

Updated Protocol for In-Person Parent/Child Family Time During COVID-19



[Per the Governor's lifting of the state of emergency due to COVID-19:](#)

Face Coverings

- **Parents, children, relatives and other family supports attending Family Time:**
 - **As of 3/12/22:** face coverings, while encouraged, will no longer be required for Family Time in ODHS offices, other indoor settings, or outdoor settings.
 - If a child has a compromised immune system diagnosed by their healthcare provider, masks will be required for all participants in Family Time.
 - For indoor settings other than an ODHS office, please follow local protocols regarding face coverings.
 - If a parent, relative and other family support person arrives for family time with visible respiratory symptoms, they should be offered a N95 or KN95 mask to wear.
- **ODHS Staff:**
 - **As of 3/12/22:** face coverings are encouraged but no longer required for Family Time in ODHS offices or outdoor settings.
 - State employees who are required to wear N95 or KN95 masks because they received an accommodation for the vaccine requirement will still need to wear a mask until 4/1/22.
 - State employees must follow COVID-19 guidelines when accompanying a caseworker from a Tribe and/or while on Tribal lands.

Pre-screening

- **As of 3/12/22** people testing positive for COVID-19 will be required to isolate for 5 days from the date symptoms began and wear a mask in the presence of others for 5 additional days.
- ODHS staff will contact the parent(s) and the child(ren)'s resource parent to screen for symptoms of COVID-19 the day prior to the scheduled in-person Family Time. ODHS staff participating in or supporting the Family Time will also screen themselves. **If the parent(s), relative or other family support person or child(ren) involved in the Family Time visit report symptoms of COVID-19 as described by the CDC, the scheduled in-person Family Time must be rescheduled to virtual Family Time.**
 - a. Symptoms may appear within 2-5 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
 - iii. Fever
 - iv. Chills
 - v. Repeated shaking with chills
 - vi. Muscle pain
 - vii. Headache
 - viii. Sore Throat
 - ix. Recent loss of taste or smell

- b. Ensure that symptoms are new and are not related to a chronic illness diagnosis-such as, asthma or allergies.
 - c. Encourage a parent with symptoms to consider testing for COVID-19.
 - d. The nurse consultant 503-979-9789 or Nurse Manager 503-871-6662 are available for consultation, as needed.
- If a parent, relative, or other family support person attending the visit or resource parent reports they or the child(ren) have tested positive for COVID-19, 5 days of isolation beginning the date of onset of symptoms must be completed before Family Time can resume and a mask must be worn for five additional days. Unmasked Family Time can resume after 10 days from the date of the onset of symptoms. If the person is asymptomatic and has received a positive test results, their isolation period begins the date test was taken (day zero).

Cleaning

Indoor locations

Given the airborne transmission of COVID-19, influenza and the common cold, branches should ensure that there is adequate air circulation and ventilation in rooms where Family Time occurs during the cold weather season.

- Must be disinfected before and after Family Time
- All ODHS staff must wash their hands between each contact/Family Time.

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.

These updates are a step toward moving from managing COVID-19 as an emergency and shifting to the next chapter of the pandemic. We strongly encourage all employees to take any necessary steps they deem appropriate to protect themselves, their family, their co-workers, and their community from COVID-19. If any employee would like to continue to wear a mask in their workplace, they are welcome to and are fully supported in doing so. Embracing a positive and respectful workplace is crucial.

10/21/2021

COVID-19 Recommendations for Permanency Work

Face to Face Contacts:

- Anyone planning a home visit must assess their own health and not be at work or conduct home visits if they are ill;
- Call the parent/caregiver to assure that no member in the household is ill. If any family member is ill caseworkers must consult their supervisor for guidance on how to proceed to mitigate risk of staff exposure.
- Permanency consultants are available for consultation with branches in order to assist in talking through options for contact with parents, caregivers and children.

Out of Home Care Placements: Monthly face to face contact between case workers and children currently residing in ODHS certified resource homes, and other out of home care settings including homes certified by Oregon tribes and caring for children in ODHS custody and residential treatment settings for children and their parents:

- Caseworkers will temporarily be permitted to conduct monthly face to face visits with children currently residing in ODHS certified foster homes, and other out of home care settings virtually and by phone **if someone in the household is positive for COVID or has been exposed to someone who has tested positive for COVID and is completing a quarantine or isolation period.**
- The ideal contact is through video conferencing (What's App, Skype, Face Time, etc.) so that visual communication can occur. If this is not possible, phone contact is acceptable.
- It is also advised, if virtual contact must happen, these methods for contact occur more than once a month when possible to ensure the safety and well-being of our children and young adults in care. This includes relative placements.
- It is encouraged that staff talk with children on their own if possible, during some part of the virtual visit.
- **If a someone residing in the household has tested positive or been exposed to another person testing positive for COVID and is completing a quarantine or isolation period,** these virtual contacts are temporarily considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19. Documentation must include information regarding confirming safe environments, child safety, well-being and needs, and care provider needs. Please refer to the Face to Face Guide in the appendix of the procedure manual Chapter 4 for guidance on information to be documented.

