

Department of Early Education and Care
Outdoor Visitation Guidance

Licensed Child and Adolescent Residential Programs

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| **TEMPORARY GUIDANCE** |
| Effective Date: June 24, 2020 | **Field Operations – Residential** |

# Policy Statement

The purpose of this document is to provide guidelines to allow children and youth the opportunity to restore in person visitation on a limited basis during the COVID-19 pandemic while adhering to recommended Centers for Disease Control and Prevention (CDC) and Massachusetts Department of Public Health (DPH) guidelines. We recognize how difficult it has been to stay connected during this time, while we all adhere to strict precautions to stop the spread of the virus. Public health experts have now determined that outside visitation is safe when certain precautions, such as social distancing and face coverings, are followed. EEC Licensed Child and Adolescent Residential Programs may begin to allow outside visitation, following the rules below, starting June 24, 2020

Programs should use this guidance to update and revise their previously approved visitation policy. Revised policies must be maintained at the program and available to EEC and referral agencies upon request.

We realize each program and child is unique and that there are always extenuating circumstances given the physical make up of your program and the certain needs of your residents. Maintaining good communication with your Licensor and referral source during this time is paramount in helping maintain the very important family connections while keeping the youth and staff safe.

The policy must be shared with all visitors prior to a visit occurring, this includes referral sources, funding agencies, family members and collaterals.

**Designated Outdoor Area**

All visits conducted for youth, families and others should be outside.

* Visitors will be permitted in a designated outdoor area, such as the yard, patio, open porches, parking lot, or driveway.
* If the facility erects a tent or temporary outdoor structure, it must have airflow, no sides. Note: you may need to ask your town or city if they require a temporary permit for the structure.

**Limitation on Visits**

* The number of visitors per resident should be limited and not exceed (6) in order to maintain appropriate social distancing. (This limit does not include specialized services to assist with the visit or the staff supervising the visit.)
* Sharing items should be avoided as much as possible. In the event items are shared, ensure that items are disinfected both before and after use.
* Failure to adhere to these guidelines will result in the termination of the visit.

**Scheduling Visits in Advance**

* All visitations must be approved by the referral source or guardian
* Visits should be scheduled in a staggered manner that supports social distancing, and avoids overlap with other visits
* A program may limit the length of any visit, the days on which visits will be permitted, the hours during a day when visits will be permitted, and the number of times during a day or week a youth may be visited. Programs are encouraged to allow visits at varying times to accommodate program and family schedules.
* Visits must be scheduled with the program in advance to allow coordination with others who may also want to visit and to ensure appropriate staffing levels and supervision.
* Visits will be scheduled in a manner that limits exposure and ensures staff can assist with the visit as required.
* The frequency and duration of the visit should be discussed with the contracted agency or individual with legal custody ( such as DCF, DYS, DMH, LEA’s, parent/guardian, etc) to ensure it meets the clinical needs of the youth.
* Advance notification will ensure that the home is not under quarantine and that the individual served can be emotionally prepared for the visit.
* Programs must keep a log of all visitors, including name, date of visit, and staff on shift.
* Programs will continue to support alternative electronic methods for communication between youth, family and visitors, such as Skype, FaceTime, WhatsApp or Google Duo.

**Screening Visitors in Preparation for the Visit**

All visitors must be screened prior to visiting with a youth

* The screening must be conducted for all individuals attending the visit. All participants should be screened by telephone of video one day prior to the visit.
* The Program should appoint one person to contact individuals prior to their scheduled visit to review the screening protocols and how the visit will be managed. The below screening questions should be reviewed:
	+ Do you or anyone in your household have symptoms of COVID-19, including fever, cough, and shortness of breath, sore throat, muscle pain, chills, or new loss of taste or smell.
	+ Do you or anyone in your household have a fever (100.4 F or higher)?
	+ Have you or anyone in your household tested positive for COVID-19 in the past 14 days or been asked to quarantine due to exposure?
* Visitors are not permitted to visit if they or someone in their household, have symptoms of COVID-19, including fever, cough, shortness of breath, sore throat, muscle pain, chills, or new loss of taste or smell
* Visitors are not permitted to visit if they have tested positive for COVID-19 in the past 14 days or if they have been ordered by a health care professional or local board of health official to quarantine due to exposure.
* Visitors reporting a fever (100.4 or higher) will not be permitted to visit.
* Visitors for whom the CDC considers to be at high risk should consider visitation via skype or zoom. Older adults and persons with pre-existing medical conditions or compromised immune systems are at a higher risk. This includes people who have heart disease, lung disease, or diabetes.

