



Recommended Practices and Personal Protective Equipment (PPE) for Social Service Providers – Interim Guidance 27/05/20

Phase 1–2: No evidence of community spread

The following are interim guidelines for the recommended practices and use of PPE for social service providers. Given the current epidemiology of COVID-19 in the Yukon, it is not recommended to assume and treat each patient as suspect for COVID-19. Rather, each clients encounter should be evaluated based on risk factors for COVID-19. The presence or absence of risk factors will direct the provider to the recommended PPE or approach for that particular encounter.

Currently our recommendation is to minimize direct contact care or assistance as much as possible. Non-direct contact care can be provided through an online virtual platform or telephone. If this is not a viable option, an assessment for risk factors must be performed prior to the interaction.

Risk factors for COVID-19:

You can use Yukon's [self-assessment tool](#) to determine if the client and/or accompanying person has any risk factors for COVID-19. Please call YCDC (667-8323 or 1-800-661-0408 ext. 8323) if you need any assistance with determining risk.

COVID-19 risk is based on the following:

- Any recent travel outside of the Yukon or Canada in the past 14 days
- Named as a possible contact and currently under self-isolation
- Any household members who are currently under self-isolation
- Presence of any of the following symptoms in any client and/or household member: fever and/or chills, new or worsening cough, difficulty breathing

The presence of any one of the above risk factors will indicate the need for changing the usual practice and possible use of PPE. These practices are subject to change as the pandemic continues to evolve.



Imperative to all interactions is the continuation of basic public health measures shown to reduce the risk of transmission and acquisition of COVID-19:

- Physical/social distancing
- Hand hygiene
- Respiratory etiquette

Additional measures can be put in place to help to create a safer environment for the client and staff. Such environmental and visual cues may include:

- Visual cues and signage at doors encouraging clients to call ahead if symptomatic
- Visual cues and signage re-enforcing good hand hygiene practices and respiratory etiquette
- Plexiglas barrier
- Duct tape on the floor or other visual cue to indicate appropriate spacing between clients
- Limit the number of objects within the client care environment – i.e., room should have the minimal amount of furniture, objects needed for the interaction
- Increased frequency of cleaning of high touch surfaces in work environment including client homes and communal living environments.
- Stagger client appointments to limit interaction with other individuals and provide a minimum of 15 minutes between client appointments to allow for additional cleaning.

The table on the next four pages indicates the appropriate practices and PPE for client care based on target personnel and activity.

Key: Patients Staff Environmental Services

Target space	Target personnel	Activity/Interaction	Recommended practices
Office setting	Social service provider	In person consultation if virtual option is not feasible and client and family <u>do not have any risk factors</u> for COVID-19	<ul style="list-style-type: none"> • Hand hygiene • Respiratory etiquette • Maintain at least 2 metres separation
	Social service provider	In-person consultation if virtual option is not feasible and client and family <u>has risk factors</u> for COVID-19	Call YCDC for any support/questions <ul style="list-style-type: none"> • Procedural/surgical mask • Hand hygiene • Respiratory etiquette • Maintain at least 2 metres separation • Limit the number of family members accompanying the client
	Clients <u>with</u> respiratory symptoms or risk factors for COVID-19	In-person consultation if virtual option is not feasible	<ul style="list-style-type: none"> • Hand hygiene • Procedural/surgical mask • Maintain at least 2 metres distance • Assure safe disposal into waste receptacle of used tissues
	Clients <u>without</u> respiratory symptoms or risk factors for COVID-19	In-person consultation if virtual option is not feasible	<ul style="list-style-type: none"> • Hand hygiene • Respiratory etiquette • Maintain at least 2 metres distance
	Environmental services	Cleaning and disinfecting client-care areas	For more instructions on cleaning/disinfecting your office please visit: yukon.ca/en/health-and-wellness/covid-19/learn-how-clean-and-disinfect-your-workplace

For the home setting, the preference is to call the client/family and evaluate for any risk factors. An alternative option is to conduct the interview outside of the house, while maintaining physical distancing of at least 2 metres. If this is not feasible, upon entry to home, adults youth and children in the household should be assessed from a distance for risk factors for COVID-19. If you are unable to assess risk, follow the instructions below for a client/family **who has risk factors for COVID-19**.

Target space	Target personnel	Activity/Interaction	Recommended practices
Client home setting	Social service provider	In-person consultation if virtual option is not feasible and client and family <u>do not have any risk factors</u> for COVID-19	<ul style="list-style-type: none"> • Hand hygiene • Respiratory etiquette • Maintain at least 2 metres separation
	Social service provider	In person consultation if virtual option is not feasible and client and family <u>has risk factors</u> for COVID-19	Call YCDC for any support/questions <ul style="list-style-type: none"> • Hand hygiene • Contact/droplet precautions: <ul style="list-style-type: none"> • Surgical/procedural mask • Gown • Gloves • Goggles or face shield
	Clients <u>without</u> respiratory symptoms or risk factors for COVID-19	In-person consultation if virtual option is not feasible	<ul style="list-style-type: none"> • Hand hygiene • Respiratory etiquette • Maintain at least 2 metres distance
	Clients <u>with</u> respiratory symptoms or risk factors for COVID-19	In-person consultation if virtual option is not feasible	<ul style="list-style-type: none"> • Limit number of people in the room/home, go outside if weather permitting • Hand hygiene • Surgical/procedural mask • Respiratory etiquette

Communal living environment operators (both independent and government-run) are requested to contact Yukon Communicable Disease Control at 667-8323 or 1-800-661-0408 (ext. 8323) or YCDCSurveillance@gov.yk.ca to report a staff member or group home resident who is suspected to have COVID-19 or who is recommended for testing based on self-assessment tool. YCDC will provide specific advice and guidance on what control measures should be implemented to prevent further spread in the residential setting. Please limit the number of staff providing care to the person with suspected or confirmed COVID-19. All caregivers should perform regular hand hygiene and wear appropriate PPE as required and indicated below.

If there is a need for medical management after hours: for emergencies call 911 and inform them if the patient is suspect COVID-19. If there is a client/resident who develops symptoms for possible COVID-19 but is stable, isolate as per the communal living document and follow the existing mechanisms for medical management within your organization/institution. If the on-call lead for the management system determines there is a need for public health advice, they may call the Medical Officer of Health on-call.

Target space	Target personnel	Activity/Interaction	Recommended practices
Communal living environment	Social service provider	Daily activities with a client/resident who <u>does not have any risk factors</u> for COVID-19	<ul style="list-style-type: none"> • Hand hygiene • Respiratory etiquette • Maintain at least 2 metres separation
	Social service provider	Daily activities with a client/resident who <u>has risk factors</u> for COVID-19	<ul style="list-style-type: none"> • Procedural/surgical mask • Hand hygiene • Respiratory etiquette • Maintain at least 2 metres separation • Limit the number of staff taking care of client/resident <p>If the client/resident requires direct contact (such as assistance bathing, toileting), please use droplet/contact precautions:*</p> <ul style="list-style-type: none"> • Surgical/procedural mask • Gown • Gloves • Goggles or face shield
	Clients <u>without</u> respiratory symptoms or risk factors for COVID-19	Daily activities with a client/resident who <u>does not have any risk factors</u> for COVID-19	<ul style="list-style-type: none"> • Hand hygiene • Respiratory etiquette • Maintain at least 2 metres distance

Target space	Target personnel	Activity/Interaction	Recommended practices
Communal living environment	Clients with respiratory symptoms or risk factors for COVID-19	Daily activities with a client/resident who has risk factors for COVID-19	<ul style="list-style-type: none"> • Hand hygiene • Procedural/surgical mask • Give tissues for respiratory hygiene • Maintain at least 2 metres distance • Assure safe disposal of used tissues
	Environmental services	Cleaning and disinfecting client-care areas	<ul style="list-style-type: none"> • Please refer to page 6 of “Guidance for the prevention and management of COVID-19 in communal living settings” document: yukon.ca/en/health-and-wellness/covid-19/communal-living-recommendations-during-covid-19

***Contact/droplet precautions include the use of PPE:**

- Surgical/procedure masks provide a physical barrier that helps prevent the transmission of the virus by blocking respiratory droplets propelled by coughing, sneezing and talking and should be used when in close contact (less than 2 metres) with an person who is showing symptoms.
- Disposable single-use gloves should be worn when in direct contact with clients/residents, cleaning contaminated surfaces and handling items soiled with body fluids. If disposable gloves are not available, reusable utility gloves may be used; however, they must be cleaned with soap and water and decontaminated with a disinfectant after each use.
- An isolation gown is to be used when skin or clothing may become contaminated.
- Eye protection such as goggles or a face shield is to be used for care or activities likely to generate splashes or sprays of body fluids.
- The use of PPE requires the individual to be compliant with strict donning (putting on) and doffing (taking off) procedures. Training for anyone using PPE is strongly recommended. Hand hygiene is essential after removal of PPE. In addition to in-person training, additional instructions on the donning and doffing of PPE can be found here: yukon.ca/en/health-and-wellness/health-concerns-diseases-and-conditions/find-information-health-professionals

All PPE should be placed in a bag and disposed of in the garbage in the home setting, then sanitize hands with an alcohol-based hand rub. In case of child apprehension and PPE is on when removing the child, be sure to remove all the PPE except the mask, place it in a bag, dispose of the bag and thoroughly sanitize hands. If possible, place a mask on the child. Later remove the mask after terminating client interaction. Always remember to wash hands thoroughly before and after removing any PPE.

16.1 File Management

16.1.1 File Structure

Legislation and Relevant References

Child and Family Services Act (R.S.Y. 2008, c.1)

POLICY

A case file must be established for every family receiving services (including extended family) and any child in the care or custody of a director. The following chart outlines the file structure and organization required for all files.

- For any new involvement, a file number will be created.
- For families receiving services, where no file exists, a case file will be created.
- For new referrals where there has been involvement prior to April 30, 2010, a new volume will be created and a label will be attached to the outside of the file indicating: "Child and Family Services Act – Proclamation April 30th, 2010" and the current volume i.e. ... 2, 3, 4.

File Structure

FILE & BACKING	DOCUMENTS
CHILD PROTECTION / FAMILY SERVICES FILES	
Front Cover	Family Referral Form CIS print-outs (indicating coding changes) Photos CDs/DVDs (labeled, kept in envelopes/protective cover)
1 st Backing – Running Records	Contact Notes (except those related to Youth Criminal Justice and the Child and Youth Advocate) Investigation Summary, including risk assessments Quarterly Review/Transfer Summary/Closing Summary Supervision Notes Alerts
2 nd Backing – Correspondence	All correspondence that is not contact or supervision notes (letters, email, memos, faxes, etc.) Referral forms (except Family Conferencing and Family Support Worker – included with their insert backings) Respite forms, School correspondence, etc.
3 rd Backing – Legal	All legal documentation (affidavits, agreements, orders, legal correspondence, etc.) Parental Custody/Access Orders Releases of Information
4 th Backing – Assessments/Plans	Family Assessments Psychological Assessments Case Plans

5 th Backing – Youth Criminal Justice Act (YCJA)	All YCJA information including legal documents, letters, contact notes, emails, documents, etc.
6 th Backing – Yukon Child and Youth Advocate Office (CYAO)	All information released to the CYAO or related to discussions and/or complaint processes with the CYAO, including documentation (emails, letters, etc.), contact notes, tracking forms, etc.
Back Cover – Case and Social History	Genograms, Ecomaps
INSERTS	
Medical	All medical reports and documentation
Critical Incidents	Documentation related to critical incidents and critical incident investigations (as determined by the Critical Incident Investigation Team Lead and the Director).
Financial	All financial information (i.e.: A.O, respite invoices) Correspondence relating to financial status
Cooperative Planning: Family Conferencing Other Co-operative Planning processes	Referral Correspondence Summary Family Conference reports
Family Support Worker (FSW)	Referral Contact notes Family support plans FSW Recordings

FILE & BACKING	DOCUMENTS
EXTENDED FAMILY CARE FILES	
Front Cover	Family Referral Form CIS print-outs (indicating coding changes) Photos CD & DVD (labeled, kept in envelopes/protective cover)
1 st Backing - Running Records	Contact Notes Supervision Notes Review/ Transfer summary/Closing Summary
2 nd Backing - Correspondence	All Correspondence that are not contact or supervision notes (letters, email, memos, faxes, etc.) Referral forms (except Family Conferencing and Family Support Worker which are included with their insert backings) Respite forms, school correspondence
3 rd Backing - Legal	Extended Family Care Agreement Parental Custody/ Access Orders Releases of Information

4 th Backing – Mutual Assessment/Case Plan	Child Safety Review (criminal records check, child welfare check) Mutual Assessment Case Plans
6 th Backing - Yukon Child and Youth Advocate Office (CYAO)	All information released to the CYAO or related to discussions and/or complaint processes with the CYAO, including documentation (e-mails, letters, etc.), contact notes, tracking forms, etc.
Back Cover – Financial	All financial records
INSERTS	
Critical Incidents	Documentation related to critical incidents and critical incident investigations (as determined by the Critical Incident investigation team lead and the director).

FILE & BACKING	DOCUMENTS
CHILD IN CARE FILES	
Front Cover	Family Referral Form CIS print-outs (indicating coding changes) Photos Placement Resource Information (PRI) Form
1 st Backing – Running Records	Contact Notes Plan of Care, Case Conferences Emergency On Call Intake Alerts Supervision Notes
2 nd Backing – Medical	Children's Dental and Optical Program Card Copy Health Care Card Copy Authorization for Medical Examination Child's Medical Examination Record Child's Permanent Medical Record Child's Medical Contact Notes/Correspondence Authorization for Dental and Optical Treatment Medical/Dental/Optometrlist Correspondence Specialist Reports Immunization Records
3 rd Backing – Legal	Envelope containing registration of Live Birth, Birth Certificates, Passports, First Nation Status & SIN number All legal documents, e.g. Agreements, Termination Form, Affidavits, Warrants, Copies of Temporary and Continuous Custody Orders, etc. Court Orders/Judgment Correspondence with lawyers Consent to Care and Medical Attention between other jurisdictions Releases of Information
4 th Backing – Education/Training	Correspondence to and from school Report Cards, Dismissal Letters, Appeals Individual Education Plans Youth Achievement Centre information
5 th Backing – Youth Criminal Justice Act (YCJA)	All YCJA information including legal documents, letters, contact notes, predisposition emails, documents, etc.
6 th Backing – Yukon Child and Youth Advocate Office (CYAO)	All information released to the CYAO or related to discussions and/or complaint processes with the CYAO, including documentation (emails, letters, etc.), contact notes, tracking forms, etc.

Back Cover – Case and Social History and Child Assessment	Social History Child Assessment Child Study Special Needs Assessment Specialist Reports Treatment Reports Genograms, Ecomaps
INSERTS	
Placement Information	Child's schedule when applicable (usually infants) Placement Review Committee (PRC) Reports Special Rate memos and agreements Emergency placement information (e.g. to facilitate overnight visits for CIC in relative homes; relative babysitting CIC) Group Home Reports Treatment Facility Reports Foster Home Contact Notes
Correspondence	Referrals All correspondence not included on other backings
Placement Tracking	Placement Slips Respite forms
Financial	Financial records (i.e.: AO) All financial correspondence
Incident Reports	Residential care incident reports Note-worthyies
Critical Incidents	Documentation related to critical incidents and critical incident investigations (as determined by the Critical Incident investigation team lead and the director).
Medical Review Board Information	All Medical Review Board documents
Contract Worker's Records	Contract Worker Reports Contract Agreement (copy or original) Any correspondence relating to contract worker (except referral)
Cooperative Planning: Family Conferencing Other Cooperative Planning processes	Referral Correspondence Summary Family Conference reports
Other	Photocopy of life book goes in accordion file supplement next to case file; Extra photos/personal items are also included here Court transcripts too large for the file go into an accordion file supplement next to the case

FILE & BACKING	DOCUMENTS
FOSTER HOME FILES	
Front Cover	Family Referral Form CIS print-outs (indicating coding changes) Foster Family Placement Resource Information Form Foster Home Check List Photos
1 st Backing – Running Records	Family Development Plan Intake sheets Contact Notes Reviews/ Annual reviews/ Closing summaries
2 nd Backing – Forms	Declaration of Confidentiality Foster Home Agreement Foster Home Safety Check List
3 rd Backing – Training	Training Certificates Training Correspondence
4 th Backing – Placements	Respite forms Placement slips CIC information (Plan of Care, Family Case Plan Agreements, Child's Needs Assessments, Treatment recommendations)
Back Cover – Home Study	Foster Home Application Criminal Records Check Child Welfare Check Medical References Foster Home Study Emergency Approvals Updates or supplements to home study Foster family self-assessment questionnaire Foster family self-assessment for school age child in home Foster family self-assessment for teenage child in home
INSERTS	
Correspondence	Referrals All correspondence that is not contact or supervision notes (except financial and training)
Financial	Special Rate Agreement Car kilometers from foster parents Respite Foster Care Invoice Invoices (e.g. Foster Parent Child Care Invoice) Other financial payments and records
Family Support Worker (FSW)	Referral Contact notes Family Support plans FSW Recordings
Critical Incidents	Documentation related to critical incidents and critical incident investigations (as determined by the Critical Incident investigation team lead and the director).

FILE & BACKING	DOCUMENTS
ADOPTION HOME FILES (prospective adoptive parents)	
Front Cover	CIS print-outs (indicating coding changes)
1 st Backing – Running Records	Intake sheet/AKA Family Referral Form Contact Notes Supervisory Consultation notes Reviews/ Transfers/ Closing Summary Progress Reports
2 nd Backing – Correspondence	Initial correspondence requesting personal references, medical references, criminal record checks, child welfare checks All other correspondence that is not contact or supervision notes (except legal) Letter confirming approval/denial of application Letters of no objection, agreement, etc.
3 rd Backing – Legal	Releases of Information Legal Notices and petitions Consents Statement to Proceed with Placement Legal court documents (i.e.: petitions, affidavits) for court Legal correspondence/documents/advice Consents for criminal record checks and child welfare checks Adoption order Certified true copies of birth certificate and/or marriage certificates, citizenship, etc. Acknowledgement of Information Received on Child
4 th Backing – Child's Information (child proposed for adoption to the prospective adoptive parents)	Primary summary documents, such as social history, review recordings, child proposal and profile, and needs assessment.
Back Cover – Home study	Application to adopt Photocopy of legal identification that is proof of date and place of birth, citizenship and Yukon residency. Criminal Record Check and Child Welfare Check results Medical references Any questionnaires, resumes, etc. PRIDE certificate Home study Supplement to home study (every 2 years) Three personal references
INSERTS	
Critical Incidents	Documentation related to critical incidents and critical incident investigations (as determined by the Critical Incident investigation team lead and the director).

