

CIRCULAR

Date: May 21, 2020

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To: CFS Authorities, CCP and CYSD staff

Subject: Visitation in the CFS sector – PPE use and health management

Program(s): All

Type: Policy For Internal Reference Only
 Procedure Information Only

Effective Date: Immediately

While the Manitoba government recently announced its COVID-19 restoring safe services roadmap, we continue to have a very important responsibility to keep vulnerable citizens, including children in care and their families, healthy. We must also ensure the health of our vitally-important care providers.

Dr. Brent Roussin, Manitoba's Chief Provincial Public Health Officer, has given us clear direction:

- As the weather warms, visiting outdoors is a preferred option to support family visits with children and youth in care who live in foster homes, group care settings or other placements. We must continue to follow public health guidelines such as physical distancing and other measures, even during outdoor visits. The risk of contracting the virus is reduced when visits take place outside if these guidelines are followed.
- When supporting outdoor visitation, CFS staff should complete screening (see Appendix A), ensure physical distancing and practice hand hygiene before and after the visit.
- In-home visits by family members and people other than CFS staff in group care homes continue to be restricted and should only occur if critical to the well-being of a child/youth. Strict prevention measures should be followed before, during and after these visits.
- CFS staff must continue to attend private homes, when there are child protection concerns, and when supportive, in-person services are required.

PPE guidelines

- The protective personal equipment (PPE) guidelines for group care staff have not changed, regardless of whether visits take place outside or indoors. Group care staff are to wear PPE (eye shields and masks) continuously per public health guidelines.

The continuous use of PPE is very important for a number of reasons:

- Putting on and removing PPE increases the risk of contamination.
 - Continuous use helps conserve PPE supplies.
 - Staff cannot guarantee that physical distancing will always be maintained while outside.
- Remember to perform hand hygiene by washing hands regularly with soap and water or the use of alcohol based hand sanitizer. Practicing hand hygiene is the best protection against the virus.
 - PPE is not required for CFS workers other than group care staff when conducting visits outdoors. Efforts should be made to maintain physical distancing to the greatest degree possible (it is OK to care for young children without physical distancing).
 - If CFS staff are required be inside a private residence or a group home, PPE must be used. Ensure all procedures regarding donning and doffing PPE are followed.

NOTE:

When conducting a visit in an indoor location other than a private residence or group home (e.g., agency office), CFS staff must assess the situation and, if physical distancing cannot be maintained or if anyone in attendance is medically compromised, PPE must be worn (eye shield and mask).

Staff must consider a number of factors related to all visits.

Prior to each visit and as part of planning for the visit, please review these items for each child and adult involved:

- Screening questions (see Appendix A), must be strictly followed. No one exhibiting symptoms or who is feeling unwell should attend visits.
- If the individual is medically compromised, in-person visits should be considered only in critical situations.
- Consider if there is an alternative (video chat or phone call) to an in-person visit.
- Consider if an outdoor visit is possible.
- Consider if physical distancing can be followed and, if not, what precautions to put into place.
- Consult with your supervisor to determine if an in-person visit is necessary, how it can safely occur and what other type of visit might be an alternative. This must include considering:
 - who should attend,

- where the visit can take place (outdoor visits are preferred and indoor visits should take place only if critical for the well-being of the child/youth), and
- the preventative measures that will be put in place throughout the visit.

If an in-person visit (indoors or outside) is in the best interests of the child/youth:

- Ask screening questions (see Appendix A), before any visit to identify possible risk.
- If the child/youth or the visitor is ill, reschedule the visit.
- Minimize the number of people in attendance during the visit.
- All individuals present must practice hand hygiene before, during (if possible) and after any in-person visit.
- Maintain physical distancing (2 meters or 6 feet) wherever possible.
- Attendees (e.g. family members) can be encouraged to wear non-medical or cloth masks if they have them.
- At the end of a visit, perform hand hygiene by washing hands or using alcohol base hand sanitizer.

Note:

There is no evidence that wearing a non-medical mask prevents the person wearing it from acquiring Covid-19. However, wearing a non-medical mask which covers the mouth and nose of the person wearing it can reduce the spread of respiratory droplets and possible illness to others around them.

Non-medical masks are not mandatory. See the April 30th PPE Update for more information about non-medical or cloth masks: <https://sharedhealthmb.ca/files/covid-19-use-of-cloth-face-masks.pdf>.

Note:

Foster home providers have not been directed to wear PPE because they are providing care in a family home. Foster home providers are welcome to support children in their care to meet with their loved ones outdoors, following the same preventative measures that are in place for group homes, including screening prior to visitation, practicing physical distancing throughout the visit and practicing frequent hand hygiene. Family visits must be approved through the CFS agency.

Visits

Children require support to maintain important relationships. Wherever possible, families and support networks should continue with virtual visits, video chats, telephone calls, or window visits in order to minimize the risk of possible exposure. Outdoor visits are also encouraged to maintain these relationships as the risk of contracting the virus is reduced when visits take place outside, provided public health guidelines are followed. The vulnerability and health risks of other individuals living in the home must also be considered.

Medical advice should be obtained prior to arranging an in-person visit with a medically compromised child/youth. If CFS staff, alternate care providers (foster parents) or the group care providers are unsure about whether an in-person visit should take place, either because of the health of the individual or that of another house member, they should seek medical advice. Family physicians can help to support making these decisions.

Sarah Thiele
Assistant Deputy Minister
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Appendix A

Screening questions

1. Have you or anyone in your household been in contact with anyone who has travelled internationally within the past 30 days?
2. Are you living in the same household as, or providing care for, a person with COVID-19 infection in the last 30 days?
3. Are you or anyone in the household currently experiencing any of the following cold or flu like symptoms:
 - a. Fever
 - b. Cough, Shortness of Breath, Difficulty breathing
 - c. Runny Nose, Sore Throat
 - d. Headache/weakness