**Managing the Visit**

* Participants will again be asked the below screening questions when they arrive for the visit.
* Do you or anyone in your household have symptoms of COVID-19, including fever, cough, and shortness of breath, sore throat, muscle pain, chills, or new loss of taste or smell.
* Do you or anyone in your household have a fever (100.4 F or higher)?
* Have you or anyone in your household tested positive for COVID-19 in the past 14 days or been asked to quarantine due to exposure?
* If a parent or child answers yes to any of these questions the in-person visit cannot occur and will need to be rescheduled
* Hand sanitizers, wipes, and trash disposal should always be made readily accessible during visits
* If needed, access to a rest room can be allowed when appropriate safety precautions are followed.
* Visits will not be conducted in the home or facility for any reason.
* Visitors will not be allowed in program space.

**Face Masks**

* All visitors and staff supervising the visits must wear masks
	+ Visitors should bring their own face covering, in order to preserve the program’s PPE supply. However, if a visitor does not have a face covering, one will be provided.

**Social Distancing and Supervision**

* Acknowledging that physical contact may be desired by parents and children who have not seen each other for several months, visits should be monitored with risk reduction in mind:  avoiding close face-to-face contact and kissing, allowing hugging with faces in opposite direction, hugging legs.
* Limiting close physical contact to less than 15 minutes.
* Masks should be worn at all times (except < 2years old and others who are unable to wear a mask for medical reasons)
* Adults should maintain social distancing to the maximum extent possible during the visit
* A program staff member knowledgeable about the visitation guidance and trained in basic safety and infection control measures must remain with the youth at all times during the visit.

**Disinfecting the Visitation Area**

* If the designated outdoor area includes chairs, tables, or a picnic bench, all surfaces should be disinfected using an [EPA-approved disinfectant for use against SARS-CoV-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) after each visit. A staff member should be designated by the program to be responsible for the cleaning and disinfecting.

**Quarantined Homes and Isolated Residents**

* Visitations will not be permitted with anyone who is currently under isolation because they are presumed or confirmed COVID-19 positive or quarantined because of close or household contact.
* Any individual who participates in a visitation and develops signs and symptoms of COVID-19 such as fever, cough, shortness of breath, sore throat, muscle pain, chills, or new onset loss of smell or taste within 2 days after the visitation must immediately notify the program of the date they were on site, the individuals they were in contact with, and the locations where the visit occurred.
* Programs should immediately screen any residents and staff who had contact with the visitor for the level of exposure and follow up with the program’s medical staff or the patient/resident’s care provider

**Visitation Policies Subject to Change**

Policy Considerations: The following topics, at a minimum, must be considered when revising your visitation policy:

* No food should be shared off the same plate or drinking by mouth from the same container.
* Any communal food brought that is left over after a visit should be disposed of or should be taken by the visitor.
* Any unopened food or snacks bought for the youth may be given to staff who can label with the youth’s name.
* If bathroom accommodations are available outside the program space, plan around their use and cleaning; if your program can do this in a safe manner.
* Any physical contact guidelines should be clearly communicated, no prolonged physical contact should occur.
* Plan for how any items brought in for youth will be disinfected or quarantined for 48 hours.
* Criteria for visits – when visits should be postponed, cancelled, converted to virtual visits

Please see the links below for the minimum standards and Health and Safety guidelines as you develop your policies:

<https://eeclead.force.com/resource/1590354235000/Operating_ResidentialSite>

<https://eeclead.force.com/resource/1591620826000/Residential_HealthSafety>