FILE & BACKING	DOCUMENTS
ADOPTION SUBSIDY (SU)	
Front Cover	CIS print-outs (indicating coding changes)
1 st Backing – Running Records	Family Referral Form (new to replace intake sheet) Contact Notes Transfers/Review Recordings/Closing Summaries
2 nd Backing – Correspondence	All correspondence that are not contact or supervision notes (except legal)
3 rd Backing – Legal	Releases of Information Photocopy of Adoption Order Subsidy Agreement
Back Cover – Financial	Application for subsidy and supporting financial documents (i.e. verification of incomes)

FILE & BACKING	DOCUMENTS
ADOPTION POST SERVICE (PS)	
Front Cover	CIS print-outs (indicating coding changes) Designation of Special Service Need Form
1 st Backing – Running Records	Family Referral Form AKA intake sheet Contact Notes Review Recordings/Transfers/Closing Summaries
2 nd Backing – Assessments/Reports	Child Development Center/school reports Psychological assessments Medical reports/information Other pertinent information pertaining to designation
3 rd Backing – Correspondence	Referrals All correspondence that is not contact or supervision notes (except legal)
4 TH Backing – Legal	Releases of Information Photocopy of Adoption Order
Back Cover – Plan/Agreement	Purchase of Support Services – Plan Purchase of Support Services – Agreement Record of Reimbursements

FILE & BACKING	DOCUMENTS
ADOPTION INFORMATION (AI) (biological parents seeking adoption options)	
Front Cover	CIS print-outs (indicating coding changes)
1 st Backing – Running Records	Family Referral Form AKA Intake sheet Contact Notes Review Recordings/Transfers/Closing Summaries
2 nd Backing – Legal	Section 112 Transfer Agreements Releases of Information/Consents Other legal documents
3 rd Backing – Correspondence	Referrals All correspondence that is not contact or supervision notes (except legal)
4 th Backing – Social/Medical History	Social/Medical History Pre placement assessments

FILE & BACKING	DOCUMENTS
ADOPTION DISCLOSURE (DI)	
Front Cover	CIS print-outs (indicating coding changes)
1 st Backing – Running Records	Family Referral Form AKA intake sheet Contact Notes Review Recording/Transfers/Closing Summaries
2 nd Backing – Application	Application Supporting documents (i.e.: proof of identification)
3 rd Backing – Legal	Disclosure Veto No Contact Declaration Birth Registration Adoption Order
4 th Backing – Correspondence	Correspondence that are not contact or supervision notes (except legal) Copies of documents released to clients
Back Cover – Working Documents	Copies of Records used in disclosure

FILE & BACKING	DOCUMENTS
POST CARE SERVICES (19-24)	
Front Cover	Family Referral Form CIS print-outs (indicating coding changes)
1 st Backing – Running Records	Intake sheets Contact Notes Opening/Reviews/ Transfers/Closing summary
2 nd Backing – Correspondence	All correspondence that are not contact or supervision notes, including information on health care, education, resumes (except legal)
3 rd Backing – Legal	Continuing Custody Order (copy) Agreements for Transitional Support Services
4 th Backing – Case Plans	CIC Plan of Care Case Plans
Back Cover	Genograms and Ecomaps
INSERTS	
Financial	Financial records (i.e.: education funding) All financial correspondence
Cooperative Planning: Family Conferencing Other Cooperative Planning Processes	Referral Correspondence Summary Family conference reports

PROCEDURES

1. Workers in Whitehorse submit their filing to the Branch Records Clerk; workers in communities outside Whitehorse, depending on the circumstances in the particular regional office, either submit their filing to their administrative assistant or file the records themselves. Files for submission shall be identified at the top of the first or covering page using the applicable filing code(s) and case file number. For a list of codes used for filing refer to Appendix 1: Filing (Backing and Inserts) Codes for Case Files.
2. Family Support Worker files are transferred to the case file every four months beginning on the date the referral for services is accepted.

16.1.2 Opening and Closing a File

Legislation and Relevant References

Child and Family Services Act (R.S.Y. 2008, c.1)

POLICY

All involvements (including brief involvements) shall be logged and registered on the Client Index System (CIS) using the Client Information Form. A case file shall also be opened when there will be continuous involvement with a client (child/family, foster family, adoptive parents, etc.), or where there are any child protection concerns, alternative responses or repeated brief involvements (three or more).

The decision to close a file is made in consultation with the supervisor, and files shall be closed within **30 days** of that decision. In exceptional circumstances where the file cannot be closed within 30 days of that decision, consult with the supervisor to determine the date of closure and document in the file the reasons for the delay of closure and the supervisor's approval.

When closing a file, the worker must expunge all *Youth Criminal Justice Act* (YCJA) and *Young Persons Offences Act* (YPOA) records.

PROCEDURES

Opening a File:

1. When a new file is opened, the worker shall complete a Family Referral Form and the Client Information Form, and forward both forms to the supervisor for their signature. The supervisor signs both forms. The Family Referral Form is returned to the worker who puts the completed form on the applicable case file. In Whitehorse, the supervisor submits the Client Information Form to the administrative clerk responsible for registering the involvement on the Client Index System; outside Whitehorse, depending on the circumstances of the particular regional office, the supervisor returns the Client Information Form to the administrative assistant, or the worker where there is no administrative support, for registering the involvement on the Client Index System.
2. Within 30 days of opening a file, an Opening Summary is completed and forwarded with the case file for the review and signature of the supervisor. Depending on the circumstances/stage of the case, or the purposes of the worker, the Opening Summary is completed using either the Investigation Summary Form, the Family Assessment Form, or the Child Assessment Form.

Closing a File:

3. The worker consults with their supervisor to decide if the file will be closed. **Files must be closed within 30 days of the decision to close the file.** In exceptional circumstances where the file cannot be closed within 30 days, consult with the supervisor to determine the date of closure, and document in the file the reasons for the delay of closure and the supervisor's approval.

4. The worker shall review the file and ensure that all documentation is completed and on file, including reviews, family/child assessments and case plans, agreements, recordings, correspondence and other materials. All documents shall be attached to the appropriate backing and in the appropriate order, with the most recent recordings and documents on the top.
5. Where a 'Paperwork Pending' code is placed on the CIS system for Child in Care files, ensure the paperwork is completed within 30 days of the code being applied on the CIS. Note that a 'Paperwork Pending' code is not acceptable on Child Protection files, except in exceptional circumstances and with the supervisor's approval (and notification to the manager).
6. The client must be notified in writing as to the closure of a case file within 15 days of the file closure; the worker shall also attempt to discuss the case closure with the client. Regardless of whether or not the worker discusses the case closure with the client verbally, the notification must be in writing, and must be sent within 15 days.
7. The worker will inform all service providers, First Nations and others involved in the Case Plan of both the decision to close the case and the closing date. Copies of letters sent to collateral agencies shall be placed on the file and the family/child advised of the information shared with the collaterals.
8. Prior to closing the file, the worker shall complete a Closing Summary that includes a summary of services provided, a description of the changes that occurred with respect to the client, and a description of the client's connection to community services. See also CFSA Manual Section 11.4: Case Closure. Depending on the circumstances/stage of the case, or the purposes of the worker, the Closing Summary is completed using either the Investigation Summary Form, the Family Assessment Form, or the Child Assessment Form.
9. The worker must also ensure that all YCJA and YPOA records are expunged from the file. When youth justice records are provided by Youth Probation, a covering sheet is also provided, indicating whether the record must be destroyed (by shredding) or returned to Youth Probation upon expunging.
10. The closing summary, along with the file, is forwarded to the supervisor for review and signature. The file is then given to the administrative clerk responsible for filing and records keeping to be placed in the records storeroom until archiving. After ensuring all information is up to date and accurate, the case is closed on the Client Index System.

FORMS

Family Referral Form
 Risk Assessment
 Comprehensive Family Assessment
 Investigation Summary
 Child Assessment
 Client Information Form

16.1.3 Changing Status of File

Legislation and Relevant References

Child and Family Services Act (R.S.Y. 2008, c.1)

POLICY

When circumstances change such that a change in the status of a client's file may be required, the worker shall complete a file review and update all required forms (such as the Risk Assessment Form in child protection cases). If there is evidence that a change in status is warranted, the worker shall complete the appropriate documentation and obtain the written approval of the supervisor.

A client must be registered on the Client Index System (CIS) within one working day of the determination of their status; see [Policy 16.2.4: Client Index System](#). When a client's status changes, the worker shall change the file code on the CIS within 24 hours of obtaining the supervisor's approval.

PROCEDURES

1. Where the worker believes that a change in status of a file may be warranted (e.g. from Child Protection to Family Services), the worker shall complete a file review ensuring that the full picture of the situation is understood and clear. If the file review confirms the need for a status change, the worker shall complete a Client Information Form and submit it and all other relevant documentation to the supervisor for approval.
2. For child protection files, the worker shall also complete an updated risk assessment, where a risk assessment has not been completed in the last 30 days; refer to [Chapter 6 – Risk Assessment](#). If the updated risk assessment and file review confirm the need for a status change, the worker shall forward all relevant documentation to the supervisor along with the completed Client Information Form.
3. If approved, the supervisor submits the Client Information Form to the administrative clerk (in Whitehorse), or the administrative assistant (or worker, if there is no administrative support) outside Whitehorse, for recording the change on the Client Index System. Workers do not contact the Department IT office to request changes to a client's CIS code.

FORMS

Risk Assessment Framework
Client Information Form

16.1.4 Transfer of File

Legislation and Relevant References

Child and Family Services Act (R.S.Y. 2008, c.1)

PURPOSE

A file is transferred when responsibility for the file is reassigned from one worker to another. A transfer may be necessary because the client's status changes or the client moves.

POLICY

Transfer of a file requires the approval of the supervisor. When a case file requires a transfer from one worker, unit or jurisdiction to another, the transfer documentation shall be submitted to the transferring supervisor for approval within **15 calendar days** of the decision to transfer. The transfer shall then be completed **within 14 days** of the transfer documentation being submitted to the transferring supervisor for approval. In exceptional situations, and with the approval of both supervisors, this may be extended for an agreed upon time frame not exceeding 30 days.

The transfer of high risk child protection files is not advised, and is ideally done once the risk has been reduced. There are times when it is necessary to transfer a file; it must be approved by the supervisor, and important and relevant information must be shared with the receiving worker as soon as possible. The supervisor must approve all documentation and ensure it is complete prior to the transfer. The supervisor will meet with the supervisor receiving the file and the file will be assigned immediately. In these situations the transferring worker will make every attempt to introduce the new worker to the family. For further information regarding management of high risk cases refer to [Policy 6.2: Management of High Risk Cases in Child Protection](#) and [Policy 17.6: Supervisory Involvement in Management of High Risk Cases](#).

A case conference will be held for all files being transferred, to ensure continuity in supports and/or services being delivered to the client. The case conference must be attended (in person or via teleconference) by both the transferring worker and supervisor and receiving worker and supervisor. Other workers directly involved with the case may also attend.

The transferring worker is responsible for the case file until the date of the case conference, when the responsibility is transferred to the receiving worker. However, where a transfer has been approved and is in process, and a client moves to another community prior to the case conference, the receiving worker assumes responsibility for case management upon notification of the family's move.

An introductory visit with the family/child that includes the transferring and the receiving workers shall be arranged within **10 days** after the case conference. The exception would be inter-jurisdictional and some community transfers where attendance of both workers is not possible. The receiving worker notifies all other service providers and collaterals of his/her identity and contact information **within 2 days** of assuming case responsibility.

Where a family and child move to another community, the transfer of the case shall occur if and when the family and child are resident in the community for longer than 30 days. See [Policy 16.1.5: Intercommunity Coverage and Transfer](#) for ensuring appropriate coverage during the

family's move and/or transition. There may be extenuating circumstances where a family relocates to a different community for more than 30 days, but the relocation is intended to be temporary. In these circumstances, the worker may discuss with their supervisor, and the worker and supervisor in the 'receiving' community, the option of not proceeding with a file transfer after 30 days. Any such arrangements require the approval of the supervisor (or both supervisors, as appropriate), and notification to the manager(s).

For inter-jurisdictional transfers, refer [Chapter 18, Appendix 9\(k\): Provincial/Territorial Protocol on Youth, Children and Families Moving between Provinces and Territories](#). For more information on working with other agencies, jurisdictions and First Nations see [Policy 3.2 First Nations and Child Welfare](#) and [18.10: Working with Other Agencies – Protocols](#).

See [Policy 13.13.2: Child Five Years and Under: File Transfer](#) for all file transfers involving children five years and under.

PROCEDURES

1. Where families and/or children require ongoing services or supports, the transferring worker receives approval for a transfer of the case file from their supervisor. The transferring worker reviews the file and ensures that all documentation is complete and on file, including any reviews, family/child assessments and case plans, agreements, recordings, correspondence and other materials. All documents shall be attached to the appropriate backing and in the appropriate order, with the most recent recordings and documents on the top. The worker completes a Transfer Summary and forwards it with the file, within 15 calendar days of the decision to transfer, to the supervisor for their review and signature. Depending on the circumstances/stage of the case, or the purposes of the worker, the Transfer Summary is completed using either the Investigation Summary Form, the Family Assessment Form, or the Child Assessment Form.
2. The supervisor shall send an email detailing the proposed file transfer and shall forward the Transfer Summary to the receiving supervisor.
3. The receiving supervisor will **assign a worker to the file within 48 hours** of receiving the e-mail notification from the transferring supervisor. The receiving supervisor shall notify the transferring supervisor of who the assigned worker is.
4. For cases with child protection concerns, any existing safety plan continues without interruption during the transfer from one worker to another. Until the case conference, the transferring worker is responsible for managing any safety plan and addressing emergency family needs, unless decided otherwise by the transferring and receiving workers and supervisors (which must be documented on the file).

Note: Should the family move during the transfer process, notification of the move must be given to the receiving worker as soon as possible, who will assume responsibility for the case from that point forward.

5. The transferring worker shall ensure the Client Index System is updated; see [Policy 16.1.3: Changing Status of File](#).

6. Prior to transferring a file, where possible, the transferring worker shall involve and inform the child and family about the new worker and of the upcoming introductory meeting. In addition, depending on the circumstances of the case, the worker shall inform other involved extended family members, collateral agencies, First Nations and any other key person involved in the decision to transfer the file.
7. When the file transfer is approved by the transferring supervisor, the case file is returned by the supervisor to the transferring worker, who then forwards the case file to the receiving worker. The receiving supervisor and worker must review the file within **five days** of receiving it
8. The transferring and receiving workers shall arrange a case conference within **14 days** of submission of transfer documentation to the transferring supervisor. Where possible the case conference should be face to face and will include discussion of the family's strengths, goals, achievement, and child protection and family issues.
9. The receiving worker notifies all other service providers of his/her identity and contact information within **two days** of assuming case responsibility.
10. As appropriate, and particularly for cases with child protection concerns, an introductory meeting with the family shall occur (preferably in the family's home, with their permission) within **10 days** of the completed file transfer. The transferring and receiving worker shall both be present. If the meeting cannot be arranged in the family home, or the transferring worker cannot attend in person or via teleconference, consult with the supervisor.
11. For cases with child protection concerns, during the introductory meeting with the family the transferring worker reviews the original referral information, the outcome of the assessment(s) (i.e.: risk assessment, family assessment or child assessment), any safety plans that exist, and the rationale for the provision of ongoing services to the child and/or family, noting progress that the family/child has made (or not made, if applicable). The receiving worker uses the first contact with the family/child as an opportunity to begin to establish rapport with the various family members and to book a follow up meeting with them within **one week** of the introductory meeting. If a follow up meeting cannot be booked, the worker shall initiate contact with the family within one week (see [Policy 8.3: Contact Requirements with Families Receiving Support Services](#)).
12. Where the worker feels a file transfer is not in the best interest of a child and/or family, despite the family relocating (or planning to relocate) to another community for more than 30 days, the worker will discuss the situation with their supervisor. If the supervisor agrees, the worker and supervisor will discuss the case with the worker and supervisor in the 'receiving' community to develop a plan for appropriate 'on-site' coverage. If there is agreement, the plan will be presented to the manager(s) for approval. If at any time it becomes clear to one of the workers that the client's relocation will be permanent, the plan will be revisited by the workers and supervisors.

FORMS

Family Assessment Form
Investigation Summary Form
Child Assessment Form

16.1.5 Intercommunity Coverage and Transfer

Child and Family Services Act (R.S.Y. 2008, c.1)

PURPOSE

When a client with an active file moves between communities, or when individual family members reside in separate communities (i.e.: extended family caring for a child living in one community while the birth parent(s) reside in another community), it is important to be clear as to which community worker holds responsibility to follow up on the concerns, provide support and/or take the lead in case management. This policy addresses roles and responsibilities in these situations.

POLICY

When a client with an active file moves between communities, their case file is transferred to that community if and when the client has established residency in the community.

Residency is established by being resident in a community for at least 30 days. See [Policy 16.1.4: Transfer of File](#).

When a client with an active file moves between communities, it is the responsibility of the worker in the original community and the worker in the new community to work collaboratively in the best interests of the child. This collaboration shall continue as long as is necessary to ensure and maintain appropriate service delivery, supports, case planning and/or case management, and may continue after the file is transferred or the client returns to the original community, as needed (for example, to share information or to identify extended family members or important collaterals). Documentation is sent to the worker holding responsibility for the file.

When child protection concerns arise regarding a family and child who have moved between communities, the worker in the community where the child/family is/was located at the time of the report/concern shall respond and make any decisions regarding immediate action.

When a family and child accessing support services move between communities, the original community worker and the new community worker shall participate in joint case planning and delivery of services; the original community worker, however, is responsible for case management.

When children cared for by extended family accessing support services are living in a separate community from their parents, the worker in the parents' home community and the worker in the extended family/child's home community shall participate in joint case planning and delivery of services. The worker in the parents' home community is responsible for the child's and/or family's file; if there is an extended family care file, it is the responsibility of the worker in the extended family's community.

Where a family and child have two residences, attention to child protection concerns should follow the child, regardless of where the file is kept. Responsibility for case management or assignment of a primary case manager is decided jointly by the workers and supervisors in both communities.

