



West Virginia Department of Health and Human Resources **In-Person Family Visit Protocol During the COVID-19 Pandemic**

This information serves as protocol for reintegrating in-person family visits with children in custody during the Coronavirus Disease 2019 (COVID-19) pandemic. It is important to understand that necessary in-person family visits during COVID-19 are limited to reunification family members only.

Workers and supervisors should devise a plan to work through any challenges and determine if an in-person visit is needed or appropriate.

All Bureau for Children and Families (BCF) offices must use local health department guidance and the proper amount of personal protection equipment and cleaning supplies in order to conduct in-person family visits. BCF regional directors and/or deputy commissioners must approve in-person visits. BCF will update this protocol regularly as necessary.

Staffing

Offices shall designate a staff person for 1) visitation coordination role, 2) disinfecting the visitation areas before and after each visit, and 3) any necessary transportation. Designated staff for these roles shall be properly trained for their respective role(s). Offices shall designate reserve staff for each role.

BCF recommends minimizing staff as much as possible. It would be ideal if the parent(s) are responsible for transportation. However, the visitation should not be prohibited if the parent(s) cannot provide transportation.

Family Members

Up to two adults who are biologically related to the child(ren) and/or individuals with whom the child(ren) will be reunified are allowed per visit. If two individuals attend, they must come from the same household. The visitation coordinator or worker shall ask any/all visitors the screening questions listed in Appendix A.

The visitor(s) shall leave all non-essential items in the vehicle, including purses, food, drinks, toys, etc. Visitation packets may be provided in the visitation area.

If the visiting party is providing their own transportation, the coordinator or worker shall instruct the visitor(s) beforehand to wait in their vehicle and to call the coordinator or worker before entering the building. For more guidance, please see Transportation (page 3).

For guidance on visitations between the parent(s) and child in relative placement, without agency or provider supervision, please see Visitation of Foster Children memo (Appendix B).

Visitation

Designated Area(s)

Designated space and access shall be determined by each individual office. Any designated indoor visitation area(s) cannot be used for other purposes. Six-foot physical distancing shall be used as much as possible and enforced in any common area.

All attendees over the age of two without breathing difficulties should wear cloth face coverings. BCF recommends that infants be wrapped in a clean blanket during the visit. For any child considered high-risk, the coordinator or worker shall consult the child's medical professional for the best practice. All visitation areas shall include a designated bathroom and/or station for washing hands and be disinfected by a designated staff person. Please see the Centers for Disease Control and Prevention guidelines, "Cleaning and Disinfecting Your Facility," for proper disinfection protocol: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

A designated indoor visitation room or area must have:

- Six-foot markers on the floor and/or wall as a reminder of the distancing standard
- Visitation packet of games or other family interaction materials that are easily disposable
 - Children's toys that have soft porous material are not recommended and require sanitizing before and after each visit
- The minimum amount of objects in the room, which must be disinfected before and after each visit
- Table(s) and chairs that can be disinfected before and after each visit (soft porous material not encouraged)
- Entrance(s) that create minimum exposure to the rest of the office
- Restroom(s) that minimize exposure to the rest of the office
- Clean, disposable bag for the child's clothes in case the child chooses to change clothes before leaving the visit

Before Visit

Note: It is important that all staff and family members wash hands before each visit.

When scheduling a visit, the coordinator or worker shall ask the family member(s) the screening questions in Appendix A. If any responses are "yes" or give cause for concern, scheduling shall not proceed. Children over the age of two without breathing difficulties should wear cloth face coverings.

In preparation of any visit, please refer to the Child/Youth Visitation Checklist (Appendix C). The visitation coordinator or worker shall prevent loitering in any indoor waiting area or maintain physical distancing as much as possible. BCF recommends that visitors enter directly from vehicles and into the visitation area to wash hands.

During Visit

Note: Hand hygiene is encouraged to occur during the visit when needed.

Physical distancing guidelines shall be followed at all times. No gifts, food, or physical items can be passed to the child(ren) during the visit.

If obvious respiratory complications exist (e.g., repeated coughing, nose blowing, shortness of breath, etc.), the visit shall be suspended until further evaluation. If obvious signs of substance use or intoxication exist, the visit shall be suspended until further evaluation.

After Visit

Note: *It is important that all staff and family members wash hands after each visit.*

No one shall take items from the visitation room upon exiting. After the visit is complete, the child may choose to change clothes and put “dirty” clothes in the clean, disposable bag to return with the child for laundering.

