

# STATE OF ALASKA

## DEPARTMENT OF HEALTH AND SOCIAL SERVICES

### OFFICE OF CHILDREN'S SERVICES

**Program Instruction:** 20-06

**Issue Date:** 06/12/2020

**Effective Date:** 06/15/2020

**From:** Natalie Norberg, OCS Director

**Subject:** OCS Plan for Re-Opening All Services – Supersedes Program Instruction 20-05

Background: In accordance with the Governor's phased approach to Reopen Alaska Responsibly, this Program Instruction serves to outline the procedures for the expanded resumption of services to the families and children served by the Office of Children's Services. These instructions are designed for the ongoing protection of children, birth parents, resource parents, and the OCS workforce from unnecessary risk of exposure. This Program Instruction will remain in effect until **further notice**.

#### **Policy:**

##### **A. OCS Employee Health Safety:**

- All OCS Employees are required to:
  - a. Be screened using the screening questions below, either by supervisor or self-screened. If self-screened, an employee must sign a verification statement attesting they are free from symptoms.
  - b. Have their temperature taken by designated personnel when they arrive at an OCS office at the start of the work day. If this is not possible in their local office, they must sign a verification statement attesting that their body temperature is not over 100 degrees.
  - c. Wear an approved PPE facemask when in contact with the public and clients where social distance is not possible.
  - d. Wear a cloth face covering when inside an OCS office and unable to maintain 6 feet distance from others such as break rooms, congregate areas, and public lobbies.
  - e. Wash hands before and after meeting with clients with soap and water. If soap and water are not available, use an alcohol-based hand sanitizer. Wash hands frequently throughout the day.
- Employee COVID-19 Testing:
  - a. All employees traveling to a hub or remote community will be required to be tested for COVID-19 forty-eight (48) hours prior to their departure, self-isolate while they wait for the results, and wear a face covering at all times while on travel status except when consuming food or beverages. OCS staff will only be permitted to remove face covering when they are in their living space for the travel status.
  - b. Employees traveling by air into a hub community are required to participate in available testing at the airport if they were unable to test 48 hours prior to arrival in the hub community.

**Exception:** Employees traveling from a hub community to a remote community may be exempt from testing if they tested negative for COVID-19 within the last 7

days; and report no symptoms of illness and have not been exposed to anyone known to have tested positive with COVID-19 within the last 14 days.

Hub Communities” are defined as off the road system but may not be considered “remote” as they are accessible by jet service (examples include Bethel, Dillingham, Juneau, Kodiak, Kotzebue, Nome, Sitka and Utuiagvik).

“Remote Communities” are defined as communities that are off the road system and considered isolated when accessible only by unconventional means such as small air carrier, river or off-road vehicle.

The OCS Safety Team will work with each region to assist in an implementation process for OCS Employee Health Safety procedures in each OCS office, including information about testing site information.

## **B. Screening Visitors to OCS Offices:**

All public access OCS offices will be by appointment only. All visitors must wear a face covering. If they do not have one, they should be offered one. Prior to entry, all visitors will be screened using the screening procedures listed below.

- Upon screening, if a visitor answers “Yes” to any of the screening questions, they will be politely instructed not to visit the office and encouraged to contact their doctor about their symptoms. An alternate plan will be determined to accomplish the purpose of the meeting utilizing the phone or other appropriate means. Consult a supervisor for additional case specific ideas.
- Visitors in the office lobby reception area must be limited to 10 visitors at a time.
- OCS staff will wipe down office lobbies and family contact rooms after each family unit visit using a disinfect spray or wipe.
- If an office receives an unscheduled visitor, the visitor will be required to stand 6 feet away from the front door while an OCS security officer or other staff member politely explains that access to the building is by appointment only. The visitor should be assisted with identifying the appropriate OCS staff and contact phone number needed to make an appointment.

### **Visitor Screening Procedures:**

- Visitors will be asked the screening questions below and have their temperature taken prior to entering the building.
- Each office will be provided a protocol for staff to follow when taking temperatures. Temperatures will be taken in accordance with a pass/fail system. A “passed” temperature is under 100<sup>0</sup> F and a “failed” temperature is over 100<sup>0</sup> F. Any individual with a failed test is not to enter the office.

## **C. In-Person contact-when pre-screening is not possible:**

In those instances when in-person contact must occur and pre-screening is not possible, such as Initial Assessments, Licensing Investigations, Emergency Licensing, responding to an emergency in a foster home or with a foster child, or emergency child transport purposes, the following procedure will be followed:

- Prior to responding to the situation, OCS staff must:
  - a. put on all available PPE (face shield, mask and gloves) or PPE Safety Alternate;
  - and

- b. carry a small supply of face coverings (based on available office supply levels), to provide to individuals who may be encountered during the contact and with whom social distancing will not be possible.
- Upon arrival, while keeping a social distance of 6 feet, initiate the screening questions:
  - a. If the answer is “No” to the screening questions, proceed with the purpose of the contact;
  - b. If someone answers “Yes” to the screening questions:
    - 1. The individual who screened “yes” should be encouraged to contact their doctor. If the individual does not have a regular doctor, they should be encouraged to call the local community hotline phone number to discuss options for COVID-19 screening. If the local hotline number is not known, call 2-1-1 for guidance.
      - If the hotline recommends immediate transportation to a medical facility is recommended, please request an EMS transport.
    - 2. Consult with supervisor to determine how to proceed with the purpose of the contact

#### **D. Family Contact**

To the degree that pre-COVID-19 family visits had been restricted because of health mandates, starting June 15th, each parent and child who live in the same community should have a minimum of 1 in-person visit per week barring any safety concerns or recommendations to the contrary.