PROCEDURES

1. Where a case involves child protection concerns, the immediate risk to and safety of the child shall be assessed by the responding worker (the worker in the community where the family and child were located at the time of the report/concern), and shall be reviewed with the supervisor. In order to assess the risk to and safety of the child, or in order to ensure the most appropriate services are received by a family and/or child, the responding worker shall contact the original community worker to obtain information necessary for understanding the best interests of the child, including, for example, family history.
2. In all situations where a client with an active file moves between communities, the new community worker shall contact the family and arrange a conference call with workers and supervisors from both communities within 24 hours. The new community worker attends meetings or case conferences with the family as long as the family is in the new community, and contributes to case planning. The original community worker participates in relevant case conferences and meetings, in person where possible or otherwise by teleconference.
3. The transferring worker is responsible for the case file until the date of the case conference, when the responsibility is transferred to the receiving worker. However, where a transfer has been approved and is in process, and a client moves to another community prior to the case conference, the receiving worker assumes responsibility for case management upon notification of the family's move. Responsibility for case management entails keeping and maintaining the case file, making long term-decisions with the client, and leading the development of the case plan (where applicable).
4. When children cared for by extended family accessing support services are living in a separate community from their parents, separate parent and extended family case files are kept by their respective assigned workers; long-term family decisions are made collaboratively with participation by workers in both communities; and responsibility for case management of the overall family (child, parents and extended family) rests with the parents' assigned worker.
5. When a worker becomes aware that a family with child protection concerns is moving to another community, or a high risk family is visiting another community, the worker shall ensure an alert is sent to the receiving or visited community. See Section 18.5: Alerts.
6. Any worker having involvement with a client, regardless of whether the client resides in the worker's community and regardless of whether it constitutes a Brief Involvement, must complete all administrative tasks related to that involvement, including documenting decisions related to the involvement on the CIS. Where the client already has an open file and another worker has responsibility for case management of the file, the worker must forward any documentation to the worker who has responsibility for case management.

FORMS

Alerts

16.1.6 File Assignment for Reports on Open or Recently Closed Files

Legislation and Relevant References

Child and Family Services Act (R.S.Y. 2008, c.1)

POLICY

When a report is received on an open child protection file, the receiving worker shall complete a Family Referral Form which is provided to the assigned worker and their supervisor immediately.

Any file re-opened within three months after closure shall be assigned to the previous worker or another worker as determined by the supervisor.

PROCEDURES

1. When a report is received on an open file, the worker who received the report completes a Family Referral Form and forwards it to the worker who has responsibility for the open file, and to the supervisor for signing. If the worker who has responsibility for the open file is not available, it is the responsibility of the receiving supervisor to assign the case to another worker. The receiving supervisor forwards a copy of the CIS form to the Administration Clerk (in Whitehorse) or the administrative assistant or assigned worker (outside Whitehorse) to register the involvement on the Client Index System. For further information see [Policy 16.1.3: Changing Status of a File](#).
2. If a file that was recently closed reopens within 3 months of the closure date, the worker who closed the file, or another designated worker from that unit as determined by supervisor, will be reassigned that file.
3. Some situations may require another worker to complete an investigation. With the approval of the supervisor (or both supervisors where applicable), the worker who received the referral or another designated worker may be assigned to conduct the investigation.
4. If another worker continues with the investigation, the worker to whom the file is open will, in a timely manner:
 - provide any information they have pertaining to the file;
 - attend case meetings/conference calls; and
 - provide any other supports as required.

This ensures that families who are visiting from other communities receive the services needed in the most effective manner.

5. If there is not an open file when a report is received, the worker receiving the report will complete a Family Referral Form to open the file, and forward the form with a copy to the supervisor for approval; see [Policy 16.1.2: Opening and Closing a File](#). Note that the procedure is the same whether a file is open or closed within the three months.

The supervisor will forward the approved forms to the administrative clerk (in Whitehorse) or the administrative assistant or assigned worker (outside Whitehorse) to register the involvement on the Client Index System.

6. If the report involves a Regional matter and indicates that an immediate response is required, the supervisor will inform the appropriate unit supervisor of the urgent referral. The information must be provided by speaking directly to the worker and/or the supervisor by telephone (not voice mail) and by email. The Family Referral Form will be mailed to the worker and supervisor.
7. If there has been past involvement with a family either through brief involvement or where ongoing services had been provided, the responding worker will gather previous relevant information and document it on the Family Referral Form.

FORMS

Family Referral Form

Family and Children's Services 2nd Wave Practice Guidelines during the COVID-19 Pandemic



Yukon

Location of Document:		
Current Version (Number & Date)	V01: November 24, 2020	Previous Vs:
Author of Current Version:	Randi Cave	

Yukon's Coronavirus (COVID-19) Pandemic

Family and Children Services 2nd Wave Practice Guidelines

Version Control for Document		
Version	Section, Topic, & Main Change	Date
V01	Original Document	November 18, 2020

Table of Contents	
Topic Area	Page Number
Overview and Purpose of the Document	1
General Information and Practices	4
Non-essential Services	6
Essential Service Delivery Phase (table)	7
In-home Contact Guidelines	9
Placement of a child with confirmed or suspected exposure to COVID-19	9
Mask Use	10
Travel and Self Isolation	11
Leave Requirements	11
Work From Home during Essential Service Delivery Phase	12

Overview and Purpose of the Document

As the COVID-19 pandemic progresses across Canada and the world, Yukon has (at the time of drafting this document) 38 confirmed cases with 23 recovered and is continuing to manage the risk of exposure to the virus. As we can see in the other territories, things are unpredictable and changing quickly; it is likely this will continue over the next few weeks and months. We are, at present, practicing the Safe 6, as directed by the Chief Medical Officer of Health (CMOH) and have added safety measures in place such as PPE and intensified cleaning. We continue to conduct business as usual with precautionary guidelines in compliance of the Civil Emergency Measures Health Protection (COVID-19) Order and Directives.

This integrated document is an amalgamation of several key documents that were provided to staff over the past months, including:

Location of Document:		
Current Version (Number & Date)	V01: November 24, 2020	Previous Vs:
Author of Current Version:	Randi Cave	

1. FCS Practice Guidelines;
2. Global Notes;
3. Communications from the Chief Medical Officer;
4. OHS Directive 5;
5. Work From Home Directive;
6. P/T information shared by Directors of CW and also CWLC (Child Welfare League of Canada)
7. Guidelines for the Delivery of critical, essential and other services (April 20, 2020)
8. Communal Living Recommendations
9. Guidelines for Child Care Centres and Family Day Homes

As indicated in previous communications, the Yukon CMOH provides the overarching guidance for COVID-19 protocols. For updated information of Yukon's COVID status, staff are encouraged to regularly monitor the COVID-19 page (www.Yukon.ca/covid-19). Information specific for Yukon government employees for COVID-19 is also available on the Yukonnect site (<https://yukonnect.gov.yk.ca/Pages/default.aspx>). In addition, if case-specific questions occur, we suggest that they first be discussed with your direct supervisor/manager. If needed, your supervisor or manager will contact FCS COVID lead Randi Cave at 867-335-0050 or Randi.Cave@gov.yk.ca directly to seek consultation or advice on following the Health Emergency Operations Center (HEOC) process as defined by the Deputy Minister.

Please check with your direct manager/supervisor if you are unclear about any of the content within this document, and/or resources that are available to you.

Location of Document:		
Current Version (Number & Date)	V01: November 24, 2020	Previous Vs:
Author of Current Version:	Randi Cave	

General Information and Practices

This section includes information and/or practices that are pertinent to all FCS staff. Please review these sections and if you have questions, direct them to your supervisor/manager.

As an essential service, the Director of Family and Children's Services must fulfil obligations under the *Child and Family Services Act (CFSA)*, and *An Act Respecting First Nations, Inuit and Metis Children Youth and Families (FNIM ACT)*, including the assessment of alleged abuse, protecting children and ensuring the well-being of children in care. While staffing during the *Essential Stage of Service Delivery* will most likely be at a reduced capacity, the safety and well-being of everyone continues to be a paramount concern.

A number of positions within Family and Children's Services have been identified that may be considered for redeployment to other FCS program areas in the event that we are not meeting mandated services. Individuals whose positions may be considered for redeployment have been issued their seven day notice as per YEU CA Article 15.03(1) – Normal Work Schedule (1) A regular employee's working schedule will not be altered unless they have been given a minimum of 7 working days' notice, or absent of sufficient notice the Employer pays 1½ T for all regular hours worked on first day/shift following notice of change. Please note: No split shifts permitted.

We know that this may be a particularly stressful time for everyone, including staff, vulnerable children and families, and care providers. Social isolation, financial difficulty, reduced community/school involvement, lack of resources in the home, and other stresses may contribute to enhanced pressure on many of the children, youth and families we work with.

As we enter into the second COVID-19 wave, staff should continue to reach out to all families to inquire about their specific and ongoing needs on a case-by-case basis. As before in phase 1, should internet and/or phone services be required for provision of services, the family will be responsible to arrange this service once pre-approval has been given; Family and Children's Services will not assume past arrears and approvals will be time-limited. Family and Children's Services will continue to assess the need for additional supports such as phone minutes, recreation resources in home, food, medications or other essential items to ensure that families have the required supports as they continue to navigate the challenges that all Yukoners are facing for the second time.

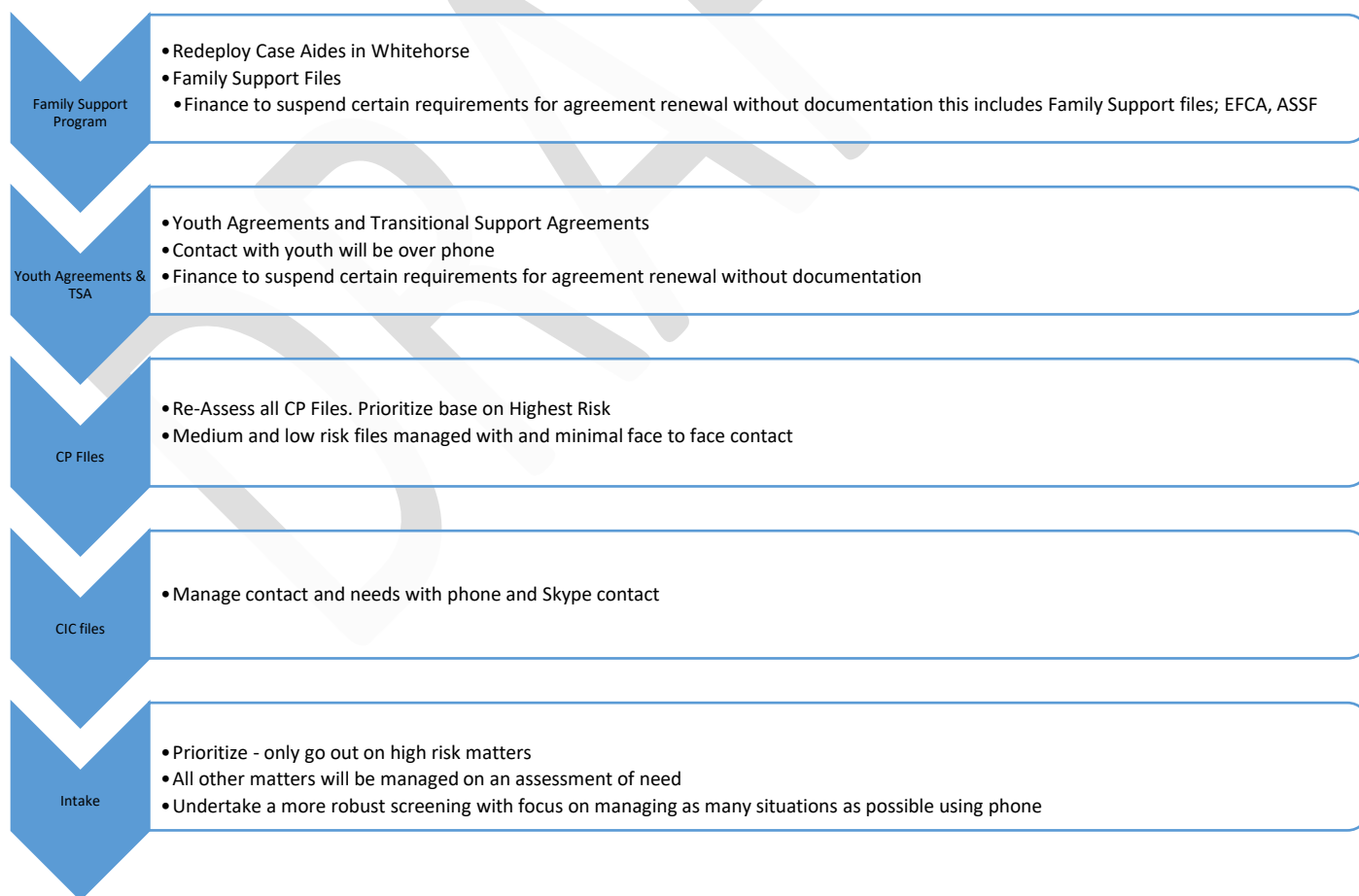
During the 2nd wave staff should be reaching out to explore with children, caregivers and families to review what resources are currently in place to allow ongoing contact (i.e. cellphone,

Location of Document:		
Current Version (Number & Date)	V01: November 24, 2020	Previous Vs:
Author of Current Version:	Randi Cave	

computer, internet access, etc.) **AND** ensure the development of a support and contact plan was completed as directed in phase 1 and it could be implemented in the event FCS enters into an Essential Service Delivery Phase (non-essential programming is closed and/or if staffing complement is depleted). This will be especially significant when providing court-ordered contact and services. At this stage, social workers with files before the courts should immediately assess interim plans for contact and services and consult with our Legal Services to ensure the court is aware of and in support of any required reductions in service.

Once the Essential Service Delivery Phase is activated, the number of qualified staff available to carry out the delegated responsibilities will likely be reduced.

If and when activation of the Essential Service Delivery Phase, interactions with children and families may not occur with their assigned social worker and/or care team, therefore particular sensitivity and awareness is critical to reassure them of our capacity to support their needs. All staff are to ensure that families, children in care, and their caregivers have easy access to information on emergency contacts, resources, etc.



Location of Document:		
Current Version (Number & Date)	V01: November 24, 2020	Previous Vs:
Author of Current Version:	Randi Cave	

All staff will be available during work hours, even if they work from home, so every effort will be made to ensure consistency in the assigned contact persons with families. Every effort will be made by staff to have updated contact notes on files for reference purposes during the Essential Services phase.

Non-essential Services:

At present, we remain practicing the guidelines that are currently in place, and most of our services and supports continue to be delivered as usual with some modifications. Careful considerations are being given to how to reallocate staffing from non-essential service areas to offset staffing reductions that may occur due to COVID-19. The following Family and Children's Services program areas and activities are considered non-essential during the Essential Service Delivery phase:

- Healthy Families Programming
- Family Support Services
- Family Group Conferencing
- Adoption Services, including information sessions, pre-service training, assessments and Intercountry Adoptions
- Foster Care Information sessions; pre-service training; assessments
- Care Giver Resource recruitment activities
- Processing of requests related to Adoption Disclosure
- Processing of requests related to ATIPP and/or HIPMA
- Youth Achievement Center (YAC) services

In addition:

- Nts' äw Chua will delay transition of youth into new program;
- The Young Offenders Facility (YOF) will remain ready to receive youth as per legislated requirement; and
- CORE Training and other Child Welfare Training and curriculum development activities will suspend.

Please note that all staff and resources within non-essential program areas will be redeployed as necessary to essential service areas within FCS or other areas of service within government. Further information on this will be provided should the Essential Service Delivery phase become activated.

Location of Document:		
Current Version (Number & Date)	V01: November 24, 2020	Previous Vs:
Author of Current Version:	Randi Cave	

Essential Service Delivery Phase			
Program	Required Staffing	Redeployment Priority (H,M,L)	Programming Changes
TSS	Full	H	<ul style="list-style-type: none"> • Programming will follow the FCS Practice Guidelines and as per Appendix A • Please see staffing section below
Nst aw Chua	Reduced	M	<ul style="list-style-type: none"> • Programming will follow the FCS Practice Guidelines and as per Appendix A • See staffing section below.
Intake	Full	H	<ul style="list-style-type: none"> • Intakes will be triaged to prioritize those that require an immediate or same-day response • Investigation plans should consider if there are other means of obtaining collateral or direct information other than via face-to-face contact • Should medical examination of children and youth be required, staff will contact the emergency department or local health centre to discuss and request direction on how and where to access the immediate medical attention. • For in home contact guidelines see below • Programming will follow the FCS Practice Guidelines
Child Protection	Reduced	M	<ul style="list-style-type: none"> • Any challenges to meet urgent same-day responses must be elevated to the respective manager • Should medical examination of children and youth be required, staff will contact the emergency department or local health centre to discuss and request direction on how and where to access the immediate medical attention. • Suspended: Face-to-face contact with the child in care/out of home care will be suspended • Suspended: Formalized case reviews, i.e. supervisor case reviews, case plan reviews/family conferences • Suspended: Face-to-face contact with care providers • Suspended: In-person counselling / therapy may need to be suspended and held via phone or skype if necessary

Location of Document:		
Current Version (Number & Date)	V01: November 24, 2020	Previous Vs:
Author of Current Version:	Randi Cave	

			<ul style="list-style-type: none"> Requirement for an updated PRI will be suspended if this is not achievable given the existing staffing complement. Any placement changes must continue to be documented as per policy. For in home contact guidelines see below Programming will follow the FCS Practice Guidelines
Foster Care/Adoptions	Reduced	L	<ul style="list-style-type: none"> Suspended: Face-to-face contact with the child in care/out of home care will be suspended Suspended: Formalized case reviews, i.e. supervisor case reviews, case plan reviews/family conferences Suspended: Face-to-face contact with care providers Suspended: Adoption planning/placement activities Suspended: In-person counselling / therapy may need to be suspended and held via phone or skype if necessary Requirement for an updated PRI will be suspended if this is not achievable given the existing staffing complement. Any placement changes must continue to be documented as per policy. Programming will follow the FCS Practice Guidelines
YOF * as required	FULL	H	<ul style="list-style-type: none"> Follow guidelines as provided by Corrections Canada.
Child Care Services	FULL	H	<ul style="list-style-type: none"> Programming will follow the FCS Practice Guidelines

Staffing Direction - in the Event of Redeployment

INTENTIONALLY LEFT BLANK – WILL BE U PDATED AFTER DMU AND LR MEETING

Location of Document:		
Current Version (Number & Date)	V01: November 24, 2020	Previous Vs:
Author of Current Version:	Randi Cave	

In-Home Contact Guidelines

Only enter the home if necessary. This would occur if you needed to assess the dwelling conditions, when the child's safety is unknown or when there is concern for the child's safety. When inside the home, ensure that you maintain an appropriate physical distance from others and avoid touching surfaces.