The coordinator or worker shall advise visitors to wash hands and depart. Staff shall guide visitors to the vehicle. The designated staff shall disinfect all surfaces in all the visitation room(s), area(s), and restroom(s).

As soon as the child returns to the caretaker, the youth must wash hands thoroughly. The caretaker may want to launder the child’s clothes if the child was in physical contact with anyone during the visit. The caretaker shall determine whether the child should shower or bathe.

Transportation

Requirements:

- Ask the screening questions again when the transporter arrives (Appendix A). Do not proceed if the screening indicates an issue.
- Transportation staff shall limit their exposure to the rest of the office before, during, and after transports.
- Passengers shall be transported in the vehicle’s back seat(s) only.
- The transporter shall ensure proper ventilation during transport.
- Vehicle windows and/or doors shall remain open while waiting in the vehicle and while sanitizing the vehicle.
- Staff shall designate a worker to sanitize the vehicle interior after transport, and ensure that no one will use the vehicle until it is sanitized.
- Please see Appendix D for vehicle sanitizing protocol.

Appendix A: Screening Questions

1. Have you had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish" or had a temperature that is 100.0 F or greater?
2. Do you currently have any of the following symptoms?
 - Cough
 - Shortness of breath
 - Sore throat
 - Muscle aches
 - Unexplained loss of taste or smell
 - Diarrhea
3. Have you had close contact with someone diagnosed with COVID-19 or been exposed* to someone that may have COVID-19?
4. Have you traveled in the last 14 days to any area seriously impacted by COVID-19?
5. Do you work or volunteer as a healthcare worker or first responder?
6. Do you have heart disease, lung disease, diabetes immunosuppressive disorders, or other health-related illnesses increasing risk?

**How do I know if I was exposed?*

You generally need to be in close contact with a sick person to get infected. Close contact includes any of the following:

- Living in the same household as a sick person with COVID-19
- Caring for a sick person with COVID-19
- Being within six feet of a sick person with COVID-19 for about 10 minutes
- Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.)

Appendix B: Visitation of Foster Children Memo

Please see next page.



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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Cabinet Secretary

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Linda M. Watts
Commissioner

DATE: May 5, 2020

TO: Commissioner, Deputy Commissioners, Office Directors, Regional Directors, Community Services Managers, Program Managers, Regional Program Managers, Child Welfare Consultants, Social Services Coordinators, Child Protective Services Supervisors, Child Protective Services Workers, Youth Services Supervisors, Youth Services Workers, Home Finding Supervisors, Home Finding Specialists, Adoption Supervisors, Adoption Workers, Centralized Intake Supervisors, and Centralized Intake Workers

FROM: Carla Harper, Director, Children and Adult Services

SUBJECT: Visitation of Foster Children

PROGRAM INSTRUCTIONS

CAS-FC-20-1

Effective Date: Immediately

In an effort to resume some in-person contact between parents and their children who are in relative placements, staff are being asked to evaluate their caseloads and identify cases where the kinship/relative provider is able to safely oversee these contacts themselves without requiring supervision by agency staff or a contract provider. In identifying such cases, staff should consider the following:

- If the kinship/relative provider is willing to provide necessary supervision;
- Whether the visiting parent(s) represents a safety threat to the child or to the kinship/relative provider;
- If the kinship/relative provider is comfortable stopping the visit should it become necessary for safety or other reasons; and
- If previous visits have occurred safely with no cause for concern.

Multi-disciplinary team approval must be granted for any change in the visitation plan.

In order to reduce the risk of COVID-19 exposure, visits should occur outside, where possible, or limited to one room in the provider's home. Relative/kinship providers should follow guidelines provided in the In-Person Family Visit Protocol.

Appendix C: Child/Youth Visitation Checklist

Name of Facility: _____

Facility Director/Operator Name: _____

Address: _____

Contact Number: _____

General Preparedness and Planning

Prevent COVID-19 Spread

- Plan in place to protect staff, children/youth, and their families from COVID-19? Yes___ No___
- Adequate supplies available to support hand hygiene behaviors? Yes___ No___
- Adequate supplies available for routine cleaning of objects and surfaces? Yes___ No___
- Encourage staff to take everyday preventive actions to prevent the spread of respiratory illness? (i.e., wash hands, cover cough and sneezes, etc.) Yes___ No___
- Require sick children/youth, family members and staff not participate in visitation? Yes___ No___
- Plan in place if someone is or becomes sick prior to or during visitation? Yes___ No___

