

GROUP, SHELTER, PMIC, RBSCCL AND JUVENILE DETENTION GUIDANCE IN RESPONSE TO COVID-19

May 27, 2020

MANAGING STAFF SHIFT ROTATION

1. All staff with a physical presence in the residential facilities should be advised that they should not report for work if they are sick.
2. All staff should have their temperature taken prior to beginning their shift. Anyone with a temperature over 100.4-degrees should not be in work status.

The following guidance is based on the most current Iowa Department of Public Health (IDPH) guidance. The health and safety of children, family, staff and administrators are of the utmost importance. This guidance is not intended to address every potential scenario that may arise as this event evolves. Keep open lines of communication at all levels daily within organization. Open communication decreases anxiety for staff, as well as families.

MITIGATION PRACTICES MUST BEGIN FOR ALL STAFF INVOLVED IN RESIDENTIAL SETTINGS AND OTHER SOCIAL WORK PRACTICES REQUIRING FACE-TO-FACE CONTACT WITH CLIENTS:

Implement common-sense practices for preventing disease spread, such as: covering a cough, staying home when sick, and washing hands.

- ▶ If you need to drive somewhere with a participant or others in the car, consider having riders ride in back and open the windows.

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3. Efforts should be made to minimize staff rotation among various groups of residents.

FAMILY VISITATION AND OTHER VISITORS TO FACILITY

- ▶ In-person family visitation will be re-started immediately, including home passes.
- ▶ Use of masks by all parties should be suggested/encouraged for all visits.
- ▶ For on-campus visits: an outdoor visit is preferred.
- ▶ If an outdoor visit is unable to occur, an indoor visit is allowable but the following guidance should be followed
 - The use of a space where social distancing of 6 feet apart is available for all participants

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- the space should be cleaned via CDC guidelines before and after each visit
- If no space is available that can meet the previous suggestions, discussion should be held about whether or not on-campus indoor visits should take place.
- ▶ Family visits should be held in person, unless a DHS worker or family does not feel it is safe for in person visits to occur. These case-by-case exceptions must be sent to the DHS social worker, who will escalate the request to leadership for review.
- ▶ For non-DHS cases (PMIC/RBSCL's), an internal agency process should be put in place to review these kind of requests. For JCS cases-please consult with the JCO regarding Juvenile Justice-specific practices and guidance.

CONTAINMENT DECISION-MAKING PROCESS

When preparing or scheduling appointments for face-to-face visits, be sure to ask all adult subjects and household members the following questions:

COVID-19 SYMPTOMS

- ▶ Fever or chills
- ▶ Cough
- ▶ Diarrhea
- ▶ Fatigue
- ▶ Muscle or body aches
- ▶ Shortness of breath or difficulty breathing
- ▶ Headache
- ▶ New loss of taste or smell
- ▶ Sore throat
- ▶ Congestion or runny nose
- ▶ Nausea or vomiting



Have you had contact with anyone who has known or possible exposure to the COVID-19 in the last 14 days?



Are you on home quarantine or isolation due to possible contact with someone with possible or confirmed COVID-19 or due to travel?



Have you or anyone in the household recently discharged from a hospitalization due to confirmed COVID-19 or due to travel?

If no pre-screening phone call is made in advance of contact with a family, facility staff should conduct the screening questions within a safe distance from one another.

If parents/caregivers answer no during pre-screening for the above questions, then proceed with visit.

If parents/caregivers answer yes to the above questions, do not conduct the home or in-person visit.

Prior to allowing entrance into the physical space of a residential setting, the temperature of the visitor should be taken. Anyone with a fever must not be permitted to enter.

Visitors must also wash hands or use hand sanitizer immediately upon entering the residential setting.

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PHYSICAL ENVIRONMENT

1. Keep hand sanitizer and encourage use by youth and all staff members.
2. Ensure soap dispensers are full.
3. Ensure signage in the bathroom and other areas that encourage good hygiene, such as hand washing.
4. Discourage any items being passed during meetings.
5. Remind youth and staff members to avoid touching their face or hair.
6. Wash hands for at least 20 seconds with warm, soapy water regularly.
7. Frequent cleaning with disinfectant agents on all high-contact areas – including countertops, tables, computers, etc.

NEW ADMISSIONS AND YOUTH ALREADY ADMITTED

1. All youth referred to admission must have a temperature screening done at time of admission. If they have a temperature, the youth must be physically isolated in a single-use room if that is available.
2. All youth with a fever and cough should be provided a mask and encouraged to use it.
3. All youth should have their temperature taken daily and the data logged by staff.

If a youth begins exhibiting symptoms consistent with COVID-19, please contact your local health provider to have the child tested and isolate the child from the rest of the youth in the program. If the child tests positive for COVID-19, contact your local public health department to inform them of the positive test in a congregate care setting and to discuss other mitigation measures.

EMPLOYEE HEALTH

Residential settings must be flexible with staff who report illness or are caring for ill family members. We recommend contingency plans for staff shortages. If residential settings are experiencing a staff shortage that will impact the ability to meet staff: youth ratios, this should be communicated to the contract specialist and program manager immediately.

If you become aware of any confirmed or presumptively positive case, please notify the DHS or JCS referring worker, your supervisor and Kristin Konchalski, Program Manager over Residential Services.

