Process Map: COVID-19 Outbreak Response Protocol in a Child Welfare Setting

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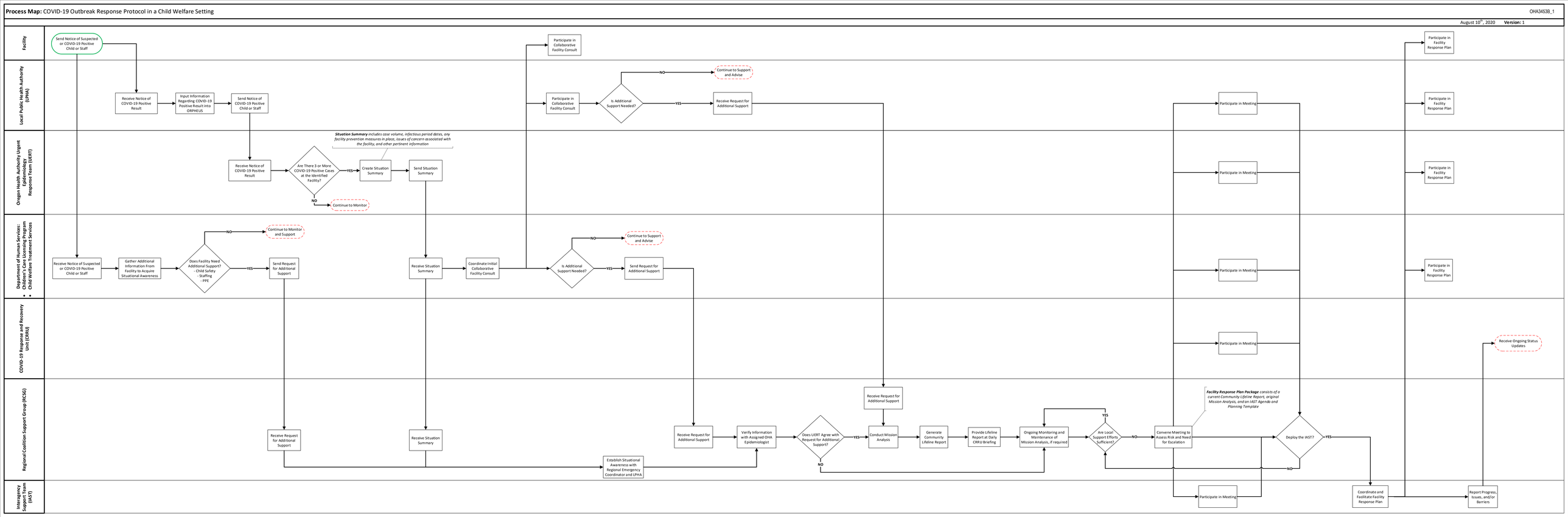

500 Summer St NE
Salem, OR 97301
healthoregon.org/coronavirushcp

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Joint Response Protocol for COVID-19 Outbreak in a Child Welfare Setting

Purpose of Playbook:

- Establish best practices for proactive, multi-agency coordination and response efforts for COVID-19 outbreaks in a facility. This coordinated response will:
  - Help prevent and slow the spread of COVID-19,
  - When possible, ensure the facility can continue to operate safely, and
  - Identify strategies to prevent further spread of COVID-19 within the facility.
- Place equity at the forefront of coordination and response efforts, centering the values outlined in the Governor's equity framework:
  - Prioritizing equity and addressing racial disparities,
  - Addressing underlying systemic causes of health and economic inequities, and
  - Ensuring an inclusive and welcoming Oregon for all.
- The playbook does not create legal requirements for agency action and response.