- If the individual states they meet some of the criteria, try to rearrange the meeting for another time or utilize phone or Skype for meeting.
- **If the client indicates that, they are sick and/or have a confirmed case of COVID-19 do not attend the home and cancel all non-essential home visits or meetings. Ensure the client has had or has contact with medical supports and contact 811.**
- **If immediate access to and or removal of any children is required, staff will carry out legislated requirements using all protective equipment deemed necessary by the Chief Medical Officer in dealing with COVID-19.**
 - **PPE: Gloves, mask, gown, eye protection.**
 - **Staff will then be required to self-isolate and new staff will be assigned to intake and investigation.**

For unannounced visits such as urgent matters, the initial contact and screening will take place at the door, practicing physical distancing (6 feet or two meters), where the social worker will ask the above noted key questions in regards to risk of illness in the home.

If you have been asked to respond to a home on an urgent matter and you have determined someone has symptoms or has been exposed to COVID-19, DO NOT ENTER THE HOME until you have consulted with your supervisor and made arrangements to have appropriate protective equipment.

Placement of a child with confirmed or suspected exposure to COVID-19

- Careful placement consideration will be required in the event that a child/youth in care contracts COVID-19. Protocols are currently being developed. If a child/youth in care contracts COVID-19, notify the Director of FCS immediately. Placement requests related to a child/youth who may have been exposed to COVID-19 should be processed as per normal practices, with full disclosure to potential caregivers. Testing to confirm whether or not the child/youth has COVID-19 will occur as per the direction of the Director of FCS.

Location of Document:		
Current Version (Number & Date)	V01: November 24, 2020	Previous Vs:
Author of Current Version:	Randi Cave	

- Use of a placement resource where someone in the home is said to have had a confirmed case of COVID-19 will be considered when the individual (and all others living in the home) has fully recovered.
- These matters and others involving confirmed or suspected exposure to COVID-19 will be brought to the Director of FCS for consultation with the CMOH.

Mask Use

The CMOH announced on November 24, 2020 that effective December 1, 2020 it will be mandatory to wear non-medical mask in all indoor public spaces. This extends to all Yukoners over the age of two with very limited exceptions. A list of places of exemption and people who will be granted exemption will be available on or before December 1, 2020. At which time this document will be updated

Once the directive is available, this document will be updated.

Mask use as per Government of Yukon Vehicle Use Directive

When traveling in a fleet vehicle:

- Ensure there is always an empty seat between passengers (i.e., no passenger sits in the middle seat);
- All passengers in the vehicle wear non-medical masks.

Location of Document:		
Current Version (Number & Date)	V01: November 24, 2020	Previous Vs:
Author of Current Version:	Randi Cave	

Travel and Self Isolation

The Chief Medical Officer of Health has announced that as of 5 p.m. on Friday, November 20, everyone other than critical services workers entering Yukon will be required to self-isolate for 14 days. This includes travel from B.C., N.W.T. and Nunavut. Non-essential travel outside the Yukon is not recommended. If you must leave Yukon, you must let your supervisor/manager know the date of your travel before you leave the territory.

Leave Requirements

Sick Leave

When employees are utilizing their sick leave, please use the following guidelines:

- If you are sick and absent from work, use your regular sick leave to cover your absence.
- If you do not have sufficient sick leave accruals, you may request an advance of sick leave up to 15 days. This advance requires approval through normal departmental processes; if approved, your supervisor will submit the approved form to HR Shared Services who will process this on your behalf.
- If this advance is also exhausted or not approved, you may request vacation, long service leave, and/or comp/manager's leave, followed by LWOP - Leave Without Pay (per GAM 3.27) to cover your absence. Please remember use of these leaves are discretionary and approval is based on operational requirements.
- If you need to care for a sick dependent, you would ordinarily use your special leave/personal needs leave to cover your absence. If you do not have sufficient special leave/personal needs leave, as YEU, you could also request use of your annual leave, long service leave, comp leave/manager's leave to cover off your absence. These leaves are discretionary and based on operational requirements.

Location of Document:		
Current Version (Number & Date)	V01: November 24, 2020	Previous Vs:
Author of Current Version:	Randi Cave	

Special leave

- For YEU/CON/YTA employees: use Special Leave - COVID-19 if you are staying home to care for a dependent who is sick related to COVID-19, or if you are looking after children due to school and day care closures and are not able to work.
- For Management employees: use Personal Needs leave for this purpose and enter 'COVID-19' in the description.
- If you do not have sufficient special leave, you can request use of your annual leave, long service leave, comp leave, or manager's leave to cover off your absence. These leaves are discretionary and based on operational requirements; your supervisor should consider your reasons for requesting the leave.

If you are taking annual leave, non-essential travel outside of Yukon is not recommended at this time by the CMOH.

Work From Home during Essential Service Delivery Phase

Working from home arrangements during COVID-19 are only intended for well-suited positions that are in accordance with the department of Health and Social Services Business Continuity Plan allowing program areas to meet operational requirements are being considered. FCS as a range of mandated services and programs that may not suite working from home arrangements. What works in one program area, may not work in another. Any employee requesting to work from home must have prior approval of the program Manager and must be submitted for approval using the [remote work tracking tool in My HR File](#).

COVID in the Work Place

If there is concern of COVID within the work place, the employer is not obligated to identify individuals who have reported being ill. The identity and privacy of any confirmed COVID-19 employee shall be protected. It is sufficient to inform employees if there is a health risk in the workplace. However, supervisors should maintain communications with employees and a general update can acknowledge the presence of respiratory symptoms or a report of the COVID-19 virus in the workplace. Supervisors should also encourage staff to take the necessary precautions to prevent the spread of respiratory

Location of Document:		
Current Version (Number & Date)	V01: November 24, 2020	Previous Vs:
Author of Current Version:	Randi Cave	

viruses. Ensure that affected work area surfaces and work stations have been properly sanitized with disinfectant, and when completed communicate this to the employee(s). It is important to know that Yukon Communicable Disease Control and Yukon's Chief Medical Officer of Health will lead all steps forward with any positive test results for COVID-19.

A person who is a diagnosed case of COVID-19 can request a return to work clearance letter from Yukon Communicable Disease Control. It's important to note that the employee needs to be the one to ask for this and that the employer does NOT directly contact YCDC. That is, the employer may ask the employee, who then obtains the clearance letter due to privacy of information reasons. A copy of the letter should be kept in a sealed envelope in the employee's personnel file with limited access

THIS DOCUMENT WILL BE UPDATED ON AN ONGOING BASIS AS REQUIRED

Location of Document:		
Current Version (Number & Date)	V01: November 24, 2020	Previous Vs:
Author of Current Version:	Randi Cave	

Family and Children's Services practice guidelines during the COVID-19 crisis



Yukon's Coronavirus (COVID-19) Pandemic

Family and Children Services Practice Guidelines

Version Control for Document		
Version	Section, Topic,& Main Change	Date
V01	Original Document	March 17, 2020
V02	Updated measures within document	April 1, 2020
V03	Edit by Communications	April 4, 2020
V04	Clean up document – accept edits from Comms	April 6, 2020
V05	Change in direction for intake Page 14	April 8, 2020
V06	Updated document – See Red sections	April 20, 2020
V07	Updated relevant information	April 28, 2020
V08	Updated Appendices See red sections	May 20, 2020

Table of Contents	
Topic Area	Page Number
Overview and Purpose of the Document.....	3
General Information about COVID-19.....	4
General Information and Practices.....	6
Non-essential Services.....	10
Social Distancing Strategies.....	11
Intake, Investigation and Child Protection.....	12
<ul style="list-style-type: none"> Appendix D: FCS Guidelines for Supervising Access/Contact Visits During COVID-19 Appendix E: Staying at Home Supports for Care Givers Appendix F: Staying at home Support Review Form 	
Policy Expectations, Children in Care.....	
Placement Considerations.....	
Care Provider Information.....	16
Transitional Support Services (TSS).....	17
<ul style="list-style-type: none"> Appendix A 	17
	18

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

<ul style="list-style-type: none"> Appendix A.1 (Guidance for the prevention and management of COVID-19 in communal living settings-attachment) 	19
Supports to Care Providers.....	
Family Visitation / Court Ordered Access	19
Protection of Children during the Coronavirus Pandemic – The Alliance for Child Protection in Humanitarian Action.....	21
Strategy for Reception Desk.....	22
Legislative Designation Considerations.....	24
Financial Considerations.....	25
First Nation Involvement.....	26
Legal Services.....	26
Youth Supports and Services.....	27
<ul style="list-style-type: none"> Appendix B Appendix B.1(Intake Screening Algorithm and screening form-attachment) 	
Early Childhood.....	27
<ul style="list-style-type: none"> Appendix C 	
Case Management and Documentation.....	30
Final Remarks.....	31

Overview and Purpose of the Document

As the COVID-19 virus progresses across Canada and elsewhere, Yukon has 11 confirmed cases with eight recovered and is continuing to manage the risk of exposure to the virus. The current focus is limiting exposure to the virus and “flattening the curve”. Things are changing quickly and it is highly likely this will continue over the next few weeks and months. We are, at present, practicing safe distancing, as directed by the Chief Medical Officer of Health (CMOH), but continue to conduct business as usual with precautionary and Essential Service Delivery planning in compliance of the Civil Emergency Measures Health Protection (COVID-19) Order.

This integrated document is an amalgamation of several key documents that were provided to staff over the past several days, including:

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

1. Global Notes (Last updated April 20, 2020, 2020);
2. Communications from the Chief Medical Officer. (Last updated March 30, 2020);
3. OHS Directive (March 26, 2020 – Amended April 9th, 2020); and
4. Work From Home Directive (March 18, 2020).
5. P/T information shared by Directors of CW and also CWLC (Child Welfare League of Canada)
6. Guidelines for the Delivery of critical, essential and other services (April 20, 2020)
7. Communal Living Recommendations
8. Guidelines for Child Care Centres and Family Day Homes

As indicated in previous communications, The Yukon CMOH provides the overarching guidance for COVID-19 protocols. All staff are encouraged to regularly monitor the COVID-19 page (www.Yukon.ca/covid-19). Information specific for Yukon government employees for COVID-19 is also available on the Yukonnect site (<https://yukonnect.gov.yk.ca/Pages/default.aspx>). In addition, if case-specific questions occur, we suggest that they first be discussed with your direct supervisor/manager. If needed, your supervisor or manager can contact Randi Cave at 867-335-0050 or Randi.Cave@gov.yk.ca directly to seek consultation or advice on following the Health Emergency Operations Center (HEOC) process as defined by the Deputy Minister.

Please check with your direct manager/supervisor if you are unclear about any of the content within this document, and/or resources that are available to you.

General Information about COVID-19

About COVID-19

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Coronaviruses are a large family of viruses. Some cause illness in people and others cause illness in animals. Human coronaviruses are common and are typically associated with mild illnesses, similar to the common cold.

COVID-19 is a new disease that has not been previously identified in humans. Rarely, animal coronaviruses can infect people, and more rarely, these can then spread from person to person through close contact.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Symptoms of COVID-19

People infected with COVID-19 may have few symptoms, and sometimes none at all. You may not recognize symptoms of COVID-19 because they are similar to a cold or flu.

The common incubation period after exposure to COVID-19 is five days, and symptoms may take up to 14 days to appear.

Symptoms have included:

- Cough
- Fever
- Difficulty breathing
- Pneumonia in both lungs

In severe cases, infection can lead to death.

If someone is showing symptoms of COVID-19, they should be isolated assessed by a health care professional.

COVID-19 is diagnosed by a health care provider based on symptoms and is confirmed through laboratory tests.

Treating COVID-19

Most people with COVID-19 will recover on their own. Those with more severe symptoms should seek medical attention.

Vaccine

At this time, there is no vaccine for COVID-19 and there are no natural health products that are authorized to treat or protect against COVID-19.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

How COVID-19 Spreads

COVID-19 causes infections of the nose, throat and lungs. It is most commonly spread from an infected person through:

- respiratory droplets generated when you cough or sneeze;
- close, prolonged personal contact, such as touching or shaking hands; and
- touching something with the virus on it, then touching your mouth, nose or eyes before washing your hands.

Current evidence suggests person-to-person spread is efficient when there is close contact.

General Information and Practices

This section includes information and/or practices that are pertinent to all FCS staff. Please review these sections and if you have questions, direct them to your supervisor/manager.

As an essential service, the Director of Family and Children's Services must fulfil obligations under the *Child and Family Services Act (CFSA)*, and *An Act Respecting First Nations, Inuit and Metis Children Youth and Families (FNIM ACT)*, including the assessment of alleged abuse, protecting children and ensuring the well-being of children in care. While staffing during the *Essential Stage of Service Delivery* will most likely be at a reduced capacity, the safety and well-being of everyone continues to be a paramount concern.

This guideline directs the process for carrying out essential services within the area of Family and Children Services. We know that this may be a particularly stressful time for everyone, including staff, vulnerable children and families, and care providers. Social isolation, financial difficulty, reduced community/school involvement, lack of resources in

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

the home, and other stresses. may contribute to enhanced pressure on many of the children, youth and families we work with.

Staff should continue to reach out to all families to inquire about their specific and ongoing needs on a case-by-case basis. Should internet and/or phone services be required for provision of services, the family will be responsible to arrange this service once pre-approval has been given; Family and Children's Services will not assume past arrears and approvals will be time-limited. Family and Children's Services will continue to assess the need for additional supports such as phone minutes, recreation resources in home, food, medications or other essential items to ensure that families have the required supports as they continue to navigate the challenges that all Yukoners are facing at this time.

During this precautionary phase staff should be reaching out to explore with children, caregivers and families what resources are in place to allow ongoing contact (i.e. cellphone, computer, internet access, etc.) AND ensure the development of a support and contact plan that could be implemented in the event the Essential Service Delivery Phase is enacted. This will be especially significant when providing court-ordered contact and services. At this stage, social workers with files before the courts should immediately assess interim plans for contact and services and consult with our Legal Services to ensure the court is aware of and in support of any required reductions in service.

Once the *Essential Service Delivery phase* is activated, the number of qualified staff available to carry out the delegated responsibilities will likely be reduced.

During the *Essential Service Delivery phase*, interactions with children and families may not occur with their assigned social worker and/or care team, therefore particular sensitivity and awareness is critical to reassure them of our capacity to support their needs. This is a good opportunity for staff to ensure that families, children in care, and their caregivers have easy access to information on emergency contacts, resources, etc.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

All staff will be available, even if they work from home, so every effort will be made to ensure consistency in the assigned contact persons with families. Every effort will be made by staff to have updated contact notes on files for reference purposes during the Essential Services phase.

We are requesting that no staff leave Yukon for non-essential travel.

- If you must leave Yukon, you need to let your supervisor/manager know the date of your travel.
- As of March 19th, the CMOH directions are for 14 days of social isolation for all travellers to Yukon, and for all arrivals to call 811 and follow their direction.

Payment and/or Sick Time

If any employee is out sick, please notify your supervisor on a daily basis.

Sick leave (Last Updated: April 1, 2020)

- If you are sick and absent from work due to COVID-19, use your regular **sick leave** to cover your absence and in the description, enter '**COVID-19**'.
- For regular sick leave not related to COVID-19, you do not need to enter the comment in the description.
- If you do not have sufficient sick leave accruals, you may request an advance of sick leave up to 15 days. This advance requires approval through normal departmental processes; if approved, your manager will inform their HR contact who will process on your behalf.
- If this advance is also exhausted, you may request vacation, long service, comp, manager's leave (where applicable) or LWOP to cover your absence.

Special leave

- For YEU/CON/YTA employees: use **Special Leave - COVID-19** if you are staying home to care for a dependent who is sick related to COVID-19, or if you are looking after children due to school and day care closures and are not able to work.
- For Management employees: use **Personal Needs** leave for this purpose and enter '**COVID-19**' in the description.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- If you do not have sufficient special leave, you can request use of your annual leave, long service leave, comp leave, or manager's leave to cover off your absence. These leaves are discretionary and based on operational requirements; your supervisor should consider your reasons for requesting the leave.

Leave for self-isolation following travel

- Use **LWP - COVID-19** if you are self-isolating for 14 days following international travel that started **prior** to the announcement of travel restrictions **on March 13** or if you are self-isolating for 14 days following domestic travel that started **prior** to the announcement of travel restrictions **on March 22**. Discuss with your manager, who will inform HR and you will be placed on leave with pay for the period of isolation. If you continue to work remotely from self-isolation, leave is not required.
- If you are self-isolating following international travel that started **on or after March 14**, you are required to use your sick leave to cover your absence; in the description, enter 'COVID-19'. The same process will apply for domestic travel that started **on or after March 23**. If you continue to work remotely from self-isolation, leave is not required.
- If you do not have sufficient sick leave accruals, you may request an advance of sick leave of up to 15 days. As above, this requires departmental approval and processing by HR Shared Services. If this advance is also exhausted, you may request vacation, long service, comp, manager's leave or LWOP to cover your absence.

Leave for self-isolation following exposure to COVID-19

- Use **LWP - COVID-19** if you are self-isolating for 14 days because you have been identified as a close contact of someone diagnosed with COVID-19. If you continue to work remotely from self-isolation and do not develop symptoms or otherwise become unwell, submitting leave is not required. Discuss with your manager, who will inform HR and you will be placed on leave with pay for the period of isolation.

Advance on vacation leave

- If you have exhausted all of your applicable leave accruals and are required to be away from the workplace due to COVID-19, there are temporary provisions for employees to utilize an advance of next year's vacation leave accruals, up to 15 days. This advance will be deducted from your 2020-21 accruals that were provided on April 1.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

While these leave types cover most situations, we appreciate that this may not address all of them. The Public Service Commission and departmental Human Resources are continually reviewing processes and will provide updated information on an ongoing basis.