Monitor and Plan for Adequate Staffing

- Plans developed to cover visitation in the event of increased staff absences. Yes___ No___
- Recommend that staff at higher risk for severe illness from COVID-19 not participate in visitation? Yes___ No___
- Plan developed to maintain an adequate ratio of staff to children to ensure safety. Yes___ No___

Plans for Implementing Social Distancing Strategies

- Plans for implementing social distancing strategies have been reviewed. Yes___ No___
- Plans for visitation site that allows for physical distancing has been developed. Yes___ No___

Plans for In-Person Visitation Sessions

- Follow current guidance about gathering. Yes___ No___
- Plan to limit nonessential visitors. Yes___ No___
- Plan for staff members, family members and older children to wear face coverings during visitation. Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation, and should not be used by anyone with breathing difficulties. Yes___ No___

- Plan for use of sanitizer during the visitation and healthy hand hygiene behavior before and after visitation. Yes___ No___
- Plan for arrival and departure of individuals participating in the visitation. Yes___ No___

Screening Children/Youth and Family Prior to and Upon Arrival

- Plan for screening family members and children/youth prior to the visitation. Yes___ No___
- Plan for screening staff, family members and children/youth at beginning of visitation. Yes___ No___

Clean and Disinfect

- Have read, understand and will follow guidance provided by CDC for cleaning and disinfecting of the visitation site and all its contents. Yes___ No___
- Have read, understand and will follow the guidance provided by CDC for an intensified cleaning and disinfection efforts. Yes___ No___

Appendix D: Transportation and Disinfection Guidance

Please see next page.

When transporting individuals who are known or suspected to be infected with COVID-19, it is recommended that drivers wear an N-95 respirator (or a face mask if a respirator is not available) and eye protection such as a face shield or goggles, as long as they do not create a driving hazard. The passenger should wear a face mask or cloth face covering, if available. Children under two or any individual with breathing difficulties should not wear a cloth face covering.

Additionally, drivers should practice regular [hand hygiene](#), avoid touching their nose, mouth, or eyes, and avoid picking up multiple passengers who would not otherwise be riding together on the same route.

The following are general guidelines for cleaning and disinfecting these vehicles. At a minimum:

- Clean and disinfect commonly touched surfaces in the vehicle at the beginning and end of each shift and between transporting passengers who are visibly sick.
- Ensure that cleaning and disinfection procedures are followed consistently and correctly, including the provision of adequate ventilation when chemicals are in use.

When cleaning and disinfecting, individuals should wear disposable gloves compatible with the products being used as well as any other Personal Protective Equipment (PPE) required according to the product manufacturer's instructions. Use of a disposable gown is also recommended, if available in adequate quantities.

Prior to disinfectant application, clean hard, non-porous surfaces within the interior of the vehicle, such as hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles, with detergent or soap and water if the surfaces are visibly dirty. For disinfection of hard, non-porous surfaces, appropriate disinfectants can be found at this link: [EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2](#). Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products. You can also use [diluted household bleach solutions](#) prepared according to the manufacturer's label for disinfection, if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleaner. Another option is using alcohol solutions with at least 70% alcohol.

For frequently touched electronic surfaces, such as tablets or touch screens used in the vehicle, remove visible dirt, then disinfect following the manufacturer's instructions for all cleaning and disinfection products. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect.

To clean soft or porous surfaces such as fabric seats, remove any visible contamination and clean with appropriate cleaners indicated for use on these surfaces. After the initial cleaning, use [products that are EPA-approved for use against the virus that causes COVID-19](#) and that are suitable for porous surfaces. Excessively soiled vehicles should be referred to a supervisor to determine if a professional cleaning service is required.

Gloves and any other disposable PPE used for cleaning and disinfecting the vehicle should be removed and disposed of after cleaning. Removal of gloves and PPE worn while cleaning or disinfecting should occur outdoors, be placed in a trash bag, and disposed of in an appropriate trash receptacle. Hands should be washed immediately after removal of gloves and PPE with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available. If a disposable gown was not worn, work uniforms/clothes worn during cleaning and disinfecting should be laundered afterwards using the warmest appropriate water setting and dried completely. Hands should be washed after handling laundry.

This guidance has been adapted from Centers for Disease Control and Prevention content. The original article in its entirety may be found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

Questions and concerns can also be directed to the 24/7, toll-free COVID-19 information hotline:

1-800-887-4304



www.coronavirus.wv.gov



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