Acronyms

Acronym	Description
CCA	Child Caring Agency
CCLP	Children's Care Licensing Program
CRRU	COVID Response and Recovery Unit
LPHA	Local Public Health Authority
OAR	Oregon Administrative Rules
ODHS	Oregon Department of Human Services
OHA	Oregon Health Authority
Opera	Oregon Pandemic Emergency Response Application
ORS	Oregon Revised Statute
PPE	Personal Protective Equipment

Definitions

- For the purposes of this playbook, the following definitions apply:

Term	Definition
Case	"Case" means a facility youth, provider or staff who has confirmed or presumptive COVID-19. Confirmed and presumptive cases are defined in the COVID-19 Investigative Guidelines.
Lead agency	"Lead agency" means ODHS Child Welfare and the ODHS Children's Care Licensing Program, further defined under Agency Roles.
Facility	"Facility" means any Oregon Department of Human Services (ODHS) Child Welfare-contracted Proctor Foster Home or Facility. This includes: • Residential Child Caring Agencies: Settings serving 1 or more youth under guardianship by Child Welfare. • Foster Child Caring Agencies: Foster homes.
Operational standards	"Operational standards" means the standards the facility must maintain to continue operations safely, ensure the continuation of safe care and support of each child and their care provider. This includes: • Adequate staffing ratios and supervision • Program leadership availability • PPE availability • Ability to cohort and isolate
Outbreak	An "outbreak" typically means that two or more confirmed or presumptive cases of COVID-19 from different households are epidemiologically linked in time and space. In some high-risk types of facilities, a single case of COVID-19 may be monitored as an outbreak. Facility-specific outbreak thresholds are defined in the COVID-19 Investigative Guidelines. For child welfare settings, "Outbreak" means one (1) or more positive COVID-19 cases in a facility.

Agency Roles

Local Public Health Authority (LPHA)

- Responsible for investigating reportable diseases and disease outbreaks and controlling the spread of disease. ORS 433.006.

Oregon Health Authority (OHA)

- Responsible for establishing the rules and investigative guidelines related to infection control and disease outbreak investigation and management. OHA's Public Health Division works with LPHAs, other sister agencies and facilities to support local outbreak management efforts.

Lead Agencies

ODHS Children's Care Licensing Program

- Responsible for licensure of Child Caring Agencies providing Residential and Proctor Foster placements and services.
- Provides training and oversight to licensed Foster Child Caring Agencies.

ODHS Child Welfare

- Responsible for the guardianship and placement coordination of children in state custody.
    - **Central Office** oversees local area branch offices; coordination and care of complex cases and coordination of housing for children
    - **Child Welfare Treatment Services** is the program area within Child Welfare responsible for contracting directly with and providing regulatory oversight to Child Caring Agencies who provide BRS or Shelter Care in Residential or Proctor Foster settings.
    - **Local Branch Offices** are in each county of Oregon. The local branch case managers are often court appointed to be a child's guardian but may also provide case management to children through a voluntary placement agreement. The local branch offices also certify child foster care homes for children.

COVID-19 Response and Recovery Unit (CRRU)

- Staffed by OHA and the Oregon Department of Human Services (ODHS), the CRRU supports the multi-agency response through the following teams:

Regional Response Program (RRP)

- The RRP works with the LPHA and sister agencies to:
    - Identify at-risk facilities
    - Establish situational awareness
    - Support medical surge
    - Coordinate and support response actions through existing regional coalitions.

Inter-agency Support Team (IAST)

- When the outbreak exceeds the RRP's capacity, the IAST works with necessary regulatory staff from sister agencies to:
    - Create and implement an action plan to stabilize the facility, and
    - Identify state or federal resources needed to implement the plan.
- The members of the IAST should include but are not limited to:
    - CRRU response and operations directors
    - IAST lead
    - RRP

- CRRU Intervention Section manager
- Lead agency representatives
- LPHA
- CRRU epidemiologists

COVID-19 Emergency Response Team Epidemiologists (CRRU epidemiologists)

- When an outbreak is identified in a facility, CRRU epidemiologists:
  - Collaborate with the LPHA to monitor case numbers;
  - Coordinate LPHA requests for specialized outbreak expertise from CRRU epidemiologists;
  - Assume a leadership role in the outbreak response if LPHA capacity is limited;
  - Track and report outbreak status daily;
  - Approve testing at the Oregon State Public Health Laboratory; and
  - Coordinate with OHA's Acute and Communicable Disease Prevention program's Healthcare Acquired Infections Team for infection control consultations.