Infection Prevention and Control

- All staff should use the described COVID-19 precautions of physical distancing, surface disinfecting and hand hygiene and cough etiquette.
- Protective equipment has gone out to all FCS sites.
 - PPE such as surgical-type masks, medical-type gloves or n95 respirators should be used on the basis of risk exposure for specific work tasks and in compliance with the recommendations of the CMOH or Yukon Communicable Disease Control.
 - Employees should continue to use the PPE required for their work and position by occupational health and safety legislation, safety standards and departmental policy as advised by the Yukon Communicable Disease Control or the CMOH.
 - The CMOH and Yukon Communicable Disease Control do not recommend the general use of PPE as a preventative measure for COVID-19 during normal social interactions.
 - Employees may choose to wear their own non-medical or homemade cloth masks in the workplace unless it interferes with the health and safety of the workplace.
 - Employees who choose to wear non-medical or homemade masks in the workplace are reminded that masks are not a replacement for following the proven hygiene and physical distancing measures recommended by the CMOH. The Public Health Agency of Canada indicates that such face masks can become contaminated on the outside when touched by hands and recommends that people avoid touching their face masks while wearing them and changing the masks as soon as they get damp or soiled.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Non-essential Services:

At present, we remain at a precautionary phase, and most of our services and supports continue to be delivered as usual with some modifications. Careful considerations are being given to how to reallocate staffing from non-essential service areas to offset staffing reductions that may occur due to COVID-19. The following Family and Children's Services program areas and activities are considered non-essential during the Essential Service Delivery phase:

- Healthy Families Programming
- Family Support Services
- Family Group Conferencing
- Adoption Services, including information sessions, pre-service training, assessments and Intercountry Adoptions
- Foster Care Information sessions; pre-service training; assessments
- Care Giver Resource recruitment activities
- Processing of requests related to Adoption Disclosure
- Processing of requests related to ATIPP and/or HIPMA
- Youth Achievement Center (YAC) services

In addition:

- Nts' äw Chua will delay transition of youth into new program;
- The Young Offenders Facility (YOF) will remain ready to receive youth as per legislated requirement; and
- CORE Training and other Child Welfare Training and curriculum development activities will suspend.

Please note that all staff and resources within non-essential program areas will be redeployed as necessary to essential service areas within FCS or other areas of service within government. Further information on this will be provided should the Essential Service Delivery phase become activated.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

If any of the above” non-essential” duties are deemed as essential and cannot be completed without face-to-face contact, please consult with your direct supervisor/manager on how to best proceed.

Social or Physical Distancing Strategies:

As we strive to ensure social or physical distancing and reduce risk of COVID-19 exposure, thought must be given to the need for and participation in any face-to-face meetings. FCS social workers who need to have contact with families during intake, investigation or ongoing case management duties must consider these strategies continually and respond appropriately. During our current precautionary phase, staff should limit any unnecessary meetings or in-person contact to further enhance social distancing strategies. Consider using phone or online/virtual meetings, and reschedule non-essential meetings at this time.

- If an in-person meeting with clients is scheduled, a telephone pre-screen must be completed and documented before the meeting takes place. Telephone pre-screening includes the following:

Questions:

- Have you or any member of the household had close contact with a person with acute respiratory illness who has travelled anywhere outside of Canada within the last 14 days before their illness?
 - Is there anyone in their home with a fever and/or a cough or shortness of breath who has travelled to anywhere outside of Canada in the 14 days before they were ill?
 - Within the last 14 days have you travelled outside of the territory or Canada?
 - Have you or any member of the household had close contact with a confirmed or probable case of COVID-19?
- If an in-person meeting is scheduled, social distancing must be ensured (i.e. a distance of at least 6 feet or 2 meters).

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- If in-person and teleconferencing options are not appropriate or available, meetings should be postponed.
- For those who need to conduct a home visit, please see the specific section below that describes how to go about this to ensure infection prevention and control.

Note: an in-person meeting is considered on a case-by-case basis, recognizing the need to continue service delivery to high-need individuals. This is being reviewed regularly by managers and the Director of FCS.

Please keep in mind that during an Essential Services Delivery phase, the check-ins may be completed by our redeployed staff if deemed necessary, which may include family support workers, healthy family workers, etc., and it is essential that client documentation is current.

FCS is currently working on protocols with CMOH for dealing with individuals that are clearly ill or at high risk of exposure to COVID-19. Updates will be provided shortly.

When in doubt please check with your immediate or covering supervisor and/or manager.

Intake, Investigation and Child Protection

During the Essential Service Delivery phase, staffing capacity may prohibit the normal assessment of child welfare intakes. In these cases, with the assistance of the supervisor and/or manager, intakes will be triaged to prioritize those that require an immediate or same-day response. Investigation plans should consider if there are other means of obtaining collateral or direct information other than via face-to-face contact.

We need to be especially sensitive to families' experiences of financial, emotional and other types of stress related to the effects of COVID-19. Any challenges to meet urgent same-day responses must be elevated to the respective manager. In the event of

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

emergency situations, the manager will then advise the Director to determine a mitigation strategy.

Should medical examination of children and youth be required, staff will contact the emergency department or local health centre to discuss and request direction on how and where to access the immediate medical attention.

The joint protocol with RCMP remains in effect and should be adhered to at all times.

Steps for in person contact:

In those circumstances where face-to-face contact is needed, the following considerations should be made:

In assessing the priority and response time for an investigation response consideration should be given to FCS's capacity to respond, existing health issues in the client's home and /or community, restrictive measures issued by Yukon's Chief Medical Officer, responsive capacity of police and/or FN partners.

If the visit is essential yet pre-planned, the social worker is to call the home and ask the following questions:

Questions:

- Have you or any member of the household had close contact with a person with acute respiratory illness who has travelled anywhere outside of Canada within the last 14 days before their illness?
- Is there anyone in their home with a fever and/or a cough or shortness of breath who has travelled to anywhere outside of Canada in the 14 days before they were ill?
- Within the last 14 days have you travelled outside of Canada?
- Have you or any member of the household had close contact with a confirmed or probable case of COVID-19?

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- If the individual does not present with any of the criteria proceed with contact at the home, practice physical distancing, and practice hand hygiene after you leave the home.

Alternatives to in-home contact

This includes making arrangements to have the child seen at the office and or making arrangements to take a fleet vehicle that would allow the allotted length for social distancing so that an interview can be completed. Please make sure to follow the below outlined expectations when utilizing these resources as meeting options.

- Knocking on the door
- Stepping back at least 2 meters (or 6 feet)
- Conducting interviews at the door and asking the parent to come outside
- Seeing and talking to the child privately. This includes interviewing the child outside (with the parent inside the home) while keeping a distance of at least 2 meters.
 - If the child is not present, ask the parent(s) for the child's contact and whereabouts in order to have a direct conversation with the child.
- Avoid touching any surfaces, and keep a distance of 2 meters between you and the parent(s) or other household members.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

In-home contact

Only enter the home if necessary. This would occur if you needed to assess the dwelling conditions, when the child's safety is unknown or when there is concern for the child's safety. When inside the home, ensure that you maintain an appropriate physical distance from others and avoid touching surfaces.

- If the individual states they meet some of the criteria, try to rearrange the meeting for another time or utilize phone or Skype for meeting.
- **If the client indicates that they are sick and/or have a confirmed case of COVID-19 do not attend the home and cancel all non-essential home visits or meetings. Ensure the client has had or has contact with medical supports and contact 811.**
- If immediate access to and or removal of any children is required, staff will carry out legislated requirements using all protective equipment deemed necessary by the Chief Medical Officer in dealing with COVID-19.
 - PPE: Gloves, mask, gown, eye protection.
 - Staff will then be required to self-isolate and new staff will be assigned to intake and investigation.

For unannounced visits such as urgent matters, the initial contact and screening will take place at the door, practicing physical distancing (6 feet or two meters), where the social worker will ask the above noted key questions in regards to risk of illness in the home.

If you have been asked to respond to a home on an urgent matter and you have determined someone has symptoms or has been exposed to COVID-19, DO NOT ENTER THE HOME until you have consulted with your supervisor and made arrangements to have appropriate protective equipment.

Transporting Child(ren)

- Have the child sit as far away from you as possible.
- Before you use the fleet vehicle and upon return of a fleet vehicle, wipe down all high-touch areas within the fleet vehicle with an approved disinfectant, including:

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- Steering wheel
- Inside doors and door handles
- Consoles
- Gear shifter
- Switches and leavers
- Spray car seats with an approved disinfectant.
- Disinfectant spray and paper towels will be available by the sign-out desk.
- If the child has respiratory symptoms, ask them to wear a surgical mask (not the N95 respirator).

Interviewing a child at the office

- Someone must be assigned to disinfect the interview room after each use. This includes cleaning all contact surfaces and removing all garbage/waste.
- The worker and the child both need to wash their hands before entering and after leaving the interview room.
- Keep a physical distance of 2 meters from the child.
- If contact is necessary, wear disposable gloves.
- Provide tissue and wastebasket for the child.
- Instruct the child to cough and sneeze into a tissue or their elbow.

Record

- Always ask and record if anyone in the home is experiencing COVID-19 symptoms, and if anyone has returned from travel outside Yukon in the past 14 days.

Policy Expectations, Children in Care:

If an Essential Services Delivery phase is implemented the following policy expectations will be suspended based on reduced staffing capacity and need to reduce unnecessary in-person contact:

- Suspended: Face-to-face contact with the child in care/out of home care will be suspended

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- Suspended: Formalized case reviews, i.e. supervisor case reviews, case plan reviews/family conferences
- Suspended: Face-to-face contact with care providers
- Suspended: Adoption planning/placement activities
- Suspended: In-person counselling / therapy may need to be suspended and held via phone or skype if necessary
- Creative works counselling has already confirmed they have moved to phone sessions; many other providers have as well. Check before making any in-person arrangements.
- The Director of FCS has sought approval under the *Civil Emergency Act (CEA)* to extend timelines for all youth (and their Care providers) who would otherwise age-out during the pandemic. This is to ensure that vulnerable youth will continue to be supported beyond the legislated timelines. Updates on this will be provided as soon as practicable.
- Nt's äw Chua and the Youth Achievement Center remain open and running to provide continued support to our youth.

Placement Considerations:

If placement is required for an out-of-home care situation then we would still follow the same process (family, extended family, foster care, TSS) as per legislative requirements. Consideration must include the capacity for existing placement options to respond to this need and staff must assess the current medical needs/ health status of the potential caregivers.

During the Essential Service Delivery phase, the requirement for an updated PRI will be suspended if this is not achievable given the existing staffing complement. Any pre-existing PRI should be shared. Any placement changes must continue to be documented as per policy.

Placement requests related to a child who may have been exposed to COVID-19 will require evaluation and planning on a case-by-case basis.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Cases of confirmed or suspected exposure to COVID-19

- Careful placement consideration will be required in the event that a child/youth in care contracts COVID-19. Protocols are currently being developed. If a child/youth in care contracts COVID-19, **notify the Director of FCS immediately**. Placement requests related to a child/youth who may have been exposed to COVID-19 should be processed as per normal practices, with full disclosure to potential caregivers. Testing to confirm whether or not the child/youth has COVID-19 will occur as per the direction of the Director of FCS.
- Use of a placement resource where someone in the home is said to have had a confirmed case of COVID-19 will be considered when the individual (and all others living in the home) has fully recovered.
- These matters and others involving confirmed or suspected exposure to COVID-19 will be brought to the Director of FCS for consultation with the CMOH.

Care Provider Information

Family and Children's Services will update its list of all care providers (Foster and Extended Family Caregivers) and also identify foster homes with availability throughout Yukon, should future placement be required. When placement is required staff will explore extended family or family availability prior to foster care and/or TSS receiving home as per usual processes.

Prior to any placement staff should ask the care provider the same screening questions above and ensure that this information is updated within the file. Should a care provider and/or foster parent identify that their family is self-isolating, have been exposed or COVID-19 has been diagnosed, their status would be "On Hold" with the specific rationale documented on CIS. **This information must be shared with all staff to avoid placements at this time.**

A child will not be placed in a home where a caregiver or current resident has been diagnosed with COVID-19.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Discussions should be held with care providers about the potential reduction in respite services available during the Essential Services Delivery phase.

Transitional Support Services (TSS) and Nts'aw Chua:

While requests for placement will continue to follow normal processes when FCS is placed in the Essential Services Delivery phase, it is necessary to determine, on an ongoing basis, whether existing TSS homes have the staffing capacity to accept new admissions.

- For children and youth residing in TSS and Nts'aw Chua programs, the presence of or exposure to COVID-19 by children and/or family members may present additional challenges and the need for special considerations given the presenting issues in congregate care. These challenges need to be considered on an ongoing basis working collaboratively with the CMOH, YCDC and using, herein attached as Appendix A.1, the Guidance for Prevention and Management of COVID-19 in Communal Living Settings document as a reference guide.

If a youth in one of our homes requires isolation and/or is confirmed to have COVID-19, decision making related to whether to suspend program admissions or relocate current children in care to an alternate placement must occur in consultation with the involved managers and Director. Discussions on how to manage the situation must be done with the input of the Chief Medical Officer and COVID-19 response team. The response will be dependent upon the following:

- o requirements to self-isolate;
- o referred for testing due to symptoms or exposure;
- o positive test for COVID-19.

Any unique requests to creatively respond to placement pressures and needs will be assessed by the managers, in consultation with the Director as may be required.

Current incident reporting procedures (i.e. noteworthy, serious, critical) will continue.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

We are requesting a high level of alertness to reporting, especially if it is suspected a youth or child has been exposed to COVID-19.

Enhanced cleaning procedures are in place in all our TSS and Nts'aw Chua homes.

Please see Appendix A for General Changes to Day-to-Day operations for TSS and Nts'aw Chua.

Supports to Care Providers:

Support to care providers to meet their ongoing needs is critical. We have the capacity to offer additional support on a case-by-case basis to our care providers for our children in out-of-home care. While we are in the precautionary and planning phase staff should be contacting all care providers to determine what supports they may need, recognizing that with the fast-changing situation FCS may be required to implement the Essential Services Delivery plan at any time.

For care providers who have traveled out of country with their biological children and/or children in out-of-home care as an entire family, the following directions have been given by the CMOH:

Domestic travel

- Anyone returning from travel within Canada, on or after March 23, must self-isolate for 14 days and monitor for symptoms.
- This includes anyone returning home from other provinces and territories by road or air, as well as Yukoners returning home by road from Alaska.

International travel

- The direction regarding international travel remains the same. If you are returning from international travel after March 13, then you will need to self-isolate for 14 days and monitor for symptoms and resumption of care is delayed until further reassessment is completed post self-isolation. Alternative care arrangements will

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

be required in these situations. If the children were in respite this placement may be extended. Please address this on a case-by-case basis.

For situations where one care provider may have traveled out of country while their partner and/ or the children remained in Yukon, on an exception basis, consideration may be made to covering the cost associated with keeping the family separate during the self-isolation period. It is recommended that, where possible, extended family be considered prior to any other approval.

Social workers should be checking with care providers to ensure they have all essential medical supplies and medications for children in out-of-home care placements.

Staff should have frequent contact with regular care providers to ensure any issues and/ or supports needed are provided. The Director of FCS has requested under the CEA to extend the placement of any youth that would otherwise be aging-out, and that all annual reviews will be put on hold during the course of this pandemic.

All COVID-19 public health updates and directions are going out to care providers.

Payments will continue without interruption and care providers are being provided with additional funds as required to support at-home activities for children and youth.

Family Visitation / Court Ordered Access

Family Enhancement Team /Regional Social Workers will need to make decisions in consultation with their supervisor, the family and First Nation, if applicable, about what is in a child's best interest with regards to access and visitation, keeping in mind advice from Yukon's Chief Medical Officer.

Each child is unique and, as such, the assigned social worker(s) will need to involve the care planning team members to assess risk and determine what safety measures continue to be in place to protect the child and family.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Additional supports may be needed in the absence of protective factors, such as school, day care and recreational programming, and thoughtfulness is required in supporting family access through non-typical contact such as letter writing, video chats, etc.

- If the family is the subject of a Supervision Order, consider if alternate mechanisms to assess and supervise could be sufficient and seek legal advice.
- If a child requires ongoing therapeutic support, consider having that support provided via telephone or video chat.
- If a parent/sibling/family member or the child in care has been exposed or is self-isolating, consider alternate mechanisms to maintain important connections and contact with the child.
- If contact with family or other services are court ordered, please seek legal advice. This should be done now while we are at the precautionary stage.
- In order to protect the well-being of all parties involved, access may be suspended completely during the Essential Services Delivery phase.
- A memorandum was provided to the Yukon Territorial Court on March 19, 2020, regarding the Court Ordered Access Visits for Children in Care and the potential inability to meet conditions of the court.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Protection of Children during the Coronavirus Pandemic

The following information and chart was adapted from Protection of Children during the Coronavirus Pandemic - *The Alliance for Child Protection in Humanitarian Action*.

COVID-19 can quickly change the context in which children live. Quarantine measures such as school closures and restrictions on movements disrupt children's routines and social supports, while placing new stress on parents and caregivers who may have to find new child care options or forgo work. Stigma and discrimination related to COVID-19 may make children more vulnerable to violence and psychosocial distress. Disease control measures that do not consider the gender-specific needs and vulnerabilities of women and girls may also increase their protection risks and lead to negative coping mechanisms. Children and families who are already vulnerable due to socio-economic exclusion or those who live in overcrowded settings are particularly at risk.

