Guidance on Case Contact and Visits

March 28, 2020

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| The novel coronavirus, COVID-19, poses an unprecedented challenge to the Department of Children and Families’ operations. There are crucial functions we must carry out to fulfill our responsibility to keep children safe, especially at a time when they are less visible in the community and therefore, more vulnerable. In order to prevent and mitigate the spread of COVID-19 while maintaining our core operations, we must prioritize our responsibilities and collaborate to accomplish critical agency functions and roles.  While information about COVID-19 is emerging, the Centers for Disease Control and Prevention (CDC) has identified that older adults and those with underlying health conditions or a weakened immune system are at higher risk for developing complications from COVID-19. We recognize that you may fall in to one of these high-risk categories and recommend that you work with your Supervisor and Manager to develop alternative plans for making in-person visits. Most importantly, if you are sick or have a fever you should not come to work.  **Contacting Children and Families**  With schools and childcare centers closing and parents experiencing heightened stress for a variety of reasons, including potential loss of work, it is increasingly important for us to remain in contact with our children and families to assess safety and address imminent needs they may have. | |
| **Make Contact on Your Assigned Cases** | Please check in with the children, young adults, parents, and foster parents you are assigned to, either by phone or by using a video conferencing application like FaceTime or WebEx. This is a very stressful time for children and families and we should assess how children and families are doing, including determining any safety or risk factors that may be present or elevated because of new circumstances. Because this is such an unprecedented situation, you may need to check in more frequently with your families to assess how they are coping and what supports they may need. If you identify any emergency and/or high-risk situations, talk to your supervisor and manager immediately about next steps. |
| **Conducting and Documenting Video Conferences** | Video conferencing with children and families can be a challenge if you and your families have never done it before. You will want to call your families and ensure they have the right application. If you or your families need guidance now how to utilize video conferencing, click [here](https://hhsvgapps01.hhs.state.ma.us/ehsintranet/community/department-of-children-and-families/dcf-it/blog/2020/03/16/helpful-remote-use-tips).  From the start, you can talk to families about what might be hard about meeting in this way. Families might feel particularly vulnerable or sensitive about the virtual format so consider what parameters might be most effective (e.g., location, background, lighting, headphones, microphone, checking in on how communication is flowing, etc.) Consider creative options to connect kids in care and families such as three-way calls, etc.  It is important to spend time on the call offering emotional support and providing guidance to caregivers. Practicing social distancing and having children home from school and child care can be stressful for caregivers and we can help. You will also want to assess the current caregiving environment and be observant of any safety, risk or danger issues that may be present. Substance Use, Domestic Violence, and Mental Health Specialists are available for consults should you need them.  The dictation screens in i-FamilyNet now have an option for “Video Conference” as an in-person method of contact. If you video conference with children or families, please utilize this option. For additional guidance on this, [click here](https://hhsvgapps01.hhs.state.ma.us/ehsintranet/docs/DOC-10307). |
| **Meet with Your Supervisor to Prioritize Cases** | After you have made contact with your families, you should meet with your supervisor to discuss your cases and any imminent situations that require follow up. This meeting does not have to occur in person and can be done by phone or WebEx. In discussing your cases, you and your supervisor should discuss the following:   * Age of the children, including sibling groups * Date of last face-to-face contact with children * Level of risk identified in the Risk Assessment tool * Any contributing factors present in the case, including substance use, mental health concerns, and domestic violence * Any urgent needs the family may have, like childcare, medical care, or loss of work/housing   During this process, if you identify any imminent situations that necessitate face-to-face contact, you and your supervisor should discuss next steps with your manager. Together you, your supervisor, and manager can make a plan for making safe face-to-face contact. |

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| **Conducting Safe Visits in the Field**  Visits with children, families, and foster/kin caregivers are a critical part of DCF’s responsibility to protect children and ensure their safety. The following guidelines should be utilized when conducting home visits during responses, visits for ongoing cases, and visits to foster homes/group homes/congregate care facilities. | | | |
| **Plan Your Contact/Visit** | If a situation arises where face-to-face contact is needed, talk with your supervisor and manager to develop a plan for making the contact. Whenever possible before going out to a visit, call the family and ask the following screening questions regarding members of their household. If you are unable to call the family before a home visit, or it is intended to be an unannounced visit, ask these screening questions regarding all household members before entering the home and conducting the visit:   * Are you or anyone in your household sick with fever (Higher than 100.3o F) or a newly developed respiratory illness such as cough, shortness of breath, or sore throat? * Have you traveled internationally or domestically (i.e., within the past 14 days) to a [COVID-19-affected geographic area](https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html)? * Have you had close contact with a person diagnosed with COVID-19 in the past 14 days? * Have you or has anyone in your household been [directed to self-isolate or quarantine](https://www.mass.gov/info-details/travel-information-related-to-covid-19#travel-to-massachusetts-)?   If someone answers yes to one of these questions, talk with your supervisor and manager about next steps. Your manager can reach out to the DCF Medical Team to discuss the situation further. It is still important for us to assess safety and risk in the families we work with, and your supervisor, manager, and the medical team can help strategize the best and safest way for us to make contact with a family.  We are encouraging foster parents to ask screening questions of any visitors to their home, so they may also ask you the same screening questions listed above.  For visits to congregate care facilities, facility staff will ask you screening questions before you are able to visit. Because the spread of COVID-19 can occur rapidly in these environments, facilities are utilizing [this guidance](https://www.mass.gov/doc/covid-19-guidance-for-congregate-care/download) to protect the children in their care. | |
| **Minimize Duplicative Contacts When Possible** | | Often, foster parents or congregate care/group care facilities care for multiple children in DCF care. When this occurs, we recommend coordinating with the workers assigned and conducting a single visit to reduce the number of visitors in homes or facilities. Supervisors and Managers can work together for this to occur across units and agency functions. | |
| **Safety Precautions to Take During and After Home Visits** | | Whenever a DCF Worker visits a family’s home, they should take precautions to reduce their exposure to COVID-19. These include:   * Avoid touching surfaces in the family’s home as much as possible. Use a tissue to touch a surface when needed. * Do not shake hands with family members or engage in other forms of physical greetings. * Maintain a distance of six feet between yourself and family members during home visits whenever possible. * Clean and sanitize your hands after each home visit by washing your hands with soap and warm water or using hand sanitizer or sanitizing wipes. * Clean and disinfect your home, car, and workspace with alcohol or bleach-based products often. * Clean and disinfect your clothes often. * Avoid touching your face. * Utilize personal protective gear, if needed. | |
| **Use Personal Protective Equipment (PPE) When Needed** | | Before you make any in-person visit or transport someone who may be ill, talk with your supervisor and manager. They, along with the DCF Medical team, can advise about precautions to take, including the use of a face mask or gloves.  PPE should be utilized when you are meeting with someone who is exhibiting symptoms of being ill or any time you are transporting a child that may be exhibiting symptoms of being ill. These symptoms may include cough, fever, difficulty breathing, and vomiting. You should also utilize PPE when the health status of children or families you are meeting with is unknown. Although there are only a limited number of gloves and masks, we anticipate that we will be getting more supplies soon as the rollout continues. We must exercise caution in our use of PPE. If you are unsure if you will need to utilize PPE for a home visit or when transporting a child, the DCF Medical Team is available to provide assistance.  When using PPE, it is important that you learn how to properly put on and take off PPE. For additional information, [click here](https://hhsvgapps01.hhs.state.ma.us/ehsintranet/docs/DOC-10306). | |