In-home Placements: Monthly face to face contact between case workers and children currently residing in-home:

- Monthly in-person face to face contact should still occur for children currently on in-home plans or trial reunifications **unless someone in the household is positive for COVID or has been exposed to someone who has tested positive for COVID and is completing a quarantine or isolation period.**
- Before making in-person contact, please confirm with the parent/caregiver that no one in the home is confirmed to be exposed to, positive for or displaying symptoms of COVID. If

this is the case, please follow the precautionary guidelines on OWL (ODHS/OHA shared intranet).

- Contact must be documented in OR-Kids. If the contact was virtual it will temporarily be considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19. Documentation must include information regarding confirming safe environments, child safety, well-being and needs, and parent needs and progress. Please refer to the Face to Face Guide in the appendix of the procedure manual Chapter 4 for guidance on information to be documented.

Monthly face to face contact between case workers and certified care providers:

- **If someone in the household is positive for COVID or has been exposed to someone who has tested positive for COVID and is completing a quarantine or isolation period**, caseworkers will temporarily be permitted to conduct face to face visits with certified care providers virtually and via phone.
- The ideal contact is via video conferencing so that visual communication can occur. If this is not possible, phone contact is acceptable.
- It is also advised, if virtual contact must happen, these methods for contact occur more than once a month when possible to ensure certified care providers are supported to care for themselves and our children and young adults during this time of rapid change.
- These virtual contacts are temporarily considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19.

Monthly face to face contact between case workers and parents whose children are not currently in their care:

- **If someone in the household is positive for COVID or has been exposed to someone who has tested positive for COVID and is completing a quarantine or isolation period**, caseworkers will temporarily be permitted to conduct face to face visits with parents whose children are not currently in their care virtually and via phone.
- The ideal contact is via video conferencing so that visual communication can occur. If this is not possible, phone contact is acceptable.
- It is also advised, if virtual contact must happen, these methods for contact occur more than once a month when possible to ensure parents are supported to care for themselves, connect with their children, and get the trauma-informed support and engagement they need during this time of rapid change.
- These virtual contacts are temporarily considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19.

Face to face contact prior to and following a return home:

- Monthly in-person face to face contact should still occur for children and parents prior to and following a return home **unless someone in the household is positive for COVID or has been exposed to someone who has tested positive for COVID and is completing a quarantine or isolation period**
- Before making in-person contact, please confirm with the parent/caregiver that no one in the home is confirmed to be sick or displaying symptoms of COVID19. If this is the case, please follow the precautionary guidelines on OWL (DHS/OHA shared intranet).

- Contact must be documented in OR-Kids. If the contact was virtual it will temporarily be considered face to face contact and should be documented as such. Please indicate there was a virtual visit due to COVID19. Documentation must include information regarding confirming safe environments, confirmation of the in-home safety plan, child well-being needs, and parent needs. Please refer to the Face to Face Guide in the appendix of the procedure manual Chapter 4 for guidance on information to be documented.

Transporting parents to residential treatment:

Recommendation: Treatment programs continue to require that ODHS staff transport parents to residential treatment. Parents will not be allowed an intake if they arrive via any other transportation. We know that timely access to treatment is crucial.

Applicable Rule:

413-040-0013 Requirements for Monitoring the Case Plan

(Amended 11/01/16)

413-040-0024 Requirements for an In-home Ongoing Safety Plan Prior to Return and Next Day Contact

(Amended 10/01/15)

413-080-0054

Monthly Face-to-Face Contact Requirements

(Amended 11/1/2018)

Personal Care Payments for COVID-19

Beginning 8/13/21, during this public health challenge, children who are ineligible for the COVID19 vaccine are eligible for a one-time personal care payment of \$1,383.80, when the child:

1. Experiences an exposure to COVID19 at school or daycare (or related activity) and is required to quarantine.
2. Has contact with an unvaccinated COVID19 positive person outside of the resource home and is required to quarantine.
3. Is exposed in the home to a COVID19+ person who is ineligible for a vaccine (children under the age of 12 or a person with a medical exemption).
4. Tests positive after one of the above exposures and is required to isolate.

Exception

1. A youth who is fully vaccinated and becomes infected with COVID19 is eligible for the COVID19 PC payment.

Procedure

1. Branches should use the existing personal care referral form (CF 0172b) to request a personal care assessment. Ensure that all sections of the referral are completed including the child's medical provider section.
2. *The referral must include supporting medical documentation of the positive test result or documentation of the presumed diagnosis from the healthcare provider when testing is not available or recommended. Documentation of the exposure from the school or daycare will also be accepted.* Do not include the CANS assessment with the referral.
3. Rather than sending the referral directly to a DHS Field Nurse, the referral should be sent to the Personal Care email box.
4. The Nurse Consultant or designee will conduct a telephone or video conference personal care assessment with the foster parent and child.
5. Once the personal care assessment is completed and approved in central office, the foster parent will receive a one-time personal care payment of \$1,383.80 on the child's behalf.
6. The COVID19 Personal Care referral will need to be submitted within 30 days of the quarantine period to be eligible for payment.
7. Retroactive payments prior to 8/13/21 will not be approved.
8. Referrals submitted later than 30 days from the date of quarantine end will not be approved.