Risks presented by COVID-19 and related control measures	Causes of risks
Child Protection Risk: Physical and emotional maltreatment	
<ul style="list-style-type: none"> • Reduced supervision and neglect of children • Increase in child abuse and • Domestic/interpersonal violence • Poisoning and other danger and risks of injuries to children • Pressure on or lack of access to child • Protection services 	<ul style="list-style-type: none"> • Childcare/school closures, continued work requirements for caregivers, illness, quarantine/isolation of caregivers Increased psychosocial distress among caregivers and community members • Availability and misuse of toxic disinfectants and alcohol • Increased obstacles to reporting incidents

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Child Protection Risk: Gender-based violence (GBV)	
<ul style="list-style-type: none"> Increased risk of sexual exploitation of children, including sex for assistance, commercial sexual exploitation of children and forced early marriage Pressure on or lack of access to child protection/GBV services 	<ul style="list-style-type: none"> Reduced family protection of children Reduced household income and/or reliance on outsiders to transport goods and services to the community Girls' gender-imposed household responsibilities such as caring for family members or doing chores Increased obstacles to reporting incidents and seeking medical treatment or other supports
Child Protection Risk: Mental health and psychosocial distress	
<ul style="list-style-type: none"> Distress of children due to the death, illness, or separation of a loved one or fear of disease Worsening of pre-existing mental health conditions Pressure on or lack of access to MHPSS services 	<ul style="list-style-type: none"> Increased stress levels due to isolation in treatment units or home-based quarantine Children and parents/caregivers with pre-existing mental health conditions may not be able to access usual supports or treatments Quarantine measures can create fear and panic in the community, especially in children, if they do not understand what is happening
Child Protection Risk: Child labour	
<ul style="list-style-type: none"> Increased engagement of children in hazardous or exploitative labour 	<ul style="list-style-type: none"> Loss or reduction in household income Opportunity or expectation to work due to school closure
Child Protection Risk: Unaccompanied and separated children	

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

<ul style="list-style-type: none"> • Separation • Becoming unaccompanied or the child head of household • Being placed in institutions 	<ul style="list-style-type: none"> • Loss of parents/caregivers due to disease • Isolation/quarantine of caregiver(s) apart from child(ren) • Children sent away by parents to stay with other family in non-affected areas
Child Protection Risk: Social exclusion	
<ul style="list-style-type: none"> • Social stigmatisation of infected individuals or individuals/groups suspected to be infected • Increased risk/limited support for children living/working on the street and other children already at risk • Increased risk/limited support to children in conflict with the law, including those in detention 	<ul style="list-style-type: none"> • Social and racial discrimination of individuals/groups suspected to be infected • Disproportionate impact on more disadvantaged and marginalized groups • Closure/inaccessibility of basic services for vulnerable children and/or families • Disruption to birth registration processes due to quarantine

Strategy for Reception Desk

- Clean the counter and all high touch surfaces before opening, at lunch time and at the end of the day with the provided disinfectant spray and paper towel. This includes, but is not limited to: door handles, phones, counters, couch and pens.
- When clients enter the front reception area, please remind them to practice safe physical distancing (indicate the red tape on the floor).
- If there are more than two people in the reception area, please advise the second individual to stand behind the second red tape line.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- If there are two or more individuals within the reception area and more clients enter the reception area, please ask them to wait outside until appropriate physical space is available.
- If visitors to the reception area show symptoms of COVID-19 (cough, fever, difficulty breathing), please bring them into one of the joining meeting spaces off of reception area and advise someone will be with them shortly. (All employees within FCS have been directed to ask pre-screening questions to clients before asking them to come in.)
 - Notify the person they are waiting to see that they are exhibiting symptoms.
 - If the client's attendance was not pre-planned, and no pre-screen was conducted, the attending social worker or staff is to ask the pre-screening questions while maintaining a 2-meter distance.
 - PPE: Mask, gloves.
 - Contact 811 if required to access the Respiratory Assessment Center.
- Continue to keep clients in the meeting rooms to stop any community spread to others that may enter reception.
- Once clients exit any meeting room:
 - Clean all high touch areas of the meeting space and reception area with provide disinfectant spray and paper towels.
 - PPE: Gloves

Legislative Designation Considerations

At Family and Children's Services there are specific designations that provide the legislated authority and accountability for decision-making in child welfare matters. At the Essential Services Delivery phase, the Director or Managers (for supervisor and frontline positions) can identify individuals to 'act' on behalf of each program position to limit the disruption of services. Given the current level of expertise and knowledge within

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

our FCS programs, coverage would be available even at a reduced staffing complement. Overall, the continuity plan would be:

- Director not available: Manager designated for coverage
- Manager not available: another manager and / or supervisor designated for coverage
- Supervisor not available: another staff designated for supervisory coverage

The primary statutory obligation under the legislation that **must be performed by a delegated staff member** is the taking of a child into care of the Director. This requirement must remain in place during the *Essential Services Delivery phase*.

All designation decisions must be documented and provided to the Director and/or ADM as required.

Financial Considerations:

Social Services Division Finance unit will ensure payments to care providers and TPA payments to service providers continue regardless of service delivery stage.

Ad-hoc payments will be approved as required to support necessary services/supports.

First Nation Involvement:

At present it continues to be business as usual for the most part with regards to First Nation involvement.

Where possible in- person and non-essential meetings are being rescheduled.

While many First Nation governments have closed or have reduced services, we have worked with them to identify a primary contact to support the continuation of the legislated requirements.

Legal Services

Legal Services for Child Protection will be limited to one lawyer and one administration staff in the office during regular work hours, until further notice.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Contact Information: Rachel Gutman 867-667-8056 or Rachel.Gutman@gov.yk.ca

Justice and Court Services are essential services, but they have also altered their method of service delivery to adhere to physical distancing protocols.

If you are unclear about any of the processes above, please contact your manager/supervisor for clarification.

Youth Supports and Services

For program Procedures see Appendix B

For Intake Screening Algorithm and screening form see Appendix B.1

Early Childhood, Prevention and Support Services

See Appendix C for program areas related to Early Childhood services.

Inspectors Guiding Requirements

- Are required to conduct regular, spot and licensing inspections as required under the *Child Care Act* and regulations.
- Prior to attending a program, the inspector must:
 - Sanitize pool car, before and after use with disinfecting wipes or sanitizing solution
 - Call the program to ask the following questions:
 - Have you or anyone within the day home/daycare had close contact with a person with acute respiratory illness who has

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

travelled anywhere outside of Canada within the last 14 days before their illness?

- Is there anyone in their home with a fever and/or a cough or shortness of breath who has travelled to anywhere outside of Canada in the 14 days before they were ill?
- Within the last 14 days have you travelled outside of the territory or Canada?
- Have you or any member of the household had close contact with a confirmed or probable case of COVID-19?

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

During the inspection the inspector must:

Practice physical distancing and maintain 2 metres of space between themselves and the nearest person or child when possible

- Wash hands and/or use hand sanitizer when entering the program and after leaving the program or immediately upon return to the workplace
- Sanitize the pool car surfaces with disinfecting wipe and/or sanitizing solution
- No in person meetings will be held during this time except in the event of a complaint where the safety of a child(ren) is a concern. Consider using phone or online/virtual meetings, and reschedule non-essential meetings at this time.
- Investigation interviews, where possible, will be conducted by teleconference
- If an in person interview is needed, it will be scheduled and held in a large meeting space that will accommodate 10 or less individuals meeting physical distancing requirements.
- All participants of complaint meetings will be screened for COVID 19 symptoms by the Child Care Services meeting organizer
 - Those with identified symptoms will be interviewed over the phone or after symptoms are no longer present
 - Meeting room will be disinfected prior to use and after
 - All participants will be seated 2 metres apart
 - All participants will wash their hands prior to entering the meeting room
 - Inspectors will use phone or online/virtual meetings service whenever possible.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- Any inspector showing symptoms of COVID – 19 must call 811 and report symptoms to the supervisor of Child Care Services Unit and will not attend the workplace or any inspections within licensed child care programs.

Front Desk

- Clean the counter and all high touch surfaces before opening, at lunch time and at the end of the day at a minimum with a bleach and water spray and paper towel. This includes, but is not limited to: door handles, phones, counters, chairs and pens.
- Bleach and spray bottles are provided in the kitchen, under the sink, with instructions on the correct bleach to water ratio. A new bleach solution must be made daily.
- Clients entering the building are screened by a door attendant at the Whitehorse Health Centre entrance. Those showing symptoms of COVID -19 or those who have traveled outside of Yukon within the last 14 days are asked to call Child Care Services Unit or return at a later date.
- When clients approach the front reception desk, please remind them to practice safe distancing and remain 2 metres from the desk (indicate the red tape on the floor).
- If there are more than 2 people in the reception area, please advise the second individual to stand behind the second red tape line.
- If there are two or more individuals within the reception area and more clients enter the reception area, please ask them to wait outside until appropriate physical distancing is available.
- If visitors in the reception area show symptoms of COVID-19 (cough, fever, difficulty breathing), please ask them to reschedule their visit or call reception to have their questions answered.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- Refer the client to 811 if required to access the Respiratory Center
- Clean all high touch areas of the meeting space and reception area with provide disinfectant spray and paper towels.
- PPE: Gloves
- Maintain safe distancing of 2 meters with co-workers while working in the front office area and common areas of the building

Case Management and Documentation

General Case Management and Documentation Information

- All service areas should be documenting when clients/providers are self-isolating.
- Staff need to determine how their clients can communicate and stay connected to family/friends and supports during this time.
- All staff with case notes and/or case plans should ensure that documentation is updated and that case plans are clearly outlined in the event that you or a colleague is out sick for two weeks.
- Document when a home visit occurs, and ensure that it includes whether the worker met with the family and/or child(ren) in their home or at the door, and the assessment of risk of COVID-19.
- All policy expectations related to documentation continue unchanged (i.e. notes in handwritten form).
 - Documentation on CIS to occur whenever possible.
 - Transfer case notes to CIS when possible and mark delayed entry with a COVID notation.

Recording Information Relating to COVID-19 (CIS)

- Record information relating to COVID-19 in CIS as a “special caution alert” with specificity.
 - Specificity may include whether the client is self-isolating, diagnosed with COVID-19, had exposure to COVID-19, etc.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- This information will also need to be documented on other related files (i.e. children in care, foster care, or adoption).
- Documentation must also include:
 - Intake, Investigation and Child Protection:
 - Any concerns regarding self-isolation/travel
 - Any consults with Yukon Health and/or CMOH
 - Temporary and Continuing Custody Order files (including children in adoption placement):
 - Any need for the child and/or caregiver to self-isolate, concerns over exposure, return from travel.
 - Foster Care and Adoption:
 - Any need for the child and/or caregiver to self-isolate, concerns over exposure, return from travel.
 - Any foster parent who is self-isolating must immediately advise their social worker that they are on hold and not accepting placements.
 - On the child's file, also document situations where a social worker has been informed by the CMOH and/or Department of Health that a child in care:
 - Has been required to self-isolate;
 - Has been referred for testing due to symptoms or exposure; or
 - Has a confirmed positive test for COVID-19.

Final Remarks

COVID-19 is presenting FCS with unique and challenging issues to address. Given the changing nature of the pandemic, we will continue to evaluate and monitor our operational functions daily and adjust accordingly.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

You are encouraged to continue to:

1. Practice infection prevention and control strategies (physical distancing, hand washing, etc.);
2. Visit the [Yukon COVID-19 website](#) for all the latest news, information, and resources;
3. Discuss any issues or concerns you have with your manager/supervisor;
4. Read and save the global notes, CMOH updates, FCS COVID-19 updates; and
5. Practice self-care.

The services, supports and assistance you are providing to FCS as a division and to the clients we serve is greatly appreciated and sincerely valued. Thank you for your continued commitment to children, youth, families and caregivers across Yukon.

THIS DOCUMENT WILL BE UPDATED ON AN ONGOING BASIS AS REQUIRED

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Appendix A - General Changes to Day-to-Day Operations for TSS and Nts'aw Chua

Group homes should practice social distancing where possible. To do so, the following practices are recommended:

- Increase spacing between beds if youth are sharing a room. Separation distances of two meters is recommended, if possible.
- Arrange beds so that individuals lay head-to-toe (or toe-to-toe).
- Use neutral barriers (footlockers, curtains) to create barriers between beds.
- Stagger mealtimes to reduce crowding in shared eating facilities.
- Stagger the schedule for use of common/shared kitchens.
- Create a staggered bathing schedule to reduce the amount of people using the facilities at the same time.
- Create a schedule for using common spaces.
- When establishing any new sleeping areas, each person should ideally have 3.5 square meters of space.
 - Note: Disposable facemasks should be reserved for use when clients exhibit symptoms.

Group Homes should:

- Ensure clients have access to fluids, tissues and plastic bags for the proper disposal of used tissues.
- Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing.
- Provide alcohol-based hand sanitizers that contain at least 60% alcohol at key points within the facility, including registration desks, entrances/exits, and eating areas.
- Restrict outside visitors allowed inside group homes until further notice.
 - “Outside visitors” include other staff and government workers (i.e. social workers), family and friends, and/or the general public.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- The number of staff caring for ill residents/service users should be limited where possible. It is recommended that facilities make arrangements to support residents/service users who are ill with supplies of fluids, food, tissues and waste receptacles.
- Efforts will be made to reduce family visits. However, other methods of communication will be used to ensure that residents are connected to their social support networks.
- Effort will be made to reduce outings into community setting(s) at this time. This includes work settings (for residents that work) and outside events/gatherings.
- Respite services will be determined on a case-by-case basis.
- Cleaning and/or sanitization will be enhanced in all group home sites. This increased cleaning will include vehicles and office spaces.

In the event that there is a confirmed case of COVID-19

Personal Protective Equipment

For most encounters with youth, routine use of proper hand hygiene will be sufficient to protect from infection. The use of PPE; masks, gloves, gowns, googles is not recommended in routine group home operations. For some individuals and some procedures, staff will need to wear additional Personal Protective Equipment (PPE).

When providing direct care to, or entering the room of, clients with suspect or confirmed COVID-19 the following should be worn:

- Surgical/procedure mask
- Isolation gown
- Gloves
- Eye protection (goggles or face shield)

When conducting screening not involving direct contact, if able to maintain separation distance of at least two meters or separation by a physical barrier, no PPE is required. Otherwise the above PPE recommendations should be used.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

For clients who are suspected or confirmed to have COVID-19, for all activities:

- Maintain a distance of at least two meters or separation by physical barrier.
- Provide surgical/procedure mask if tolerated by client.
- Ask the client to perform hand hygiene.
- Immediately move the client to an individual room or separate area away from others; if this is not feasible, ensure physical distance of at least two meters from other clients

For any activity that does not involve contact with a resident suspected or confirmed, COVID-19 routine infection control practices should be used.

Masks are not recommended for people who are not providing direct care to, or entering the room of, clients with suspect or confirmed COVID-19, or for clients who have no symptoms. They can provide a false sense of security and cause people to forget about more effective infection control measures, such as hand hygiene and disinfecting high-touch surfaces.

Giving a regular mask to a client to wear if they have symptoms (coughing, fever, difficulty breathing) may help reduce the spread of the virus. However, there is a worldwide shortage of medical masks at the moment, and masks will likely be prioritized for health-care workers. If a mask is not available, a homemade mask (like a bandana) could be used. These should be replaced when they become wet, soiled or damaged, or if the person has difficulty breathing.

Staff must have access to adequate PPE and be trained regarding PPE use and disposal.

Gloves

Recommendations for glove use:

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- Use a new pair of gloves when contact with blood or body fluids, non-intact skin, or mucous membranes is anticipated.
- Do not touch your body or surfaces in the group home environment with contaminated gloves.
- Always change gloves after providing care to each of the group home individuals and perform hand hygiene immediately after removing your gloves.
- Always perform hand hygiene before and after removing gloves.
- Do not re-use gloves.

Gowns

Recommendations for gown use:

- Wear an isolation/procedure gown to protect your clothing, arms, and other body areas when splashing or spraying of clothes or the body with blood or body fluids is anticipated.
- The isolation/procedure gown should cover your torso area, fit loosely over your body, and have long sleeves that fit snugly at the wrist.
- The opening of the gown should always be in the back.
- Tie or fasten the gown in the back to keep it in place.
- Remove the gown when you are finished providing care or treatment to an individual.
- Take the gown off either in the doorway or in the area immediately outside the isolation or triage area in the shelter, depending on where you are during gown use.
- Avoid touching the outside of the gown during use and removal.

If resources allow, a new gown should be used for each encounter with a symptomatic individual. As resources dwindle, gowns may be reused by the same shelter worker for the same symptomatic individual or group of individuals as long as the gown integrity is not compromised. If gowns are re-used, consideration should be given to storage or placement between uses to maximize its use as well as to prevent inadvertent

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

contamination.

Surgical/Procedure Masks

Surgical or procedure masks are designed to help keep potentially infectious droplets from being spread by the person wearing them, and to keep sprays from coughs and sneezes from reaching the mouth and nose of the wearer.

When resources allow, a new disposable surgical/procedure mask or respirator should be worn for each encounter with an infected individual or entrance into the isolation area within the group home.

Regardless of respirator or surgical/procedure mask resource levels, the following guidelines should be used when determining respirator/mask usage:

- Workers should receive training on how to put on, use, and take off the respirator or surgical/procedure mask, including how to:
 - Put on and use the respirator or surgical/procedure mask
 - Perform hand hygiene prior to putting on the respirator or mask
 - Avoid contamination during use by not touching the outside of the respirator or mask.
- Use a face shield that can be worn over a respirator or mask to protect it from contamination with blood or other body fluids.
- The face shield should be removed so as to prevent respirator/mask contamination.
- Decontaminate the face shield between uses.
- Perform hand hygiene after removing the face shield and before removing the respirator or mask.
- Remove and dispose of the surgical/procedure mask.
- Surgical/procedure mask should be discarded after use (i.e., after worn in the presence of an infected individual).
- Discard surgical/procedure mask sooner if it becomes obviously soiled or damaged

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

(e.g., creased or torn).

- Perform hand hygiene after removing the respirator or surgical/procedure mask.

Shortage of Surgical/Procedure Masks

In the event of actual shortage of FDA-approved healthcare surgical/procedure masks:

- First priority should be given to group home workers in direct care to, or entering the room of, clients with suspect or confirmed COVID-19.
- Reuse the surgical/procedure mask as long as possible.
- The mask must be discarded if it becomes wet or dirty with secretions, obviously soiled, or damaged (e.g., creased or torn).
- The mask must be discarded if the wearer has difficulty breathing.
- Workers assigned to the isolation area should be instructed to keep the surgical/procedure mask on while in the isolation area, not removing or manipulating the device.
- If supplies of surgical/procedure masks become absolutely unavailable there should be recognition that:
 - Controversies exist regarding how to proceed when supplies of surgical/procedure masks are depleted/unavailable. These issues should be discussed internally and with Yukon Communicable Disease Control (YCDC) before this situation occurs.
 - Review of the scientific literature identified one published letter that details construction of a handmade, reusable cotton mask (such as a bandana). This type of mask may provide some level of protection, based on anecdotal and/or limited evidence. No recommendation can be made but decision makers should be aware of such potential resources.
 - No evidence about the effectiveness of non-surgical/procedure masks (fabric masks or masks intended to filter dust and mist from wood, metal, and masonry work) in preventing infectious disease spread has been found

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

in the literature to date. As such, no recommendation for their use can be made.

