

Effective Date: November 1, 2020

### **Policy and Procedure Guide**

**Procedure Title:** DHS COVID-19 Updated Guidance for In-Person Investigations and Casework Contacts **Applies To:** DHS Social Work Services Staff (including Hotline, Investigations, OSR, Adoption, and

Kinship Care Unit), CUA Staff, and Placement Providers

#### PROCEDURE OVERVIEW

This protocol provides guidance to DHS Social Work Services Staff, CUA, and Placement Providers on their existing in-person casework contacts as well as resuming in-person casework contacts in most instances during the COVID-19 emergency in Philadelphia, prioritizing the health and safety of families and staff.

In-person casework contacts shall resume for children and youth in DHS placement as well as those receiving in-home services.

With Philadelphia moving into the "Green Phase" of reopening, in-person contacts are necessary to maintain safety. DHS requires that DHS, CUA, and Placement Providers follow previously issued guidance on how to employ infection mitigation strategies to reduce transmission of COVID-19. Those strategies can be found using the link below:

https://www.phila.gov/media/20200519093643/Emergency-Guidance-for-Investigations-and-Casework-Contacts.pdf

The guidance below describes methods to conduct such contacts while taking appropriate health precautions. This guidance may be updated as necessary in the coming weeks.

### PROCEDURE and PRACTICE CONSIDERATIONS

**ROLES AND RESPONSIBILITIES** (what happens, who does it, what are the time frames, how is it documented)

In-person casework contacts with children and families shall resume, being conducted with all appropriate health precautions, unless the in-person home visit cannot be safely performed due to falling within the below defined exceptions. Where virtual visitation is necessary, casework contacts should be conducted via video (preferred) or phone. In all instances, all contacts, and all attempts at contact, must be documented in the Structured Progress Notes ("SPN") in the electronic case record. When conducting a video conference, be sure to identify it as a "face-to-face" contact with location as "other" on the SPN.

#### **Advance Screening for In-Person Contacts**

DHS Social Work Services Staff, CUA, and Provider Agencies should contact children, parents, and resource parents prior to attempting in-person contact. Advance screening should always be done except where doing so compromises an investigation or otherwise jeopardizes the purpose of an unannounced visit. The purpose is to assess the family for COVID-19 symptoms in order to avoid exposure. For investigations,

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specific allegations should not be discussed via phone. Only the type of report received should be discussed with parents.

When preparing or scheduling appointments for in-person visits, staff must review with the parent or caregiver expected infection mitigation strategies that will be used during the in-person visit as well as assess if any Personal Protective Equipment ("PPE") is needed for the family. Further, the parent or caregiver should be asked:

"Have you or anyone in your household:"

- Tested positive for or have been in close contact with anyone with COVID-19 in the last 14 days?
- Been told by a health professional to quarantine within the last 14 days?
- o Experienced any of these symptoms in the last 10 days:
  - Cough or congestion
  - Shortness of breath or difficulty breathing
  - Chills
  - Muscle pain or body aches
  - Headache
  - Sore throat
  - New loss of taste or smell

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- Fever of 100.4 degrees or higher
- Traveled to an area where there are known reported increased rates of COVID-19 cases within the last 14 days?
  - Areas will be determined through review of Department of Health ("DOH") travel guidance for out of state travel and Department of State travel advisories for international travel.
  - https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx
  - https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/

If the parent or caregiver answers "yes" to any of the above questions, staff should:

- Direct the parent or caregiver to remain at home with their household members and contact their medical professional, if they have one. Staff should assist the family with contacting their medical provider, if needed, or provide information where the family can reach a doctor, if they do not have one.
- If anyone in the household is positive for COVID-19, DHS Social Work Services Staff, CUA, or Provider Agency Staff should consult with their chain of command before taking further action. A virtual visit may be approved until the symptoms are resolved and an in-person visit can be safely conducted.

If the parent or caregiver answers "no" to the advance screening questions, staff must arrange an in-person contact, either at home or, depending on the purpose of the in-person visit, at an alternate location (e.g., an outdoor location allowing for more social distancing but where confidential information can remain private).



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If there are child welfare concerns but the household cannot be reached by phone, go to the home and ask screening questions through the closed door, if the family is present. The employee and the client(s) should wear face masks regardless of whether the screening questions are answered "no."

#### Re-Screening If Needed:

Upon arriving at the home (or alternate location for the contact), if circumstances have changed or there is new information since the screening, staff should re-screen using the questions and guidance above. If the answer to either screening question is "yes", politely end the visit by setting up a follow-up teleconferencing plan. If the family continues to report that no one is symptomatic, staff must conduct the home visit.

### **Exceptions to In-Person Visits and Additional Considerations:**

Virtual visits may, on a case-by-case basis, pursuant to the guidance set forth in the DHS COVID-19 Emergency Guidance for Investigations and Casework Contacts dated April 20, 2020, continue to be utilized under certain circumstances including:

- The state, local (where the child resides), or City public health department provides direction and/or shifts back to the yellow or red phase.
- The family or caregiver refuses entry due to their own health and safety concerns related to the risk of COVID-19 infection. In this instance, please review with chain of command to determine if alternative means for accomplishing the visit are feasible, such as conducting the visit outdoors with appropriate physical distancing or utilizing videoconferencing.
- Positive responses as guided by the pre-screening health questions.
- o Family refusal to cooperate with Philadelphia Department of Public Health ("PDPH") and Centers for Disease Control and Prevention ("CDC") guided infection mitigation strategies, during visits and, upon review with chain of command, alternative means for accomplishing the visit are feasible.
- o The family, caregiver, children or youth, or someone in the household has been exposed to, is experiencing symptoms of, or has tested positive for COVID 19.
- Unless necessary, and with DHS Nurse approval via consult, in-person contacts should NOT be conducted during this outbreak with children and youth who have special medical conditions that increase their risk for COVID-19. This includes but is not limited to those in specialized medical care, especially those that have heart, lung or immune-related conditions. Instead, video conferencing is to occur.

Where one of the above conditions exist, DHS, CUA, or Placement Providers may conduct regular casework contacts with children electronically, using video technology whenever possible (for example FaceTime or Zoom). Every child in the household must be seen and spoken with (as age and developmentally appropriate).

If the DHS, CUA, or Placement Provider staff contacts the caregiver but is unable to see and speak with every child, they should make a concrete plan to arrange video or phone contact with the child as soon as possible.

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Where the DHS, CUA, or Placement Provider staff would normally visually assess safety and well-being (e.g., seeing that there is food in the home and the home environment appears safe) they should do the same via video.

### **REVIEW AND APPROVAL**

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RELATED DOCUMENTS AND RESOURCES:

Attachments:

DHS COVID-19 Emergency Guidance for Investigations and Casework Contacts

Forms:

Related Policies or

Hotline Guided Decision Making - December 2018

Procedures: Safety Assessment and Management Process Ref

Safety Assessment and Management Process Reference Manual – March 2019
Safety Assessment and Management Process (In-Home Cases) – July 2018

Guide for DHS Workers and CUA Case Managers on Mandatory Consultations

(Redistributed January 19, 2017)

Frequency of Ongoing Contacts with Children and Youth Accepted for Service - March

1, 2013

CUA Guidance - 2017

Other Resources: <a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html</a>

https://www.phila.gov/programs/coronavirus-disease-2019-covid-19/https://www.phila.gov/documents/resources-for-foster-parents/

https://www.phila.gov/documents/philadelphia-juvenile-justice-service-center-

pjjscresources/

POLICY AND PROCEDURE REVIEW AND APPROVAL

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