

Procedure Title: When Children and Youth Committed to DHS are Exposed to, Symptomatic of, Awaiting Test Results for, or Test Positive for COVID-19

Applies To: Department of Human Services (“DHS”) Child Welfare Operations (“CWO”), Community Umbrella Agency (“CUA”), All Placement Providers including Foster Family Care Agencies (“FFCA”), Resource Caregivers, Residential Treatment and Congregate Care Provider Agencies

All Directors, Administrators, and Supervisors must review this policy with their staff within a week of its issuance.

OVERVIEW:

Ensuring children and youth’s health, safety, and well-being, along with that of DHS and partner agency staff, is a top priority. This is additional guidance regarding protocols for addressing when children and youth in substitute care are exposed to, symptomatic of, awaiting test results for, or test positive for COVID-19. This guidance may continue to evolve and are updated as new issues and information arise.

PROCEDURES and PRACTICE CONSIDERATIONS

PROCEDURE SUMMARY

DHS, CUA, and placement providers must utilize essential infection mitigation strategies as well as be prepared in the event of confirmed COVID-19 disease within a resource home. This includes ensuring their staff remain updated on developments in guidance provided by the Centers for Disease Control and Prevention (“CDC”), Pennsylvania Department of Health (“DOH”), and the Philadelphia Department of Public Health (“PDPH”).

Generally, DHS, CUA, and Placement Providers must:

- Take precautions to limit COVID-19 and other respiratory pathogens spreading in resource homes through using infection mitigation strategies.
- Keep DHS leadership informed through notification within two hours of discovery of any COVID-19 exposure within resource homes, as well as any COVID-19 related hospitalization or fatality.
- Keep parents, caregivers, and assigned City Solicitor informed through notification within 24 hours of discovery of when children and youth in out-of-home placement becomes exposed to, symptomatic of, awaiting test results for, or tests positive for COVID-19.
- Inform parents, caregivers, and assigned City Solicitor within 24 hours where COVID-19 illness causes a change in caregiver for children and youth in out-of-home placement (e.g., resource caregiver is hospitalized and another adult household member becomes the primary resource caregiver; children and youth go into respite care).
- Direct resource caregivers to implement a medically guided symptom management plan when children and youth or household members are exposed to, symptomatic of, awaiting test results for, or tests positive for COVID-19.

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- Consider planning and need to accommodate children and youth with COVID-19 exposure, particularly in households with members that are immunocompromised or have other underlying health problems, making them especially vulnerable.
- Identify alternate caregivers within the resource home as well as other potential kinship or respite alternatives, in the event the primary resource caregiver becomes hospitalized with COVID-19 or is otherwise unavailable to provide primary care and supervision to meet all the children and youth's physical and emotional needs.

ROLES AND RESPONSIBILITIES

Infection Mitigation and Utilizing Public Health Information

DHS, CUA, and placement providers should assist resource caregivers in their active monitoring for COVID-19 like illness among children and youth as well as resource household members.

Resource caregivers must take all necessary precautions to limit children and youth in out-of-home placement from being exposed to COVID-19. Such actions include, but are not limited to:

- Having household members comply with public health policies, including the wearing of appropriate face coverings and observation of social distancing.
- Providing and requiring appropriate face coverings to be worn by children and youth when they leave the resource home.
- Having children and youth practice social distancing when outside or when encountering an essential visitor in-home (e.g., an academic, therapeutic, or otherwise necessary service provider).
- Complying with court ordered visitation: only family members who have been given court ordered visitation rights shall participate or otherwise have in-person access to children and youth.
- Ensuring children and youth limit non-essential travel through consistent virtual or telephone contact with family and other service providers.
- Utilizing appropriate housekeeping practices (disinfect surfaces generally and especially those frequently touched, place and empty waste baskets, ensure adequate ventilation).
- Keep sinks well-stocked with liquid soap and paper towels for hand washing.
- Closely monitoring hand hygiene by children and youth.
- Maintaining access to public health and other critical information needed for situational awareness, including DHS, CDC, DOH, and PDPH websites.

