

## **CHILD ABUSE ASSESSMENT AND FAMILY ASSESSMENT GUIDANCE IN RESPONSE TO COVID-19**

May 27, 2020

The following guidance is based on the most current Iowa Department of Public Health (IDPH) guidance (see link at the end of this document). The health and safety of adult, 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.

### **NOTICE**

**If you have a fever of 100.4 or above, or an emerging cough, you must stay home, contact your supervisor, and contact your healthcare provider. Inform your healthcare provider that you are essential workforce working with vulnerable individuals. Please indicate you work for the Department of Human Services, request a COVID-19 test processed by the State Hygienic Laboratory and report this information to your supervisor. If you are denied a test, report this information to your supervisor.**

### **MITIGATION PRACTICES MUST CONTINUE FOR ALL STAFF INVOLVED IN HOME VISITATION AND OTHER SOCIAL WORK PRACTICES REQUIRING FACE-TO-FACE CONTACT WITH CLIENTS**

1. Follow Centers for Disease Control and Prevention (CDC) guidelines (see link at the end of this document), including common-sense practices for preventing disease spread, such as: covering a cough or sneeze, staying home when sick, and washing hands.
2. Ask screening questions in advance of conducting home visits or other face-to-face meetings (see screening questions below).
3. A facemask or cloth face covering is recommended to be worn during the visit.  
**NOTE:** If clients choose to wear a mask, the CDC advises no masks or cloth face coverings should be placed on children under 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
4. Practice social distancing by maintaining 6 feet (about 2 arms' length) between each other.
5. Whenever possible, contacts should occur outside (weather permitting).
6. Avoid handling paperwork during the visit whenever possible and practical.
7. Avoid touching your face or hair during the visit.
8. Wash hands for at least 20 seconds with warm, soapy water or hand sanitizer before and after the meeting.

Home visitation and face-to-face visits with subjects of an assessment are an essential aspect of conducting assessments and providing services designed to ensure the protection of children. If you become aware of a confirmed or presumptively positive case, please notify your supervisor

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## CONTAINMENT DECISION MAKING PROCESS FOR ASSESSMENTS

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?

**Anyone who answers “yes”** to the screening questions should consult with their health care provider and public health as appropriate to follow relevant guidance which includes but is not limited to:

- ▶ Consult with your supervisor to discuss the severity of alleged abuse and ways to assure safety for the children.
- ▶ Direct the household member to visit [www.testiowa.com](http://www.testiowa.com) and enter their information, or to contact their local public health department or health care practitioner for guidance.
- ▶ Advise the household member to stay home, except to get medical care and to separate himself/herself from other people and animals.
  - Direct the household member to avoid sharing personal household items and to clean high touch surfaces every day.
  - As appropriate, suggest other household members stay in another room or be separated from that household member as much as possible.
  - Suggest that the household member limits non-essential visitors in the home.
- ▶ Document pre-visit screening information in appropriate systems.
- ▶ Address safety over the phone regarding the concern and the family’s plan to make certain the child is safe.
- ▶ If appropriate, ask law enforcement or other mandatory reporters who may have access to the child subject to assist in ensuring safety.
- ▶ Maintain contact with the family via telephone at a minimum of every other day. The contents of these conversations must be documented in the appropriate systems. Visitation should resume once the symptoms of illness are clear and a healthcare provider gives clearance.
- ▶ Protection workers should immediately staff with their supervisor to:

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- Review the plan developed with the family,
- Determine if a referral to Safety Plan Services is appropriate, and
- Formally document the delay in meeting time-frames and the worker's plan to see the child during the course of the assessment.

***\*Note: This pre-visit screening phone call may be waived with supervisory approval for child abuse assessments when an immediate response is required or an unannounced home visit is necessary for the assessment. In such case, workers should conduct the screening questions outside of the family home within a safe distance from one another. The supervisory approval should be clearly documented in the appropriate system. Further, because family assessments are based on a model of family engagement, the pre-visit screening phone call should always be completed prior to a face-to-face contact on a family assessment.***

**If any household member answers “no” during pre-screening for all of the above questions, then proceed with home or in-person visit.**

Staff should also answer the above screening questions for themselves prior to making a warranted home or in-person visit. If any of these answers are ‘yes,’ staff should contact their primary care provider, follow the primary care provider’s guidance and do not conduct any home visits to DHS clients, until cleared by their primary care provider to do so. Staff should also notify their supervisor of the above.

## **GENERAL RESOURCES**

The situation related to COVID-19 is changing rapidly. Visit the websites below for up-to-date information:

Centers for Disease Control and Prevention:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Iowa Department of Public Health:

<https://idph.iowa.gov/Emerging-Health-Issues/Novel-Coronavirus>

COVID-19 DHS Resources:

<https://dhs.iowa.gov/COVID19>