Office of Emergency Management (OEM)

- Responsible for coordinating and maintaining a statewide emergency services system for emergency and disaster communications.

Response Protocol

- The Response Protocol outlines best practices for how agencies should:
  - Respond to a facility outbreak,
  - Determine when to escalate the response to CRRU,
  - Request additional resources, and
  - Take into account the equity impact of decisions and prioritize actions that address equity considerations.
- Each agency's process is listed below. The LPHA and CRRU epidemiologists are usually first notified about facility outbreaks. However, in the event that another agency is notified before the LPHA, the agency should notify CRRU epidemiologists to initiate coordination and response efforts.

LPHA Response Protocol

- COVID-19 Investigative Guidelines require LPHAs to:
  - Immediately report an outbreak through Oregon's COVID-19 database (Opera) or by notifying CRRU epidemiologists (see Appendix for after-hours contact information).

- If applicable, notify the facility, preferably the Human Resources (HR) Department if one exists, or someone in management, that there is a COVID-19 positive result associated with the facility and provide information regarding immediate measures the facility can take to limit the spread of the disease, using the playbook and toolkit information. If there is more than one confirmed or presumptive case associated with the facility, that information may be shared with the facility as well.

CRRU epidemiologists Response Protocol

- CRRU epidemiologists will share a summary of the situation with the lead agency or agencies, including:
  - Case volume,
  - Infectious period dates,
  - Any facility prevention measures in place,
  - Issues of concern associated with the facility, and
  - Other pertinent information as deemed appropriate by CRRU epidemiologists.
- CRRU epidemiologists will also monitor the stability of the facility with the LPHA. If the facility is unable to stabilize without additional support, CRRU epidemiologists will coordinate a response with other CRRU teams.

Lead Agency Response Protocol

- The lead agencies should:
  - Assess risk,
  - Identify disparities experienced within the facility setting whose mitigation, if addressed up front, could help slow the spread of disease among both individuals served at the facility and facility staff. Examples of such disparity issues might include:
    - Language access and communication preferences
    - Cultural responsiveness at the facility
    - Income and housing
    - Access to health coverage and health care
    - Access to resources that support an individual's ability to isolate or quarantine
    - Risk of greater exposure to the virus due to circumstances such as the nature of their job, working multiple jobs, household size
    - Being part of a population at higher risk for COVID-19 (such as individuals with underlying conditions, people over age 65)
    - Other economic and systemic barriers that prevent people from following isolation, quarantine or other safety and infection control protocols

  - Consult with the facility about safety and infection control protocols, and
  - Outline the conditions the facility must meet to continue operations.
- The specific agency protocols are listed below.

ODHS Children's Care Licensing Program Response Protocol

- Utilize and update CCA COVID-19 program status tracking system.

ODHS Child Welfare Response Protocol

- Child Welfare will consult with the CCA, LPHA and/or OHA to assist in ensuring appropriate supervision for clients served throughout the outbreak. Considerations include the ability of the CCA to ensure staffing ratio and ability to isolate within the program. If the CCA is not able to safely supervise clients during an outbreak, Child Welfare may facilitate a separate isolation. Determinations will be made on a case by case basis with the CCA, Treatment Services and CCLP.

Resource Requests

- If an agency identifies that the facility needs additional support and resources to help prevent or slow the spread of the disease, including supporting employees at the facility, the agency or CRRU epidemiologists should notify the RRP.

