

Protocol for In-Person Parent/Child Visits During COVID-19



In-person parent/child visitation is essential. There are steps everyone can take to mitigate risk and ensure participants are as safe as possible while putting health and well-being at the center of the visitation plan.

Oregon public health officials continue to monitor the coronavirus (COVID-19) and take steps to prevent the spread of the disease. Oregon’s planned re-opening phases under the Governor’s Stay Home, Save Lives Order allow for the Oregon Department of Human Services Child Welfare to provide in-person visits for the children in our care and their parents.

As we know, visitation between children and parents is key to developing and maintaining a parent-child relationship, reducing the anxiety children experience when separated from their parents, and working towards reunification and concurrent permanency plans. Frequent visitation, in the least restrictive setting, has consistently been found not only to benefit children emotionally and reduce the impacts of trauma, but also to contribute to the achievement of reunification.

In-person visits will be conducted following the most current guidance from the Center for Disease Control (CDC) and local health authorities.

Unsupervised visits will continue to occur with the plan developed for each family given their specific circumstances, and in compliance with any active court orders regarding visitation. In addition, least restrictive visitation plans will be developed in consultation with the child (when age/developmentally appropriate), parent, and, if applicable, tribe.

Visits that need to be supervised by ODHS staff, foster/resource parents, or Safety Service Providers (SSPs) will continue to be provided and may occur in ODHS offices or other community locations. ODHS staff should continue to work with parents and others to explore the least restrictive plan and evaluate other possible resources to supervise visits where appropriate.

The protocols for virtual visits will remain in effect to enhance the frequency of visits for children and their parents in tandem with in-person visits. Virtual visits are intended to supplement, but not substitute for, in-person visitation.

Tips for Supporting Others Through Fears About In-Person Visits:

The pandemic is not the time to have less communication with your families, but a time to have more meaningful communication.

- It is important to regularly check in with families to ensure safety and wellbeing.
- It is critical to communicate with all resources: tribe, parents, children, relatives, foster/resource parents, attorneys, etc.
- Communication will facilitate understanding of the possible barriers that may face team members to having frequent, meaningful and successful contact.
- Listen to other’s fears and offer information to reassure them that ODHS is taking precautions to reduce risk and support safety.
- Work with each family to understand their restrictions and their needs to best support them consistent with CDC requirements and recommendations.

Protocol for In-Person Visits Between Children and Parents

All parties should consider the impact of trauma and the challenges of maintaining attachments through visitation during this unprecedented time. Practices that diminish these challenges and improve resilience include use of careful preparation of all parties and involved individuals on what to expect during the visit. This should include preparation for the unique circumstances created by infectious disease management such as the use of face coverings. Children need careful preparation for visits including the use of face coverings, which may impact the quality of the interpersonal interaction between the parent and the child. All parties must be able to participate in open dialogue about the levels of safety that can be achieved. ODHS staff and foster/resource parents play a significant role in modeling and demonstrating the skills to support successful and meaningful visitation.

Planning for In-Person Visits

It is important for parents, children, foster/resource parents, the tribe, if applicable, and Child Welfare staff to plan for meaningful in-person visits while taking steps to mitigate the spread of the virus. It is not necessary to conduct a formal team meeting before starting or resuming in-person visits.

Planning for in-person visits should be done in collaboration with the parents, tribe, if applicable, caseworker, supervisor and any other supports the family may have.

With each unique family situation, creative solutions need to be formed on a case by case basis to support the least restrictive access during a truly restrictive time.

Development of a visitation plan should include discussion of the following:

1. Discuss the physical and emotional safety concerns of all participating children, parents, and supportive people.
2. If you are aware of an adult or child connected to the case that is a high-risk individual (consult CDC guidelines) and there are concerns about their safety and health regarding visits, please engage them or their caregivers, in conversations with the team to create safe, balanced visitation arrangements.
3. Develop the least restrictive plan that mitigates or reduces the risk of exposure for all participants.
4. Locations for in-person visits should be clean, safe, and chosen to minimize exposure and have CDC guidelines posted.

i.

b. Indoor locations

Given the airborne transmission of COVID19, influenza and the common cold, branches should ensure that there is adequate air circulation and ventilation in rooms where visits occur during the cold weather season. This may require consultation with HVAC/facilities, or collaboration with community partners to create alternate visitation spaces to ensure adequate fresh air is available. Indoor locations:

- i. Must be disinfected before and after visits (see guidance under Disinfecting Visit Rooms below).