Updated 8/11/21

Immunizations and Vaccinations

All children in the care and custody of Child Welfare will have the opportunity to receive their immunizations and vaccinations within 90 days of coming into care. Immunizations and vaccines should be in accordance with the CDC immunization schedule and healthcare providers recommendations. The caseworker should review vaccination information provided in OR-Kids by the ALERT Immunization Information System (ALERT IIS) within 30 days of the child entering the care and custody of Child Welfare to determine the immunization and vaccination history and needs of the child.

Prior to a child receiving an immunization or vaccination, Child Welfare must engage and have meaningful consultation with the parent(s), Indian custodian(s) if any and the tribe(s) if applicable to determine if there is agreement to the child receiving vaccinations and immunizations.

If parental consent is not granted for a child receiving a vaccination or immunization, then there should be a meeting to discuss what those objections are and to see if they can be addressed. The meeting could include: the child's parent(s), attorney, tribe member, the child's CASA, the caseworker, and other individuals identified by the parent for support. A

summary of the meeting should be documented in a case note and placed in the OR-Kids file cabinet.

If one or both parents raise concerns about their child receiving a vaccination or immunization, best practice for children on reunification plans is to provide the parent(s) with the opportunity to attend medical appointments or to be encouraged to talk with the child's medical provider about any healthcare concerns related to the proposed vaccination or immunization.

If parent(s) do not give consent for vaccination or immunization of the child, then, upon the child's placement in the care of Child Welfare and prior to the first medical appointment, the caseworker will ensure that the child's medical provider and certified resource parent are instructed that the vaccination or immunization may not be given at that time unless:

- I. The child is age 15 and older and consents to their own immunizations and vaccinations.
- II. Child Welfare has been granted custody and guardianship of the child and the child has a chronic medical condition that places the child at high risk for poor health outcomes or life-threatening illness, if unvaccinated.

A staffing should be held with the caseworker, the Child Welfare Health and Wellness Services Program Manager or designee, and the assigned AAG for the branch to determine, in consultation with the child's healthcare providers, to determine whether Child Welfare will authorize the immunization(s) and vaccination(s) that are recommended for the health and safety of the child.

If the decision is made to proceed with the immunization(s) or vaccination(s), the caseworker must inform the parents, Indian custodian(s) (if any), tribe(s) (if applicable) and other parties to the juvenile dependency case within a reasonable time of scheduling the immunization(s) or vaccination(s) in order to allow time for consultation with their legal counsel if an objection remains.

Throughout the ongoing case, the caseworker should continue to consult with the child's parents, Indian custodian (if any) and tribe(s) (if applicable) and must continue to keep the child's healthcare provider and certified resource parent informed as to whether the parent(s) objects to specific or all vaccinations and immunizations.

If parental consent is not granted for one or more immunizations or vaccinations that are required for the child to attend school or daycare, the caseworker will obtain the exemption certificate from the parent to have on file or ensure it is on file at the child's school. If an exemption certificate is not available, the caseworker will:

- I. Arrange for the parent to meet with the child's healthcare provider to receive a vaccine education certificate and assist them in completing the Certificate of Immunization Status form within 30 days of the child coming into care.
- II. Arrange for the parent to view the OHA Vaccine Education video to obtain the vaccine education certificate and assist them in completing the Certificate of Immunization Status form that are required by the school district or daycare provider within 30 days of the child coming into care. The Vaccine Education video (available in English, Spanish and Russian) and forms are available on the [OHA Non-medical Exemption website](#).
- III. If the child will be excluded from school or daycare because of vaccination or immunization status, the caseworker will consult with the Child Welfare Education Coordinator and Health and Wellness Program Manager for further direction.

If the child's parent(s) or Indian custodian(s) are unavailable for consultation regarding the child's need for one or more

immunizations and vaccinations within 90 days of a child coming into care, and the child has tribal affiliation, the caseworker should consult with the tribe(s) to determine who will provide consent for vaccinations and immunizations. If the child has no known tribal affiliation, the caseworker will advise the resource parent to follow the guidance of the child's healthcare provider for immunizations and vaccinations.

NOTE: This procedure, is subject to change as new CDC, FDA, Public Health, Oregon Health Authority and Oregon Department of Education guidance becomes available.

Resources

[OHA Community Immunization Resources](#)

[Center for Disease Control \(CDC\) Recommended Vaccination Schedule](#)

[COVID19 Vaccination FAQ's 5-11 Year Olds](#)

[COVID19 Vaccination FAQ's 12-18 Year Olds](#)