RRP Response Protocol

- If CRRU epidemiologists and RRP agree that the facility needs additional support, the RRP should complete a Mission Analysis. The Mission Analysis should include an assessment of the risk of instability based on the following factors, where applicable:
  - Number of COVID-19 positive cases.
  - Continued exposure and increase in COVID-19 positive cases.
  - Continued risk of the facility not meeting operational standards.
  - Continued risk of community and cross-community exposure.
  - Contact tracing ability and culturally and linguistically appropriate response.
  - Quarantining resources (e.g., isolation housing or support of workers' quarantining).
  - Testing resources.
  - Continued concern and lack of precautionary measures being effectively established and implemented.
  - Facility's response and willingness to coordinate safety efforts with the lead agencies, LPHA, and RRP.
  - Gaps requiring technical assistance.

- The RRP should verify information with the CRRU epidemiologist assigned to the outbreak, provide technical assistance as needed, and provide status updates to the LPHA, CRRU epidemiologists, CRRU leadership and responsible agencies.
    - If not already addressed by the LPHA, technical assistance may include referring individuals impacted to local community-based organizations for isolation and quarantine resources.

Escalation to Inter-agency Support Team (IAST)

- Upon review of the RRP Mission Analysis, the CRRU may decide to escalate the response by activating an IAST. This decision should be based on:
    - The facility's ability to safely meet operational standards;
    - The risk for further instability;
    - Lack of adequate staffing;
    - Risk that the facility might have to close within 36 hours;
    - Potential of increased spread of outbreak in the facility;
    - The facility's ability to properly train staff to practice required safety measures (e.g., use of PPE).
- The CRRU may determine the need for additional support of the LPHA or facility based on:
    - Information provided by the responsible agency, CRRU epidemiologists and LPHA, and
    - The facility's capacity to control and contain an outbreak.
- The CRRU may identify and delegate a Lead for the IAST, but not in all cases. Depending on the size and complexity of an outbreak:
    - The IAST may respond to multiple outbreaks, or
    - More than one IAST may be activated.

IAST Response Protocol

- Ongoing outbreak investigations are extremely sensitive and should be considered confidential. ORS 433.008
- Once the IAST is convened, the IAST Lead relies on analysis completed by the RCSG and responsible agency, which may highlight a facility's capacity to stabilize with the support of the LPHA and CRRU epidemiologists.
- The IAST Lead coordinates and convenes a meeting with relevant partners to outline a plan of action.
    - The IAST Lead completes the initial agenda and meeting invite. The meeting should include:

    - A list of actions (see the Appendix for a list of suggested action plan items); and
    - Responsible parties who will carry out those actions.
  - The IAST Lead may propose a cadence for follow-up meetings (e.g., 4-hour, 8-hour, or 24-hour intervals).
  - If additional resources or support are identified, the IAST may agree to include additional partners on follow-up meetings.
  - Meeting notes, which may include plans of action, will be sent out to the IAST participants. Subject matter may include but is not limited to:
    - IAST attendee/participant list
    - Context of outbreak
    - Testing information + planning
    - Staffing information + planning
    - Equity issues
    - Communications
    - Potential strategies for mitigation and support
    - A timeline of key events
- An IAST may continue its support and coordination functions until the team decides that:
  - The IAST is no longer needed, and
  - The facility has stabilized.
- The stabilization of a facility does not mean that the outbreak has been closed by OHA or the LPHA.

Strategies to Consider

- At a minimum, the IAST should consider the following potential strategies when developing the action plan, ensuring that issues of equity are adequately addressed in the strategies. CRRU and the lead agencies should implement the strategies.
  1. Review of toolkit resources and precautions
     a. See Resources page below
  2. Strengthening capacity to limit spread:
     a. Coordinate with facility for testing of employees
     b. Evaluate systems in place for prevention of employee exposure
     c. Consider need to utilize quarantine space.
  3. Maintaining adequate staffing to continue safe operations:
     a. Support agency with labor resources.