Food preparation within Group Homes

- Anyone who prepares or serves food should wash their hands thoroughly with soap and water. Hand sanitizer is not a replacement for hand washing for food handling. This should be reinforced to all staff.
- Symptomatic people are not to prepare or serve food to others.
- There should be frequent cleaning and sanitizing of counters and condiment containers.
- A cleaning schedule should be posted and adhered to.
- Kitchen counter tops should be sanitized before food preparation begins.
- Surfaces where people eat should be sanitized before food is served.
- An approved chemical disinfectant product should be used in cleaning and sanitizing practices.
- Paper towels should be used to wipe up kitchen surfaces.
- It is recommended that self-service food, such as buffets be discontinued.
- The sharing of dishes, cutlery, and other items, such as condiment containers is discouraged.
- Clients should wash their hands after using serving utensils or shared condiment containers.
- Dishwashing should be accomplished safely and appropriately:
 - Where possible, dishwashers should be used to wash the dishes.
 - Hand dish-washing should use a three-compartment sink (wash, rinse, sanitize).
- Consider using disposable cutlery and pre-packaged food if staffing levels are low.
- If regular food services are interrupted, plan for alternative food supplies.
- Where food preparation is being done by multiple people, try to identify and implement operational changes to increase separation, ideally to two meters.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Cleaning of Toys

Group homes with children means that toys will be present, shared, and exchanged. While toys are an important tool for distraction, entertainment, and development, they have the potential to spread viruses.

The following recommendations are offered related to toys:

- Where possible it is encouraged that parents/caregivers provide the child with their own toys for the sole use of that child.
- Children and parents/guardians should perform hand hygiene before entering and when leaving any common play areas.
- Preferences should be given to toys with non-porous surfaces that are less likely to become contaminated and can be easily cleaned, disinfected and dried.
- Avoid crib mobiles, soft/stuffed toys, hand-held electronic games, and wooden and blow toys because they are difficult to clean, disinfect and dry.
- Soft/stuffed toys, books, crayons, and board games should not be shared between children.
- Items that are able to be cleaned and disinfected between uses may be shared/exchanged only if cleaned between each use.
- For shared toys, two toy boxes should be made and labeled appropriately: One box for clean toys and one for dirty toys that need to be cleaned.
- All toys in the dirty toy box or dirty toy area should be cleaned before next use.
- If a toy is unable to be cleaned, it should be discarded.
- Small toys may be wiped with a 70% alcohol swab.
- Toys that will not be damaged by immersion should be cleaned in a dishwasher or washing machine using standard detergents.
- After cleaning, toys should be sprayed or wiped with a detergent, ensuring all surfaces are wet for one minute.
- Toys that would be damaged by immersion (keyboards, computer mice, hand-

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

held electronic games, wind-up toys, etc.) should be wiped with a 70% alcohol wipe.

- Toys used by ill children must be thoroughly cleaned and disinfected before sharing with other children.
- Any toy that cannot be cleaned and disinfected should remain the sole property of one child, including being sent with the child when leaving the home.

Cleaning Isolation Areas and Handling Symptomatic and Self-Isolating Client Items

The following procedures should be used for cleaning isolation areas:

- Group homes should focus on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill persons, as well as bedrooms/bathrooms used by ill persons.
- Group homes can provide the isolated person with personal cleaning supplies for their room and bathroom, unless the room is occupied by a child or another person for whom such supplies would not be appropriate. These supplies include tissues, paper towels, cleaners, and disinfectants.
- In areas where persons with COVID-19 or other ill persons have visited or used, continue routine cleaning and disinfection.
- Wait as long as practical before beginning cleaning and disinfection of isolation areas to minimize potential for exposure to respiratory droplets. If possible, wait up to 24 hours before cleaning and disinfection.
- Outside doors and windows should be opened to increase air circulation in the area.
- Non-disposable food service items used should be handled with gloves and washed with hot water or in a dishwasher. Clean hands after handling used food service items.
- Clothing, towels, linens and other items go in the laundry after each use.
- Wear disposable gloves when handling dirty laundry from a person displaying any symptoms of COVID-19 or other illness and then discard after each use. If using

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

reusable gloves, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes. Clean hands immediately after gloves are removed.

- If no gloves are used when handling dirty laundry, be sure to wash hands afterwards.
- If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using hot water (60-90°C) water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.
- Clean and disinfect clothes hampers, buttons and lids on the washing machine according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.
- After discharge of someone who is symptomatic or self-isolating, clean the room as per existing facility cleaning practices.

Waste disposal:

- Disposable gloves should be worn when handling waste.
- Waste from a symptomatic person (e.g., tissues, face masks) and the decontamination process (e.g., disposable gloves, cloths, and mop heads) should be placed in a plastic bag, tied when full, and then double bagged.
- Waste should be placed in a secure location until collection

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Communication

If there is a suspected case of COVID-19 within the group home setting, communication will be sent to the TSS Manager and Director of FCS, who will then work collaboratively with the CMOH to determine what further communication and tracking will happen. All necessary updates to families and First Nations will be provided by the supervisor/manager, where appropriate, with guidance from the Chief Medical Officer. The Director of FCS will ensure all updates are made to the ADM of Social Services on a regular and or emergency basis as may be required

Clients with Symptoms Requiring Isolation Who Are Waiting for Test Results

Any clients with symptoms associated with COVID-19, even if they are mild, and any clients waiting for the results of a lab test for COVID-19, must be isolated.

The manager will authorize and deploy additional resources to manage the outbreak as needed and restrict symptomatic staff from working in the facility, as well as any other work location.

These clients require separate rooms for one individual with a private bathroom, and a means of entering and exiting the unit with minimum opportunities for interacting with others. If these clients are accommodated in a group home, these clients should not have to access any of the same spaces as other group home clients, and separate entrances/exits should be provided.

Decisions for group homes to accommodate people in this group should be made in consultation with YCDC (Yukon Communicable Disease Control) to confirm the group home has appropriate space, staff, and protocols. Operational support requirements will be discussed, including but not limited to the delivery of food, laundry support, cleaning, and general medical needs. The staffing needs will depend on the different levels of care required by the clients.

Note: Clients whose symptoms have just been identified should wait in an isolation room while waiting for a referral to testing. Isolation rooms /space have been identified for group home use.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Clients Requiring Isolation Who Have Been Diagnosed with COVID-19

Clients who have been diagnosed with COVID-19 can be sheltered together in a large, well ventilated room, and do not require the two-meter distancing between beds if space does not permit this. These spaces require designated bathroom facilities and a means of entering and existing the unit with minimum opportunities for interacting with others.

Decisions for group homes to accommodate people in this group should be made in consultation with YCDC to confirm the home has appropriate space, staff, and protocols. Operational support requirements will be discussed, including but not limited to the delivery of food, laundry support, cleaning, and general medical needs. The staffing needs will depend on the different levels of care required by the clients.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Appendix B - COVID-19 Update: Youth Supports and Services

March 24, 2020

COVID-19 Update: Youth Supports and Services

Youth Supports and Services is working diligently towards preparedness during the rapidly evolving COVID-19 global pandemic and is making concerted efforts to ensure the health and safety of staff, clients, and the public while also ensuring the provision of essential services delivery.

Youth Supports and Services is taking a proactive approach in line with the recommendations from the office of the Chief Medical Officer of Health, and a number of precautionary measures have been implemented to reduce the potential for exposure and transmission.

Young Offenders Facility (YOF):

The following are some of the steps that have been taken at the Young Offenders Facility (YOF).

- YOF staff have delivered information to clients on COVID-19.
- YOF staff have received education on the use of recommended personal protective equipment, including hand sanitizer, which has been made available throughout the facility, including at the front entrance for use by maintenance and other personnel.
- Any maintenance personnel requesting access to the boiler room are to access it from outside.
- All deliveries to the facility are to be met at the door.
- All front-line and office staff have been reminded of the direction from the Chief Medical Officer of Health on March 22, 2020, to self-isolate if they have recently returned home to the territory.
- As essential service workers, all front-line and office staff have been reminded that it is recommended that they not attend any social gatherings, even those with fewer than 10 people.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- Additional cleaning measures have been implemented throughout YOF.
- All training for staff has been suspended until further notice.
- Signage regarding COVID-19 has been posted throughout the facility for both clients and visitors, additional hand sanitizing measures have been put in place for visitors and staff and screening measures of all individuals attending the facility for visits have been implemented.
- As of Monday, March 23, 2020, all personal visits with members of the public have been suspended until further notice.
- In order to support clients with continued personal connections with family and friends, daily telephone calls will be provided to clients.
- Professional visits are permitted via telephone at this time.

Youth Achievement Centre (YAC):

The following are steps taken at the YAC;

- YAC staff have been reminded of the direction from the Chief Medical Officer of Health on March 22, 2020 to self-isolate if they have recently returned home to the territory.
- Additional cleaning/disinfecting measures have been implemented.
- All non-essential training for staff has been suspended until further notice.
- Signage regarding COVID-19 and handwashing has been posted throughout the facility.
- Hand sanitizer has been placed in common areas, including vehicles.
- YAC has temporarily suspended all face-to-face educational programming with youth and will resume following recommendations from the Department of Education.
- Facilitators are educating drop-in youth on good hand washing and hygiene practices.
- Beginning March 30, 2020 YAC will have a rotating staff schedule to help maintain physical distancing.

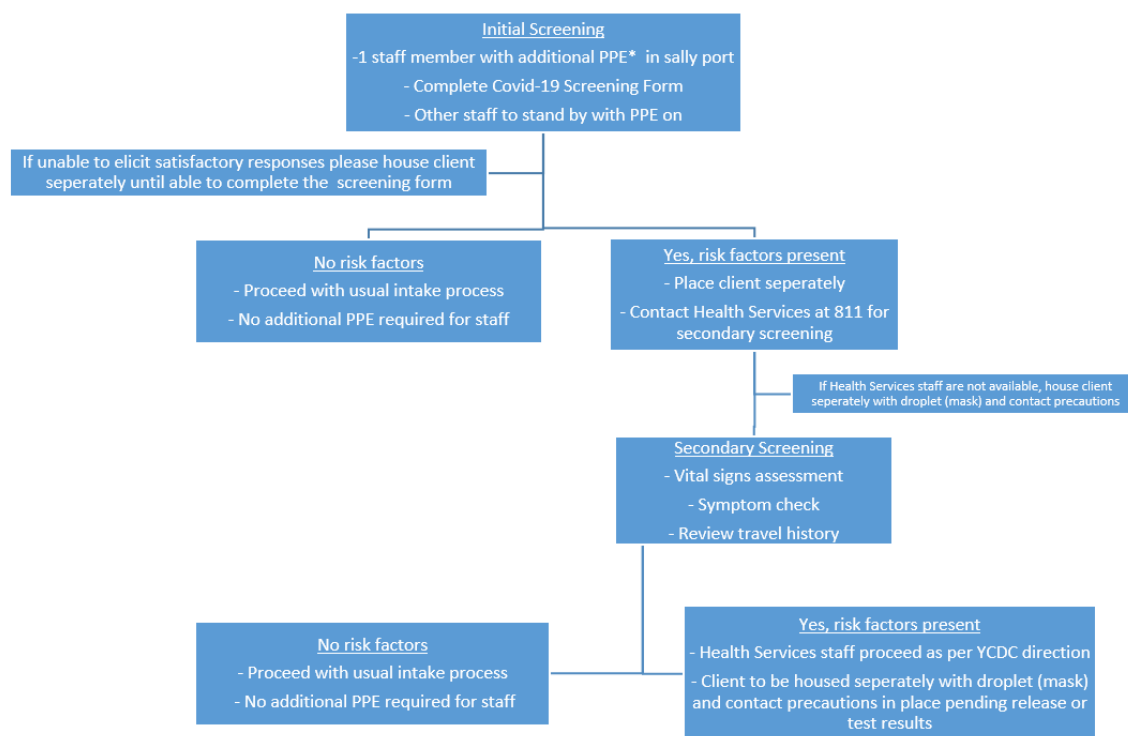
Youth Probations:

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- Staff have been briefed on the Chief Medical Officer's updates and directives on physical distancing, hand washing, and 14-day isolation requirements for out-of-territory travel.
- Signage regarding COVID-19 and handwashing has been posted throughout the facility.
- Youth Probations staff have started a rotating schedule; those working from home are provided with remote access links (VDI), project guidelines, and check-in schedules.
- All staff office phones have been forwarded to staff cell phones. Staff are also required to check-in on their voice mails for more frequent communication.
- All nonessential client/Youth Worker meetings are conducted electronically or by phone.
- All stakeholder-related meetings are postponed until further notice; all other essential meetings are held by phone or Skype.
- Increased cleaning has been implemented; staff are required to clean before and after all essential meetings.
- Any staff in the building are mindful of keeping a minimum of two-metre distance from one another;
- At all times, a staff member is available to attend any calls to Court and is adhering to the requirements outlined by court services.

Youth Supports and Services will continue to work collaboratively with the office of the Chief Medical Officer of Health to ensure continuity in service delivery without putting the health and safety of staff, clients, and the public at risk.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	



Client refers to youth.

*PPE – Blue Surgical Mask, eye protection, gloves. Gown if contact with client is likely.

*Do not use the N65 masks unless the youth is confirmed to be under investigation according to the screening document.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Appendix C Program update for Early Childhood, Prevention and Support Services

Extensive work has been undertaken for the program areas related to Early Childhood services. Attached to the FCS Practice Guidelines please reference the following documents:

- 1) Public Health Guidance: Enhanced measures at Yukon Child Care facilities during the COVID-19 Crisis (French version included)
- 2) Q & A for Licensed Centers
- 3) Q & A for Day homes
- 4) Funding for Licensed Child Care Programs in Response to COVID-19

These are all posted on the Yukonnect website.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Appendix D FCS: Guidelines for Supervising Access/Contact Visits during COVID-19 Pandemic

Part I: Importance of Supervised Access/Contact Visits

Family and Children's Services (FCS) is committed to promoting and preserving safe, stable and enduring relationships between children and their parents, siblings, extended family, their First Nation (if applicable), friends, caregivers and others with a connection to the child (i.e. significant others). We remain steadfast in this commitment even during the current global COVID-19 pandemic.

FCS also understands the importance of adhering to the health recommendations from Yukon's Chief Medical Officer of Health (CMOH) to protect our staff and clients, as well as to reduce the risk of COVID-19 community transmission.

In order to serve the best interest of the child as per s. 2 of the *Child and Family Services Act* (CFSA), we will balance the importance of meaningful contact against health and safety risks.

During the COVID-19 pandemic, FCS will continue to facilitate in-person contact between children and their parents/significant others, unless there is evidence that these individuals are either not following COVID-19 protocols recommended by CMOH or display any flu-like symptoms (e.g. fever, cough, shortness of breath, difficulty breathing) associated with a COVID-19 infection. Whenever in-person contact is not possible, FCS will strive to provide alternative methods of communication for parents/significant others to preserve their bond with the child.

The following practice guidelines further supplement Policy 13.9 Development Needs – Family and Social Relationships, Policy 13.9.1 Family Contact Plan, Policy 13.9.2 Contact with Family/Significant Others and Policy 13.9.3 Supervised Family Contact of the Child and Family Services Act Policy Manual.

These practice guidelines only pertain to supervised access/contact visits between children and their parents/significant others for maintaining familial/social connections.

These practice guidelines will come into effect immediately and continue to be in force until further notice. As the pandemic evolves, so too will our child welfare practices to support children, youth and families through this unprecedented time.

If there are any inconsistencies between these practice guidelines and health recommendations from CHOM, please consult your immediate supervisor for guidance.

Part II: Practice Guidelines

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Access Supervisor's Role

- The access supervisor must enforce these practice guidelines when facilitating supervised access/contact visits for children in the care and/or custody of the Director of FCS.
- FCS recommends that any access supervisor facilitating supervised access/contact visits for children in Extended Family Care should discuss these practices guidelines with the extended family caregiver and the parents/significant others.
- **ALL** access supervisors must follow CMOH orders. Refer to <https://yukon.ca/en/orders-and-recommendations-covid-19> for all orders issued to date.

Family Contact Plan

- These practice guidelines do NOT replace the established Family Contact Plan for the child, as per Policy 13.9.1.
- The worker will ensure that the Family Contact Plan is followed in a manner that is consistent with these practice guidelines.

Reviewing Public Health Guidelines with Parents/Significant Others

- The worker will review the following with the parents/significant others and access supervisors prior to their next supervised access/contact visit and every six (6) months thereafter or whenever necessary:
 - o Physical distancing practices;
 - o General hygiene practices and respiratory etiquette practices;
 - o Environmental cleaning practices;
 - o Travel restriction outside of Yukon or the Yukon-BC Border Area (i.e. Atlin, Fireside, Pleasant Camp, Fraser and Jade City);
 - o Self-isolating practices if travelled outside of Yukon or the Yukon-BC Border Area;
 - o Small outdoors gathering practices; and
 - o Civil Emergency Measures Act (CEMA) orders and other Health Recommendations by CMOH.
- If necessary, the worker will share COVID-19-related print materials and electronic resources developed by Government of Yukon with the parents/significant others and access supervisors.
- The worker may discuss COVID-19 restrictions and recommended health practices using age-appropriate resources. See Appendix for Words and Pictures diagrams on COVID-19 for younger and older children.¹

Screening Questions

- Prior to the supervised access/contact visit, the worker or access supervisor must screen all individuals, including the child, involved in the supervised contact prior to the visit by asking the following questions:

¹ "COVID 19 Words and Pictures for Children in Care." *Treehouse Practice*, 30 April 2020, <<https://www.treehousepractice.ie/blog>>

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- Do you have any symptoms such as cough, fever, sore throat or difficulty breathing?
- Have you come into contact or been exposed to someone who has been confirmed as having COVID-19?
- Have you travelled outside of Yukon within the last 14 calendar days?²
- If any of the individuals, including the child, answers “yes” to any of the questions, then the supervised access/contact visit must be postponed to a later date.

Supervised Access/Contact Visit Location and Duration

- To minimize the risk to the health and safety of the child, parents/significant others and the access supervisor, the first option for supervised access/contact visits should be indoors where high-touch surfaces can be easily cleaned and disinfected.
- There must be less than 10 individuals at indoor supervised access/contact visits, including the child and the access supervisor.
- Planned overnight supervised access/visits are permissible as long as the access supervisor is available for its entire duration.
- If an indoor location is not available, then the supervised access/contact visit may occur in an outdoor location where physical distancing practices, such as maintaining 2m distance with those from outside of your household, can be easily followed.
- Please refer to the most up-to-date CHOM recommendations when using community parks and playgrounds.
- Duration of supervised access/contact visits may be shortened based on available resources.