COVID-19 Exposure

Placement providers must give all appropriate education or guidance to resource caregivers of children and youth to help them understand the implications of, and basic prevention and control measures for, COVID-19 exposure. Children and youth's Primary Care Physician ("PCP"), DHS Nursing staff, or other contracted nursing providers may be consulted in education and guidance activities. They will provide information on:

- Signs and symptoms of respiratory illness, including COVID-19.
- How to monitor resource household members for signs and symptoms of COVID-19 like illness.
- How to help keep children and youth safe by using infection mitigation strategies, including proper hand hygiene and use of Personal Protective Equipment ("PPE").

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- Staying home when ill.
- Immediately seeking medical assistance for severe respiratory infections or suspected COVID-19.
- Risks of COVID-19 exposure due to children and youth running away from the resource home.
- How to access the City of Philadelphia's existing resource for Resource Parents (<https://www.phila.gov/documents/resources-for-foster-parents/>).

Children and youth are considered exposed to COVID-19 when they have had:

- Close contact with someone that has COVID-19 (e.g., within the last fourteen days, the children and youth spent a cumulative total of at least fifteen minutes over a twenty-four hour period within six feet of someone with confirmed COVID-19).
- Direct contact with someone that has COVID-19 (e.g., being coughed on).

Thus, children and youth within out-of-home placement have been exposed whenever a resource home household member (including a resource caregiver) tests positive for COVID-19.

Communications and Notification

Placement providers must have a communication plan that includes resource caregivers immediately notifying the placement provider and assigned DHS Social Work Services Manager or CUA Case Manager of children and youth's COVID-19 status (including children or youth being exposed to COVID-19 through close contact with a resource home household member). Additionally, placement providers are required to inform DHS and CUA of specific child safety concerns to assure that an appropriate and timely response is made to situations that impact the well-being and safety of children and families receiving services. Children and youth's exposure to the novel COVID-19 disease is a circumstance that must be considered a new threat or major change within the household.

Therefore, the placement provider must, within two hours of discovering children and youth have been exposed to, is symptomatic of, is awaiting test results for, or tests positive for COVID-19, contact (verbally and by email) the responsible DHS or CUA chain of command up to and including the DHS Administrator or CUA Director. Within two hours, placement providers shall further notify:

- Katherine Garzon, Chief of Staff, DHS Commissioner's Office (Katherine.Garzon@phila.gov),
- Samuel B. Harrison III, Deputy Commissioner, Child Welfare Operations (Samuel.B.Harrison.3rd@phila.gov)
- Benita M. King, Chief of Staff, Child Welfare Operations (Benita.M.King@phila.gov)
- Staci Boyd, Operations Director (Staci.Boyd@phila.gov)
- Kathy Torrisi, DHS Nursing Supervisor, (Kathy.Torrisi@phila.gov)

Notification shall include children and youth's information (name, date of birth), DHS case number, children and youth's COVID-19 status (e.g., symptomatic, awaiting test results, tested positive), status of resource household member(s), and whether additional guidance or resources are needed.

All placement providers must also complete and submit a COVID-19 related Home and Community Services Information System ("HCSIS") report, within 24 hours of discovery, on all children and youth in their care who are exposed to, symptomatic of, awaiting test results for, or tests positive for COVID-19. A second written report must be submitted by the placement provider within 30 days of the youth's COVID-19 exposure and must provide documentation of all subsequent actions taken in order to finalize the incident report.

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Upon receiving the written HCSIS report, DHS Performance Management and Technology (“PMT”) staff must pull the report from the HCSIS system and forward it to the assigned DHS or CUA case management chain of command up to and including the DHS Administrator or CUA Director.

DHS and CUA must ensure the assigned chain of command (including Supervisor, Administrator or Director, and, as needed, DHS Nursing) reviews all information provided to determine appropriate safety steps to be taken. Then, DHS and CUA must ensure the assigned case management staff conducts a virtual safety visit of the home within 24 hours of discovery.