4. Enforcement recommendations
    a. Close.
5. If facility closes, strategies needed to reopen:
    a. Testing of employees
    b. Cleaning facility
    c. Setting up safety precautions for facility

Response Protocol Process Map

- For a flowchart that details the multi-agency response protocol, view the process map.

Appendix

Contacts

CRRU Epidemiologists:

- After hours and weekends, the facility should contact the State of Oregon Public Health Duty Officer:
    - Voice/text: 971-246-1789
    - PHP.DUTY-OFFICER@dhsoha.state.or.us

Oregon Emergency Response System

- 800-452-0311

Regional Response Program

- Community.LifeLine@dhsoha.state.or.us

Lead Agency Contacts

- ODHS Child Welfare – Treatment Services

    Primary Contact: Sara Fox, Treatment Services Program Manager at 503-400-5575 or sara.b.fox@dhsoha.state.or.us.

    Back-Up: Ahnjene Boleyn, Treatment Services Assistant Program Manager at 971-701-1763 or Ahnjene.boleyn@dhsoha.state.or.us

    Back-Up: Nancy Allen, Treatment Services Placement Manager at 503-473-1859 or nancy.a.allen@dhsoha.state.or.us

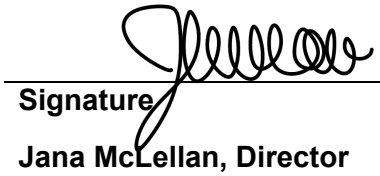
- ODHS Children's Care Licensing Program

- Tom Vanderveen, CCLP Manager: 503-569-1091 or tom.vanderveen@dhsoha.state.or.us

Resources

- ODHS Licensing & Treatment Services COVID-19 FAQ
- OHA COVID-19 FAQ
- OHA COVID-19 Updates

Interagency approval

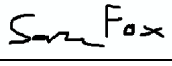


Signature 11/19/2020 **Date**

Jana McLellan, Director
COVID-19 Response and Recovery Unit

Signature 11/16/2020 **Date**

Rebecca Jones Gaston, Director
ODHS Child Welfare



Signature 11/19/2020 **Date**

Sara Fox, Treatment Services Program Manager
ODHS Child Welfare

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsoha.state.or.us

Visitation Matrix for In-person Visits Between Children and Parents

This matrix helps determine **HOW** the visit will happen, not **IF** a visit will happen.

Use this matrix to develop a written visitation plan to share with all involved – including parents, foster parents, and visit supervisors

Everyone participating in the visit has confirmed they have not been exposed to COVID-19 and they do not have any symptoms of COVID-19?

If yes, continue

If no, have the virtual visit*

Will every adult and child age 5 and older (children between the ages of 2 – 4 when possible) be wearing a face covering (includes face shields) throughout the visit?**

If yes, schedule the in-person visit

If no, continue

If an adult will not wear a face covering, can the visit happen outside with 6 feet of physical distance between visit participants?

If yes, schedule the in-person visit

If no, have the virtual visit*

Remember:

Schedule a virtual visit at the same time as the in-person visit in case the in-person visit cannot occur*

****Children with behavioral, developmental, or cognitive issues may not be able to wear a face covering. In-person visits should **not** be canceled because of a child's inability to wear a face covering.

IMPORTANT POINTS:

DHS must follow visit guidelines and policy consistently in every case.

- **Develop a written visitation plan that is consistent with agency guidelines and policy in every case.** The Visit and Contact Plans (831) should be updated to reflect practice changes as a result of the pandemic. This is a great way to ensure all folks involved in the case are on the same page. It also builds trust which results in everyone being motivated to do what is best for the family.

- **Support the team in making innovative visitation plans.** The DHS-developed standard visit model (1X/week, supervised in the office) does not mesh well with the kind of adaptations required to promote visits in this pandemic environment. We need all of us - supervisors, caseworkers and SSAs - to be creative and to engage in problem solving with families and their supports in order to promote reunification and safety and keeps participants as safe as possible. This means visits need to occur outside whenever possible and we need to fully consider when and at what level supervision is required.