Environmental Cleaning Practices

- All frequently touched surfaces (e.g. doorknobs, light switches, tabletops, chairs, electronics, bathroom handles, elevator buttons, etc.) in the access location must be cleaned and disinfected prior to the supervised access/contact visit.
- Use only Health Canada approved hard-surface disinfectants with Drug Identification Numbers (DIN), which is a 8-digit number that confirms it is approved and safe for use in Canada.

Physical Distancing Practices

- If possible, all individuals involved in the supervised access/contact visit must maintain 2m physical space between one another.
- The parents/significant others and the child, whenever possible, should engage in play activities that encourage physical distancing and space.
- When holding infants and toddlers, the individual must use blankets or cloths over their clothing. Only blankets or cloths provided by the caregiver or the access supervisor are permitted.

² Individuals providing essential services should refer to “Direction and Guidelines for the Delivery of Critical, Essential and Other Services” - <<https://yukon.ca/sites/yukon.ca/files/eco/eco-direction-guidelines-delivery-critical-essential-other-services-covid-19.pdf>>

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- When holding infants and toddlers, then the individual must keep distance between their face and the infant's/toddler's face.

Toys, Books, Games, Play Equipment and Other Resources

- All toys, books, games, play equipment and other resources used during supervised access/contact visit must be cleaned and disinfected prior to and following contact.
- All toys, books, games, play equipment and other resources used during supervised access/contact visit should be provided by the caregiver or the worker.
- Parents/significant others may provide toys, books, games, play equipment and other resources but they must cleaned and disinfected in the presence of the access supervisor prior to the supervised access/contact visit.
- If multiple children attend, then they should use separate toys, books, games, play equipment and other resources.

Gifts from Parents and/or Significant Others

- Parents/significant others may provide gifts to the child in sealed plastic bags.
- The caregiver or access supervisor must quarantine the gift in the plastic bag for at least 72 hours prior to providing it to the child.

Cellular Phones/Mobile Devices

- All individuals involved in the supervised access/contact visit, including the access supervisor, must disinfect their cellular phones/mobile devices prior to the supervised contact.
- All individuals, including the access supervisor, must limit the use of their cellular phones/mobile devices during the supervised contact, as these are high-touch equipment.

Hand Hygiene Practices

- All individuals, including the child, must perform proper hand hygiene prior to the supervised access/contact visit.
- If necessary, the access supervisor or caregiver must assist the child with proper hand hygiene.
- Proper hand hygiene includes:
 - o 1. Washing hands often with soap and water for at least 20 seconds or use alcohol-based hand sanitizer.
 - o 2. Cough or sneeze into a tissue or bend of the arm, dispose any used tissues and wash hands afterwards.
 - o 3. Avoid touching eyes, nose or mouth with unwashed hands.

Food and Drinks

- Only the caregiver or the access supervisor may provide food and/or drinks.
- Individuals, including the child, must not share food, drinks or utensils with others.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Personal Protection Equipment

- FCS will provide necessary Personal Protection Equipment (PPE) (i.e. disposable gloves, medical masks and/or medical gowns) to access supervisors, the child and parents/significant others involved in the supervised access/contact visit.
- The access supervisor, parents/significant others must wear gloves and a mask if they are expected to come into physical contact with the child or any of the other individuals in the supervised access/contact visit.
- Any individuals at the supervised access/contact visit changing diapers or soiled clothes, administering first aid or dealing with blood/body fluids must wear gloves and a medical mask.
- Parents/significant others may bring their own PPE to the supervised access/contact visit.

Management of Individuals that Display COVID-19 Symptoms

- If an individual, including the child, displays any symptoms associated with a COVID-19 infection, then the access supervisor will immediately end the supervised access/contact visit.
- If the child displays the COVID-19 symptoms, then the access supervisor will immediately separate the symptomatic child from others and contact 811 for medical advice.
- If necessary, based on 811 medical advice, then the access supervisor and the caregiver will accompany the child to the nearest medical clinic or the Respiratory Assessment Centre (4051-4th Avenue, Yukon Convention Centre in Whitehorse).
- Taking a child in care or a child receiving supports and services from the Director of FCS with COVID-19 symptoms to the Respiratory Assessment Centre or a medical clinic is a Serious Incident and the access supervisor must immediately inform the worker or an on-call/afterhours social worker.
- Any worker receiving such information will provide the necessary notification according to 19.4: Serious Incidents.
- If the child is not in care, then the access supervisor must immediately notify the custodial guardian that the child has displayed COVID-19 symptoms.

Caregivers Unable to Facilitate Supervised Access/Contact Visits

- In addition to COVID-19 concerns identified in the screening questions, caregivers may advise against supervised access/contact visits under these circumstances if the caregiver, any members of their household and/or the child is immune-compromised. This must be verified by a qualified physician's medical note.

Alternatives to In-Person Supervised Access/Contact Visits

- If parents/significant others are unable to engage in in-person contact due to COVID-19 restrictions, then the worker, in consultation with their supervisor, will explore alternative modes of communication, such as phone calls, virtual meetings (e.g. Skype, Zoom, FaceTime), letters or postcards.
- While older children and youth may be able to meaningfully engage in alternative modes of communication, young children (especially infants and toddlers) cannot. The worker and the access

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

supervisor will collaborate to find options where young children can physically bond with their parents/significant others and spend quality time together.

Documenting Supervised Access/Contact Visits

- The worker must document all supervised access/contact visits, especially court-order contact, in the most appropriate client file.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Appendix E

Staying at Home Supports for Care Givers

Staying At Home Support Review Process

The COVID-19 global pandemic has had a significant impact on caregivers. Almost overnight, they have had to take on additional caregiving responsibilities in the midst of other unanticipated changes to their daily lives. In an effort to better assist extended family caregivers and foster caregivers during this challenging time, Family and Children’s Services (FCS) is introducing the Staying at Home Support Review Process.

This process is composed of two parts: 1) the household isolation plan, which aims to reduce the impacts of COVID-19 related demands and stressors on caregivers; and 2) the COVID-19 infection plan, which aims to improve our response to potential COVID-19 infections in caregiver homes.

Procedures

1. The Placement Resource Unit worker or Regional Services worker (“the worker”) will immediately contact the caregiver and inform them of the Staying At Home Support Review Process and schedule a time to complete the Staying At Home Support Review form.
2. The worker and caregiver will complete the Staying At Home Support Review form over the phone or virtually (e.g. Skype, Zoom, FaceTime) within the next **10 calendar days**.
3. To create the household isolation plan, the worker will engage the caregiver to discuss the COVID-19 demands and stressors on their family and the supports required to address these needs.
4. To create the COVID-19 infection plan, the worker will engage the caregiver and create a safety plan for the child in the event of a COVID-19 infection in the caregiver’s home and any supports that would be needed to address the infection.
5. Please refer to the Appendix for questions to assist in planning with the caregiver.
6. The worker will submit the completed Staying At Home Support Review form to their supervisor for approval. The supervisor will consult with their manager once all of the Staying At Home Support Review forms are completed to identify trends and pressures.
7. The worker will provide the caregiver with a copy of the approved Staying at Home Support Review form and place the original in the caregiver’s file.
8. The worker will then implement the respective plans, provide the agreed upon supports and document the provision of these supports in the caregiver’s file.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

9. The worker will contact the caregiver on monthly basis, or when there is change in the caregiver's circumstances, to review the Staying at Home Support Review form and make any necessary changes to the plans.

Appendix³

What Are We Worried About?

- The past few weeks have been COVID-19 pandemic challenges. What would you say has been most difficult? Biggest challenges?
- If this situation continues for a while what are you most worried will/could happen?
- Tell me the things that worry you most about the child/ren or youth in your care right now?
- What makes these struggles or worries most difficult to sort out?
- What has been making the situation more complicated?
- What would the kids say they worry most about during this COVID situation?
- What have been the hardest parts of your day? What would your partner say?
- Can you tell me about what is specifically about the child that is difficult and what do they really struggle with?
- Has there been a time over the last few weeks when a child in your home has done something where you felt stressed or worried and didn't know how to handle it? What did that look like?
- What would the kids say has been the toughest or hardest parts about being at home? What else?
- What has been the most challenging through this experience? What else?
- We know that this has been a difficult time, especially for the kids who aren't able to see their biological families. How has this made an impact on the kids? How are you managing this as a foster parent? Tell me about that.
- What would the biological parents and families say has been the challenging for them as parents throughout all of this?
- What are your greatest worries about your role as a caregiver during these difficult times?
- Are there things you are hearing and seeing from the kids in your care that have you worried?

What's Working Well?

- What have you done in parenting the child/youth since the pandemic that you have found has been most successful?
- What are you particularly proud of in fostering your child/youth? What else?
- What have you noticed about the children/youth that has impressed you about them during this period?

³ McLeod, Cynthia. "Thinking through support for foster carers during Covid-19". *Core Signs of Safety Tools and Techniques*. 21 April 2020.

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

- What coping strategies or skills have you observed from your child or youth that have made you proud?
- Who have you called for help or support?
- How have they helped without being able to see you face to face?
- How were these people helpful?
- Has there been a time when you thought you were going to lose it, felt like giving up but didn't? What did you do? What else?

What Needs to Happen?

- What would be the smallest next steps to overcome the worries you have described?
- What would the kids/biological families say they needed to make things even a little easier?
- What is one thing that FCS could do to help to ensure no placement breakdown? What would the kids say?
- What do you need from your FCS on a daily/weekly/monthly basis to feel well supported? What would your wife/husband/partner say? What would the kids say?
- Given that we are anticipating COVID-19 to last longer than a few weeks, what is your plan in helping yourself with enough self-care for yourself that you can be mentally and emotionally strong to continue caring for your children during this very difficult time?
- Who is someone you could talk to on a regular basis to help you feel supported?
- If someone in your home gets ill with COVID 19, what would be your plan in terms of caring for and protecting the children?

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

Appendix F

Staying at Home Supports Review Form

Please contact the caregiver and collaborate to complete this form to identify the Household Isolation Plan and COVID-19 Infection Plan. Please complete this form electronically and submit it to your supervisor by e-mail.

You may refer to the Appendix in the *Family and Children's Services: Staying At Home Support Review Process for Caregivers during COVID-19 Pandemic* document for questions to foster discussion with the caregiver.

CAREGIVER'S INFORMATION	
First name:	Last name:
Phone number:	File Number:
Child(ren) placed in their care:	
WORKER'S INFORMATION	
First name:	Last name:
Date:	
A. Household Isolation Plan	
How is the caregiver following orders and health recommendations from the Chief Medical Health Officer (CMHO)? (Physical distancing practices; General hygiene practices and respiratory etiquette practices; Environmental cleaning practices; Travel restrictions; Self-isolating practices; etc.)	
What are the caregiver's additional needs during the COVID-19 pandemic? (e.g. working from home, school closures, medical issues, essential supplies, behavioral concerns, respite needs, contact with parents/significant others, self-care, etc.)	
How is the caregiver meeting these COVID-19 related needs? (e.g. contact their worker, contact plan with parents/significant others, contact with the child's school, child's medications are up-to-date, etc.)	
What supports and services can FCS provide to the caregiver to meet their COVID-19 related needs?	

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	

B. COVID-19 Infection Plan	
If there is a COVID-19 infection in the caregiver's home, what is the safety plan for the child? (e.g. contact the worker, find an alternative placement for the child, disinfect/clean the home, self-isolate for 14 calendar days, self-monitor for symptoms, etc.)	
What additional needs does the caregiver anticipate if there is a COVID-19 infection in their home?	
How will the caregiver meet these anticipated needs?	
What supports and services can FCS provide to the caregiver to meet these anticipated COVID-19 needs?	
SUPERVISOR APPROVAL	
Date received:	
Supervisor's decision: <input type="checkbox"/> approved <input type="checkbox"/> not approved	
Comments:	
<div style="display: flex; justify-content: space-between;"> <div>_____ Supervisor's signature</div> <div>_____ Date</div> </div>	

Location of Document:		
Current Version (Number & Date)	V08: May 20, 2020	Previous Vs: 07 April 28, 2020
Author of Current Version:	Randi Cave	



Family and Children's Services: Staying At Home Support Review Process for Caregivers during COVID-19 Pandemic

May 2020



Staying At Home Support Review Process

The COVID-19 global pandemic has had a significant impact on caregivers. Almost overnight, they have had to take on additional caregiving responsibilities in the midst of other unanticipated changes to their daily lives. In an effort to better assist extended family caregivers and foster caregivers during this challenging time, Family and Children's Services (FCS) is introducing the Staying at Home Support Review Process.

This process is composed of two parts: 1) the household isolation plan, which aims to reduce the impacts of COVID-19 related demands and stressors on caregivers; and 2) the COVID-19 infection plan, which aims to improve our response to potential COVID-19 infections in caregiver homes.

Procedures

1. The Placement Resource Unit worker or Regional Services worker ("the worker") will immediately contact the caregiver and inform them of the Staying At Home Support Review Process and schedule a time to complete the Staying At Home Support Review form.
2. The worker and caregiver will complete the Staying At Home Support Review form over the phone or virtually (e.g. Skype, Zoom, FaceTime) within the next **10 calendar days**.
3. To create the household isolation plan, the worker will engage the caregiver to discuss the COVID-19 demands and stressors on their family and the supports required to address these needs.
4. To create the COVID-19 infection plan, the worker will engage the caregiver and create a safety plan for the child in the event of a COVID-19 infection in the caregiver's home and any supports that would be needed to address the infection.
5. Please refer to the Appendix for questions to assist in planning with the caregiver.
6. The worker will submit the completed Staying At Home Support Review form to their supervisor for approval. The supervisor will consult with their manager once all of the Staying At Home Support Review forms are completed to identify trends and pressures.
7. The worker will provide the caregiver with a copy of the approved Staying at Home Support Review form and place the original in the caregiver's file.



8. The worker will then implement the respective plans, provide the agreed upon supports and document the provision of these supports in the caregiver's file.
9. The worker will contact the caregiver on monthly basis, or when there is change in the caregiver's circumstances, to review the Staying at Home Support Review form and make any necessary changes to the plans.

Appendix¹

What Are We Worried About?

- The past few weeks have been COVID-19 pandemic challenges. What would you say has been most difficult? Biggest challenges?
- If this situation continues for a while what are you most worried will/could happen?
- Tell me the things that worry you most about the child/ren or youth in your care right now?
- What makes these struggles or worries most difficult to sort out?
- What has been making the situation more complicated?
- What would the kids say they worry most about during this COVID situation?
- What have been the hardest parts of your day? What would your partner say?
- Can you tell me about what is specifically about the child that is difficult and what do they really struggle with?
- Has there been a time over the last few weeks when a child in your home has done something where you felt stressed or worried and didn't know how to handle it? What did that look like?
- What would the kids say has been the toughest or hardest parts about being at home? What else?
- What has been the most challenging through this experience? What else?
- We know that this has been a difficult time, especially for the kids who aren't able to see their biological families. How has this made an impact on the kids? How are you managing this as a foster parent? Tell me about that.
- What would the biological parents and families say has been the challenging for them as parents throughout all of this?
- What are your greatest worries about your role as a caregiver during these difficult times?
- Are there things you are hearing and seeing from the kids in your care that have you worried?

¹ McLeod, Cynthia. "Thinking through support for foster carers during Covid-19". Core Signs of Safety Tools and Techniques. 21 April 2020.



What's Working Well?

- What have you done in parenting the child/youth since the pandemic that you have found has been most successful?
- What are you particularly proud of in fostering your child/youth? What else?
- What have you noticed about the children/youth that has impressed you about them during this period?
- What coping strategies or skills have you observed from your child or youth that have made you proud?
- Who have you called for help or support?
- How have they helped without being able to see you face to face?
- How were these people helpful?
- Has there been a time when you thought you were going to lose it, felt like giving up but didn't? What did you do? What else?

What Needs to Happen?

- What would be the smallest next steps to overcome the worries you have described?
- What would the kids/biological families say they needed to make things even a little easier?
- What is one thing that FCS could do to help to ensure no placement breakdown? What would the kids say?
- What do you need from your FCS on a daily/weekly/monthly basis to feel well supported? What would your wife/husband/partner say? What would the kids say?
- Given that we are anticipating COVID-19 to last longer than a few weeks, what is your plan in helping yourself with enough self-care for yourself that you can be mentally and emotionally strong to continue caring for your children during this very difficult time?
- Who is someone you could talk to on a regular basis to help you feel supported?
- If someone in your home gets ill with COVID 19, what would be your plan in terms of caring for and protecting the children?





Family and Children's Services Staying At Home Support Review

Please contact the caregiver and collaborate to complete this form to identify the Household Isolation Plan and COVID-19 Infection Plan. Please complete this form electronically and submit it to your supervisor by e-mail.

You may refer to the Appendix in the *Family and Children's Services: Staying At Home Support Review Process for Caregivers during COVID-19 Pandemic* document for questions to foster discussion with the caregiver.

CAREGIVER'S INFORMATION	
First name:	Last name:
Phone number:	File Number:
Child(ren) placed in their care:	
WORKER'S INFORMATION	
First name:	Last name:
Date:	
A. Household Isolation Plan	
How is the caregiver following orders and health recommendations from the Chief Medical Health Officer (CMHO)? (Physical distancing practices; General hygiene practices and respiratory etiquette practices; Environmental cleaning practices; Travel restrictions; Self-isolating practices; etc.)	
What are the caregiver's additional needs during the COVID-19 pandemic? (e.g. working from home, school closures, medical issues, essential supplies, behavioral concerns, respite needs, contact with parents/significant others, self-care, etc.)	
How is the caregiver meeting these COVID-19 related needs? (e.g. contact their worker, contact plan with parents/significant others, contact with the child's school, child's medications are up-to-date, etc.)	
What supports and services can FCS provide to the caregiver to meet their COVID-19 related needs?	
B. COVID-19 Infection Plan	
If there is a COVID-19 infection in the caregiver's home, what is the safety plan for the child? (e.g. contact the worker, find an alternative placement for the child, disinfect/clean the home, self-isolate for 14 calendar days, self-monitor for symptoms, etc.)	
What additional needs does the caregiver anticipate if there is a COVID-19 infection in their home?	



Family and Children's Services Staying At Home Support Review

How will the caregiver meet these anticipated needs?	
What supports and services can FCS provide to the caregiver to meet these anticipated COVID-19 needs?	
SUPERVISOR APPROVAL	
Date received:	
Supervisor's decision: <input type="checkbox"/> approved <input type="checkbox"/> not approved	
Comments:	
_____ Supervisor's signature	_____ Date