- An updated Structured Progress Note (“SPN”) documenting all steps taken to address safety concerns. Visitation should occur in compliance with the previously released DHS COVID-19 Emergency Guidance for Investigations and Casework Contacts.

DHS and CUA must ensure the assigned DHS Social Work Services Manager or CUA Case Manager informs parents or caregivers and the assigned City Solicitor about children and youth’s COVID-19 status within 24 hours of discovery.

- Family Court and all counsel will be notified by the Law Department as appropriate.

Where a resource caregiver becomes hospitalized or otherwise unavailable to continue to care for children and youth because of COVID-19 and there are no alternate resource caregivers available within the home, standard procedures for an emergency move apply. This includes informing the assigned City Solicitor so agreement of parties and/or Court approval for the move can be sought after the emergency move has been effectuated.

COVID-19 Symptom Management Plan

Where children and youth are exposed to, symptomatic of, awaiting test results for, or tests positive for COVID-19 (with exposure including when any member of the resource household has confirmed COVID-19), the child(ren) and youth’s PCP must be consulted and the DHS nurse should be consulted as needed based on the child(ren) and youth’s condition. Any symptom and management advice given must be followed.

Additionally, where children and youth in out-of-home placement are exposed to COVID-19, a Supportive Family Team Conference should be scheduled, when appropriate, within 5 calendar days, to address medical concerns and to ensure that a suitable revised plan is in place. Instances where a Supportive Family Team Conference must be scheduled include when COVID-19 exposure creates a safety threat or results in a children and youth’s placement being potentially disrupted.

Alternate Resource Caregiver Preventive Planning

The COVID-19 Pandemic necessitates CUA to develop a concurrent plan for alternative placement of committed children and youth. A comprehensive and pre-emptive transition plan will help eliminate any delays or service disruptions.

Anticipating that a resource caregiver may become hospitalized or otherwise unavailable due to COVID-19, CUA should engage with resource caregivers, children and youth, and the children and youth’s family to

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identify alternate resource caregivers within the home as well as other potential alternative kinship or respite arrangements. Such engagement should be done during regular casework contacts.

A hierarchy of alternate resource caregivers should be discussed at each Ongoing Family Team Conference and incorporated within a SPN considering a children and youth's existing academic, medical, and therapeutic services along with their existing significant positive relationships. Efforts should be made to maintain children and youth safely within the familiar resource home and community. Ultimately, the goal is to create a least restrictive and most appropriate alternate setting which causes zero to minimal disruption of a children and youth's current services.

DOCUMENTATION REQUIREMENTS

If children and youth become exposed to, symptomatic of, awaiting test results for, or tests positive for COVID-19, an updated SPN must be completed consistent with current Safety Assessment Policy and uploaded onto the electronic case record. All finalized HCSIS reports and documentation of all subsequent actions taken in order to finalize the incident report must be uploaded onto the electronic case record.

A copy of an alternate resource caregiver preventive plan should be documented within the electronic case record no later than three business days after the plan is developed.

During this time, it is especially important to confirm that all contact information for family members of children and youth, resource caregivers, and any identified alternate resource caregivers are up to date. Healthcare entities and their points of contact (e.g., children and youth's PCP, hospital emergency medical services, relevant community organizations) should be kept for any necessary communication during the COVID-19 crisis.

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**RELATED DOCUMENTS AND
RESOURCES:**

Attachments:

Forms:

Related Policies or Procedures: DHS COVID-19 Emergency Guidance for Investigations and Casework Contacts
Safety Assessment Policy

Other Resources: <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Coronavirus.aspx>
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
<https://www.phila.gov/personnel/fmlaFAQ.html>

PROTOCOL REVIEW AND APPROVAL

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APPROVAL SIGNATURE

(Authorizing Leadership Name and title)

Signature: 

Name:

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Title:

Commissioner

Date:

11/12/2020

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