- **A virtual visit is only a reasonable substitution if this matrix has been completed and none of the mitigating options are possible.**

There is strength in collaboration, so let's help each other think outside the box to offer our families and foster parents the best service available during these extraordinary times.

Local Branch Outdoor Visitation Options:

Resources:

DHS Visit Guidance DHS One-page Guidance for Parents & Foster Parents **If you have questions about hygiene or safety due to COVID regarding a visit, please contact Heidi Beaubriand, Health and Wellness Program Manager at Heidi.Beaubriand@dhsoha.state.or.us or a Nurse Consultant**

This Visitation Matrix was created by representatives for Parents, Foster Parents, Public Defenders, Attorneys for Youth, DHS Staff and Managers.

Pandemic-EBT Information for Foster Families

Pandemic EBT (P-EBT) is additional food support for children who are eligible for free or reduced-price school meals, including youth in care, during the COVID-19 pandemic. Caregivers of school-age youth in care will receive $5.70 per child per day for every day schools were closed from March 16-June 30 to buy food.

Important Facts about these Food Benefits

- Students in foster care who were eligible for free or reduced-price school meals at a participating National School Lunch Program school between March 16 – June 30, 2020 are automatically eligible for P-EBT benefits. There is no need to apply or complete any forms.
- Not all foster students will not be eligible for P-EBT. Students must be enrolled in a qualified school to receive benefits. A full list can be found on the ODE website under Pandemic Electronic Benefit Transfer.
- Oregon Trail Cards will be issued in the child's name and mailed to the caregiver's address on file with Child Welfare, so that the card is available to the primary person who purchases food and cooks for the child.
- Oregon Trail Cards will be mailed throughout the month of June and July.
- If you receive an Oregon Trail card for a child no longer in your care, please return it to either the child's caseworker or SSP, so it can be sent to the child's new address. Child Welfare caseworkers can send it to the new address, without having to go through SSP. If the child has returned home, the card can be sent to the parent caring for the child.
- Eligible children will receive up to $384 in food benefits.
- Caregivers that receive Supplemental Nutrition Assistance Program benefits for children in their care will have the additional food benefits automatically deposited on their Oregon Trail Card on their regular June allotment date. Separate Oregon Trail cards may be received for children that are not on the caregivers SNAP case.
- Students can still pick-up the to-go meals at schools and get P-EBT benefits. They do not have to choose between them.
- Oregon Trail Cards can be used to buy food at most grocery stores and farmers markets.
- Oregon Trail Cards can be used to purchase food online at Amazon and Walmart.
- More information about P-EBT and food benefits: https://oralert.gov/benefits.

Please reach out to Oregon's P-EBT team with questions or if there are issues activating the card:

Phone: (503) 945-6481
Email: ebt.schoolmeals@dhsoha.state.or.us

Recommended Infection Control Practices for In-Person Visits

These recommendations are based on the current CDC guidelines and could change over time. The health and safety of parents, children and foster families is paramount, and care should be taken to ensure that each case is carefully and individually reviewed for in-person visits, taking into consideration the potential health risks to all involved. In person visits should be limited for those in the high-risk category because of age or existing health conditions-such as aged foster parents or medically fragile children.

Recommendations

Ensure prior to the visit that neither the parent or child have current respiratory symptoms or fever and have been symptom free for 72 hours.

All in-person visits should be conducted outside whenever possible-backyards, parks, etc. When this is not possible visits should be conducted in clean locations with minimal exposure to other people.

All visit participants (parents, children over 2 years old and supervisory staff) should wear protective face coverings.

Hand sanitizer or handwashing should be required for parents and children before and after the visit.

Maintain social distancing whenever possible. Acknowledging that children may want to hug their parents, encourage fist and elbow bumps instead. Kissing the child's face should not be permitted.

Visits should be limited to immediate family-parents and siblings.