- ii. ODHS staff and parents must wear a face covering. Children over 5 years old are strongly encouraged to wear a face covering as well as children over 2 years old who can independently remove their face covering.
 - c. **DHS visit rooms**
 - i. ODHS visit rooms must be disinfected before and after each visit (see guidance under Disinfecting Visit Rooms below and separate checklist).
5. Children should continue to be transported to visits by ODHS staff or foster/resource parents. The team should consider how transportation was completed prior to the COVID-19 outbreak and if that can continue.
 - a. ODHS staff and children must wash hands or use alcohol-based hand sanitizer prior to entering the car both before and after visits.
 - b. ODHS staff must wear face coverings while in a car with children.
 - c. Children over the age of 2 should be strongly encouraged to wear face coverings while in a car with DHS staff whenever possible.
 - c. ODHS staff must clean and disinfect the car before and after each transport (please see information below re: disinfecting state vehicles)
 - i. Wipe down all surfaces with disinfectant available through local procurement processes or the DHS facilities team (see checklist for cleaning state cars)
 7. Provide information to each participant about the steps that will be taken by ODHS staff, parents, children, and foster/resource parents prior to the in-person visits occurring and address any additional concerns of the participants.
 8. Ongoing in-person visits are dependent upon Oregon’s continued safe management of the pandemic. Any changes to the guidance for completing in person parent/child visits will be provided by Central Office.
 9. **The above guidance should also be followed for any parent-child visit in a residential treatment setting or other facility.**

Protocols for each participant attending the in-person visit:

ODHS Staff

1. ODHS Staff assigned to cases with medically fragile or immune compromised children must work with the child’s parent(s) and their medical provider to create a visit plan to ensure the health and safety of their child. ODHS staff will contact the parent(s) and the child’s foster/resource parent to screen for exposure to COVID-19 the day prior to the scheduled in-person visit. ODHS staff participating in or supporting the visit will also screen themselves. **If the parent(s), caregiver(s), or child(ren) or anyone else living in the home of the parent or caregiver, present with symptoms of COVID-19 as described by the CDC, the scheduled in-person visit must be rescheduled to a virtual visit.**
 - a. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms or combinations of symptoms may have COVID-19:
 - i. Cough
 - ii. Shortness of breath or difficulty breathing
 - b. Or *at least two* of these symptoms:
 - i. Fever
 - ii. Chills

- iii. Repeated shaking with chills
 - iv. Muscle pain
 - v. Headache
 - vi. Sore Throat
 - vii. Recent loss of taste or smell
- c. Ensure that symptoms are new and are not related to a chronic illness diagnosis-such as, asthma or allergies.
 - d. Encourage a parent with symptoms to consider testing for COVID19.
 - e. **The nurse consultant 503-979-9789 or Nurse Manager 503-871-6662 are available for consultation, as needed.**
 - f. If a parent reports that they have tested positive for COVID19, consult with the Nurse Manager who will confirm testing and quarantine dates with Public Health to determine when visits can resume.
2. All ODHS staff must wash their hands between each contact/visit.
 3. If a visit must be rescheduled due to a report of symptoms of one or more persons involved in the visit or living in the household, the in-person visit should be delayed until 72 hours without fever (without fever-reducing medication) and 10 days since the first symptoms appeared.
 4. All ODHS staff conducting or supporting visits must wear a face covering when cleaning visit rooms and interacting with children, parents, and foster/resource parents, including transporting children for visits.
- Eating during in-door visits:**
- **Masks are not required when eating and drinking.** Adults must wear a face covering when bottle-feeding or nursing their child.
5. Observe the overall visit experience and check back in with the family and foster/resource parent to confirm if the visit was successful. Ask about what might make it more successful.

Parents



1. Everyone must follow CDC guidelines for handwashing or the use of alcohol-based hand sanitizer upon arrival and prior to leaving the visit.
2. Parents must always wear a face covering which could include a mask or a cloth face covering while inside the building, unless it needs to be removed to address children's fears. If they do not have a face covering, ODHS will provide one.
3. Parents may hug their children and have physical contact.
4. Parents should avoid touching of faces when possible.
5. Parents may bring food and drinks to indoor visits.

Resource Parents



Resource parents play a key role in keeping our children and young adults healthy and safe. Please follow all COVID guidelines released by the Governor.

1. Resource parents may provide transportation for children to visits whenever safely possible and based on foster parent availability.

Serving Tribal Partners – In/Out of State Tribes

Like the State of Oregon's response to COVID-19, Oregon Tribal Nations, are also implementing and enforcing protocols and guidance of their own for the safety of their tribal members and community. Given their sovereign status, tribal protocols are usually on par with the State's COVID-19 response, however protocols may be more stringent for the protection of tribal members. As a state partner we must respect what Tribal Nations put in place and work collaboratively to ensure everyone's safety is cared for. Below are best practice approaches for working with in and out-of-state Tribal Nations during this pandemic and times of crisis.