It is important for parents, children, resource parents and OCS staff to plan for face-to-face visits while maintaining the safety of all visitation participants. While consultation with all parents is desirable when possible, the priority is to re-establish family contact in a timely manner. The following procedure should be followed.

- Prior to scheduling the first face-to-face visit, the worker will arrange for a conference call with the parent or parents with whom the child(ren) will be visiting, child (if age and developmentally appropriate) and resource parents to review and update the Family Contact Plan. This meeting must be documented in ORCA. Consider and creatively address the following:
  - a. The plan must protect the health and safety of all participants. Some individuals may be more willing than others to risk exposure to the virus for various reasons. The positions of all visit participants, including the presence of vulnerable conditions<sup>1</sup> (defined below), must be considered in making the plan. If face-to-face visits cannot occur solely due to health concerns of the resource parent or for other individuals living in the resource home, the worker should consult with their supervisor about additional options.
  - b. Locations for face-to-face visits should be clean and safe. Outdoor spaces are preferred.
  - c. Review the required supervision level in the case. It may be possible to decrease the supervision level for visits, such as meeting in public places. If it is possible to conduct the visit without a visit supervisor, make arrangements to do so. Please refer to the Family Contact policy (CPS manual section 6.5.6) for a reminder on levels of supervision and possible alternatives to supervised visits.
  - d. Transportation can be provided by anyone willing to do so safely.

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<sup>1</sup> Definition of Vulnerable Conditions: Certain conditions are known to put individuals at high risk of developing life threatening complications due to contracting COVID 19, such as individuals who are age 65 or older, or suffering from an underlying health condition, including high blood pressure, chronic lung disease, diabetes, obesity, asthma and those whose immune systems are compromised, such as by chemotherapy for cancer and other conditions requiring such therapy.

- e. Team members may have creative solutions that would allow for visitation that historically haven't been utilized. As long as the health and safety of the participants is safeguarded to the highest level possible in light of their unique health concerns and/or feeling about exposure to the virus, participants are strongly encouraged to "think out of the box" and allow the visitation

In-person Family Contact may occur if the following conditions are met by either OCS staff, an OCS grantee or contractor or a relative/volunteer approved by OCS:

- a. Screening requirements must be met for supervised or unsupervised visits. A "Family Contact Pre-Screening Verification Form" must be completed by the visit supervisor or the individual that drives the children to the visit. If this individual is not an OCS employee, arrangements must be made to have the completed verification forms forwarded to the assigned OCS Protective Services Specialist.
- b. Screening:
  1. All parties (including the visit supervisor) must be screened within one hour before the family contact starting. Screening includes:
    - a. Answering "No" to the screening questions listed below;
    - b. Confirmation that no one participating in or present for the family contact has a body temperature reading of more than 100° F within one hour prior to the contact starting.
- c. Protective Measures which must be followed:
  1. All parties must wear a face covering that covers their mouth and nose for the entirety of the family contact except for children under the age of two.
  2. All parties must wash their hands for at least 20 seconds using soap and/or apply hand sanitizer immediately before and after the in-person visit.
  3. OCS Staff must attempt to maintain 6 foot distance from other people except when the safety of the child requires closer intervention or if physically carrying a child is required.
  4. All hard surfaces, including surfaces inside State vehicles used for transports, must be disinfected before and after each contact by the family contact supervisor.

Travel for in-person visits for children and parents may be approved on a limited case by case basis, subject to approval by the appropriate PSM II. OCS staff should follow existing policy to request in-state travel.

If in-person family contact is not feasible because the conditions above cannot or will not be met, document those circumstances with specificity in ORCA and explore continued electronic methods for visitation that would include FaceTime, or telephone visits, or other communication applications.

#### **E. Monthly Case Worker Visits with Children and Parents and Routine Licensing Visits to Foster Homes:**

Monthly Caseworker/Licensing in-person visits will resume with parents, children and resource parents with the following exception in which electronic methods such as FaceTime, Zoom or telephone visits, or other communication applications will continue:

- During the pre-screen, a participant answers positive;
- When in-person contact would increase the risk for vulnerable individuals participating in the monthly contact.

All open for services cases must have a monthly in-person caseworker visit with parents documented. Each contact with parents should focus on their case plan and be accompanied with a To-do list for the month which clearly articulates the activities for the

parent to focus on with respect to their case plan goals.

**D. Investigation and Assessment Response:**

OCS will respond to all priority levels of screened-in protective services reports.

Investigations and assessments initiated in the field will utilize the screening protocol upon contact (see section C above). If the screening response is positive the PSS will staff with their supervisor on conducting the investigation.

**E. Documentation:**

If any service is not completed because of exposure or potential exposure to COVID-19 or a positive screening, document each uncompleted task in an activity note in ORCA. Note the specific reason(s) why the task could not be completed. For example:

- “Someone in the home screened positive to one of the screening questions”; or
- “The foster parent refused access to the home even though everyone screened negative to the screening question.”
- Efforts to assess needs, provide support or identify alternatives to face to face contacts or activities should be documented.

**F. Exposure Reporting:**

All potential employee exposure to COVID-19 incidents that occur as a result of job duties must be reported immediately via the “OCS Infections Disease Exposure Report.” Report any potential exposures to a resource family or a foster child. After the report is complete, please submit via email to: [hss.ocssafety@alaska.gov](mailto:hss.ocssafety@alaska.gov).

**Screening Questions:**

➤ **In the past 2-14 days have you or anyone else in your household felt unwell, or experienced any of the following symptoms:**

a.

- Cough
- Shortness of breath

b. **Or at least two of these symptoms:**

• Fever	• Muscle Pain
• Chills	• Headache
• Repeated shaking with chills	• Sore throat
	• New loss of taste of smell