When transporting a child to a visit location, practice social distancing in the car if possible and ensure that the air settings are set to fresh air not recirculating air. Weather permitting, allow windows to be rolled down or partially down. Masks should be worn by occupants of the car unless under the age of two years old. Cars should be wiped down with bleach based cleaner or wipes between child transports.

Supervised curbside pick-up and drop-off of children are encouraged.

Children should be encouraged to wash their hands and change their clothes as soon as they return home from their visit.

Recommendations for Child Welfare Staff Who Supervise Visits

Wear a face covering whenever interacting with children and families. Wear an N95 mask when they become available.

Wash hands between child interactions. If wearing gloves, change gloves between child interactions.

Maintain social distancing whenever possible with families, children and foster families.

Wash your hands and change clothing upon returning home.

Have extra face coverings on hand so that visits are not cancelled for a participant not having one.

Rest, hydrate, practice self-care.

Contact Health and Wellness Manager or RN consultant for questions or consultation.

Heidi.beaubriand@state.or.us 503-871-6662

Rebecca.e.long@state.or.us 503-979-9789

Safety First – Consider the possibility that it may not be safe for someone to talk to you. Be mindful of how the child or caregiver responds to your questions. If responses seem out of character, strained or emotional; you should consider contacting the Oregon Child Abuse Hotline (ORCAH). Please be prepared to describe how the dynamics of the call concerned you or seemed inconsistent with the answers that were given.

Questions for Parents/Caregivers

1. Is now a good time to talk? If not, is there a better time for me to call?

Potential follow-up questions

- Is everyone okay? Is there someone I should call for you?
- Are you safe? Do you need help right now?

2. Is everyone able to get what they need to get by? (Food, clothing, housing, medical care) Have there been any problems?

Potential follow-up questions

- Are you able to access what you need to care for your family? What would help?
- Who can help you? Do you have supportive family, friends, or neighbors to help you and your children?

3. How is everyone getting along with each other? Is anyone having a hard time?

Potential follow-up questions

- How is everyone passing the time? Do you have activities you do together? Do you need ideas?
- Are you worried about anyone? Why?

4. What's it like parenting right now? How is it different? What's going well? What are some of the challenges?

Potential follow-up questions

- Have your noticed changes in your child's behavior? Are you concerned?
- Who were your children connected to outside the home? How are they staying in touch to their friends?

5. How are you holding up?

Potential follow-up questions

- How is everyone coping with stress? Are you finding it difficult to bounce back or manage?
- Is anyone having a hard time? What seems to be bothering the most? What makes it better/worse?

Questions for Children

1. **Tell me about how things are going at home. How are things going for you?**

   Potential follow-up questions

   - Are you feeling okay?
   - Are you worried about anything?

2. **Who is taking care of you? What are they doing?**

   Potential follow-up questions

   - Who makes sure you have everything you need? What do they do?
   - Where do you sleep at night? Does anyone else sleep with you? Do you sleep well?
   - Who wakes you up in the morning?
   - Who takes care of you when you get hurt? What do they do?
   - Who goes out and gets food for you? What do you like to eat? Who makes your meals? Who do you eat with?

3. **How is everyone getting along with each other? Is anyone having a hard time?**

   Potential follow-up questions

   - Who lives or stays in your home (including pets)? Who visits?
   - Are you worried about anyone? Why?
   - How can you tell when someone in your home is having a hard time? What do they do? What makes them feel better?

4. **Tell me about what you do all day.**

   Potential follow-up questions

   - What things do you like to do at home? What don't you like to do?
   - Do you have responsibilities at home? What are they?
   - What is everyone doing all day? Do you have activities you do together?

5. **What do you like most about staying at home? What do you like least? Why?**

   Potential follow-up questions

   - What are the rules in your house? What happens when someone breaks a rule? (Sibling, pet, mom, dad?)
   - What are some of the best things about being at home?
   - What are you doing for fun?
   - What do you miss the most about school? Why?