1. Keep in mind tribal offices may close and contact may be delayed or limited, please utilize your Tribal Affairs Active Efforts Specialists and ICWA Consultants if you need assistance with reaching the appropriate individuals within the tribe
2. The following link has Indian Child Welfare contacts for each Federally Recognized Tribe within the United States. If the identified tribe is not responding please contact the tribal representatives listed at <https://www.bia.gov/bia/ois/dhs/icwa>
3. Face to face and visitation requirements may look different for each identified tribe. It is important to familiarize yourself with each tribe's protocol or guidelines and work with the tribal social services program for guidance and direction.
4. Increased communication with families, children, foster families, and tribal partners is critical during this time to ensure safety as well as identify ongoing or emergent needs.
5. Visit each Tribal Nation's website and/or social media platforms for the most up to date COVID-19/Crisis Response information

Celebrations

District or branch-wide celebrations are wonderful occasions for families. **However, these will not occur during the pandemic considering the inherent health risks and in accordance with state-wide restrictions.** ODHS will support individual families in observing celebrations during visits. Please follow the guidelines regarding eating and drinking stated above.

Disinfecting Visit Rooms

1. All visit rooms must be disinfected before and after each visit.
 - a. ODHS offices will be provided disinfectant to be used after each visit.
 - b. Time permitting, the spray should be left to dry, but at a minimum all hard surfaces and highly touched surfaces should be wiped down. Visits will be spaced at a minimum of 10 minutes apart.
 - c. ODHS contracted cleaning teams will be providing cleaning during evening hours to decrease the spread of the virus.

Safe Use of Disposable Masks and Cloth Face Coverings

For any type of face covering, appropriate use and disposal are essential to ensure that they are effective and avoid any increase in transmission. Self-contamination can occur by touching and reusing contaminated face coverings. Both the CDC and World Health Organization (WHO) provide the following guidance:

1. Place the face covering carefully, ensuring it covers the mouth and nose, and tie it securely to minimize any gaps between the face and the face covering.
2. Avoid touching the face covering while wearing it.
3. Remove the face covering using the appropriate technique: do not touch the front of the face covering but untie it from behind.
4. After removal or whenever a used face covering is inadvertently touched, clean hands with sanitizing hand gel or wash hands following CDC guidelines.
5. Replace face covering as soon as they become damp with a new clean, dry face covering.
6. Do not re-use single use masks; discard single-use masks after each use and dispose of them immediately upon removal.
7. Face shields must be thoroughly cleaned after each use.
8. Not all face coverings can be re-used.
 - a. Facemasks that fasten to the wearer via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
 - b. Face coverings with elastic ear hooks may be more suitable for re-use.
9. Face coverings should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded face covering can be stored between uses in a clean sealable paper bag or breathable container.

Gloves

The use of gloves is not required but gloves are available from the department for those staff and parents and foster parents who prefer their use. **Gloves are to be changed between each family encounter.** A single pair of gloves worn all day can protect the wearer, but they quickly become vectors for infection transmission when not changed.

If using gloves, follow CDC guidelines for removing gloves to avoid contamination:

- If your hands get contaminated during glove removal, immediately wash your hands, or use an alcohol-based hand sanitizer.
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove.
- Hold removed glove in gloved hand. Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove.
- Discard gloves in a waste container.
- **Wash hands or use an alcohol-based hand sanitizer immediately after removing face coverings and gloves.**

Disinfecting State Vehicles

All state vehicles should be disinfected prior to and after each use. Branch offices will provide spray bottles or containers of wipes of disinfectant for cleaning of cars. Use all products according to package instructions.

- Wipe down all hard, non-porous surfaces (hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) with disinfectant available from the regional facilities team.
- Do not use a Sodium Hypochlorite (bleach) based product on the fabric in cars because it will degrade and discolor the fabric.
- When time allows spray disinfectant and allow to air dry.
- Make sure to wipe down car seats before and after use.

If a car is used for transporting anyone who exhibits the CDC identified symptoms of COVID-19 immediately notify the Branch Manager and Office Manager. The car will be taken out of service for seven (7) days and decontaminated using the process provided by the CDC.

Parent/Child Visitation Documentation

1. Face to face parent/child visits are documented in OR-Kids indicating that all recommended COVID-19 precautions were taken.
2. All visit participants must be documented including who transported the child and/or parent to and from the visit.
3. The visitation plan should be clearly outlined on the CF831 Visit and Contact Form indicating the update is due to COVID-19.

IMPORTANT POINTS:

ODHS must follow visit protocols and policy consistently in every case.

- **Develop a written visitation plan that is consistent with agency protocols 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 good way to ensure all participants involved in the case have the same understanding. It also builds trust and ensures transparency which results in everyone being motivated to do what is best for the family.
- **Support the team in making innovative visitation plans.** These are stressful times for all of us, including the families we serve. One visit per week, supervised in the office visits should not be the standard and 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 family contact, reunification and safety and take steps to minimize the risk of infection for all visit participants. This means we need to fully consider when, at what level, and if supervision is required.
- **If there is concern that anyone responsible for supporting visitation (staff, providers, or foster parents) are not following the above stated protocols, please contact the following people in the order presented:**

- Supervisor
- Program Manager
- District Manager
- Deputy Director for Child Welfare Programs

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

We're all in this together.



NOTE: This protocol will be applied to all visits with siblings, relatives, and people with a significant relationship to the child or family.

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