic, quarantined, or COVID-19 positive children and/or youth need to be transported, the Field Administrator shall notify the DCYF Director or Bureau Chief of Field Services and consult with DPHS who will advise on appropriate transportation means/provisions/precautions. In the event of a child protection removal, always engage law enforcement for assistance.