

PROCEDURE FOR ADMITTING AND RELOCATING A CHILD/YOUTH IN EXCEPTIONAL SITUATIONS

WHY this procedure?

The procedure for admitting and relocating a child or youth in exceptional situations such as SARS (2003), H1N1 (2009), Ebola (2014) and COVID-19 (2019) was developed to provide a blueprint for admitting and relocating a child or youth into a resource home.

Although this procedure is somewhat different from the current policy, S-201 Admission and Relocation of a Child, it retains its essential elements.

This procedure was implemented to clarify the manner in which resource home placements and relocations should be done to make them safer in exceptional situations that affect day-to-day processes.

WHEN AND WHO applies the procedure?

The procedure for admitting and relocating a child or a youth in exceptional situations comes into play when a virus is declared to be an epidemic or pandemic by the World Health Organization (WHO), the public health arm of the United Nations (UN).

Implementing the procedure is the role of the agency's Executive Director or one of the departmental Directors.

WHO LOOKS AFTER placing/relocating a child or youth?

The task of placing or relocating a child always falls to an employee who is trained and authorized as a child protection worker. An employee is trained and authorized as a child protection worker when that employee has completed the training and passed the authorization exam.

HOW does a placement/relocation happen?

Admitting a new child in exceptional situations:

In exceptional situations, where most of the day-to-day services are closed and where strict and exemplary measures are developed by the federal and/or provincial government, several Valoris services remain essential and basic. The offer of services in terms of admitting a new child into care remains the same. To this end, refer to policy S-201 Admission and Relocation of a Child:

Removing children from their parents is an important decision that must be carefully assessed: it is important that every other option for keeping the child

with its family or in its community be reviewed. Placement should be the last option and justifiable as the best decision under the circumstances. As a last resort, the decision to place a child in the care of Valoris Children and Adults of Prescott-Russell must be approved by a Supervisor.

The family's worker must start by determining whether a member of the extended family (kinship) or another adult known to the child could assume care for the child and properly meet the child's need as a provisional foster family, which would have to be approved in accordance with the appropriate policy and procedure.

If placing the child with Valoris is the only viable option, sufficient time should be allotted for planning the placement. An unplanned placement should only occur in emergency situations where the child faces imminent danger.

Valoris prefers to place children in our care in homes within their own community. Different types of foster homes and support services are offered in order to ensure the best possible care and quality of life for the child.

The following criteria must be considered by staff when selecting an appropriate placement to ensure a successful match:

- the child's community;*
- the region where the home is located;*
- the child's socio-economical, cultural, social, linguistic and religious environments;*
- the child's emotional, social, physical and developmental needs;*
- the child's preferences, talents, skills, strengths and weaknesses;*
- the reasons for the placement;*
- the Residential Services intake worker will collect all of the relevant information in order to coordinate the selection of a resource that will ensure a successful match;*
- the expected length of the placement;*
- the child's legal status; and*
- the child's age and developmental level.*

Valoris strives to maintain the placement of a child (or siblings) already living in a foster home. This placement takes precedence and must be protected. The placement of another child in a foster home must be carefully assessed to ensure that it does not jeopardize the initial placement.

Once the child has been well prepared, the worker assigned to the child's file or another staff member who knows the child will personally accompany him/her throughout the placement or relocation from the existing foster family or residential resource. The child welfare worker must encourage the child's parents to accompany the child to the foster family whenever possible (ref.: SE-205). In emergency situations, another welfare worker may accompany the child.

In an emergency situation, a new admission and/or new placement will be done without a pre-placement (face-to-face) visit and could, inasmuch as possible, be done by videoconference (TEAMS or other platform) in order to minimize non-essential visits and contacts.

In emergency situations where it is impossible to thoroughly prepare a child for placement, he/she may be placed in an admitting foster family or with another designated resource until a foster family, an extended family member or a member of the community (kinship) can be located to care for the child. The Residential Services intake worker will assume the responsibility of identifying the best possible resource for the child. If an emergency placement occurs outside of business hours, the 24/7 worker will have access to a master list of available foster homes. When a child is placed by the 24/7 Service, the worker responsible for the placement will leave a voice message for the Residential Services intake worker, who is responsible for updating the master list of foster families on a weekly basis.

A worker is the person designated to conduct the placement. In the case of a child or youth, the worker must be a child protection worker. This worker must take the following special precautions when relocating the child:

- Passengers must sit in the back behind the front passenger seat in order to put the greatest possible distance between the passenger and the driver.
- Before and after every trip, vehicles must be disinfected using the products provided by the Property Management team. Before doing a full cleaning, test the product on a surface that is not visible.
- Be particularly careful about cleaning frequent points of contact, such as door handles, safety belts, the steering wheel, the stick shift and the frequently used buttons (power windows, rear view mirrors, seat heaters, heating, air conditioning, radio, touch screen, etc.).
- Leave one or two windows slightly open to let the air circulate.
- If someone coughs during the trip, open the windows once the trip is completed.
- Leave the child's personal effects (limited) in the trunk.
- Wash your hands after every trip, preferably using soap and water.

A worker doing a new placement must ask the biological parents the following questions, and convey the information to the resource parents in the interest of everyone's safety and well-being:

- Has the child travelled in the past 14 days?
- Does the child have any COVID-19 symptoms, such as a cough, fever and difficulty breathing?
- Does the child live with someone who has travelled or is showing symptoms?
- Any other question recommended by Health Canada as the situation evolves.

If the answer to any of these questions is "yes", please refer to the information below or to the Protocol – New Placements of Children and Youth During the COVID-19 Pandemic.

If the child is presenting mild COVID-19 symptoms, he/she may remain in the home with a caregiver and need not be hospitalized. If you are caring for a child who may have, or likely has COVID-19, it is important that you take the following precautions:

- **Monitor the symptoms**
 - Monitor worsening symptoms, such as rapid breathing, laboured breathing, confusion, inability to recognize you, chills or a fever that won't go down with medications (e.g. ibuprofen, acetaminophen) after more than 12 hours.
 - If the person develops serious symptoms, call 911 or your local emergency number, as well as Valoris' 24/7 service.
 - If you call an ambulance, tell the dispatcher that the child has COVID-19. If you take the child to the hospital in a private car, call ahead to the hospital, and let them know that you are bringing in someone with COVID-19.
- **Keep your hands clean**
 - Wash your hands and the child's often with soap and water for at least 20 seconds, particularly after any contact with the person (e.g. changing diapers) and after removing your gloves.
 - If soap and water are not available, and your hands don't seem dirty, use an alcohol based hand sanitizer (ABHS) containing at least 60% alcohol.
 - Dry your hands with disposable paper towels. If you do not use disposable paper towels, a reusable towel will do as long as you replace it when it gets damp. Do not share that towel.
 - Avoid touching your eyes, nose or mouth before you have washed your hands, and encourage the child not to touch his or her face.
- **Avoid infecting others**
 - The child should remain in your house, or within a restricted area outside under supervision.
 - Do not share personal items such as toothbrushes, towels, bedding, utensils or electronic devices.
 - Do not share food or drinks.
 - As much as possible use a separate bathroom from the one used by the child. If that is not an option, lower the toilet seat before flushing.
 - If you are feeding a child baby formula, carefully sterilize the equipment before every use, and do not share bibs.

- **Keep your environment clean**

- Place masks, gloves and other used contaminated items in a container lined with a plastic bag, tie up the bag and place it with the other household waste for garbage collection.
- Place contaminated clothing in a container lined with a plastic bag. Do not shake the bag. Wash with normal detergent and hot water (60-90°C), and dry thoroughly. Clothing and sheets belonging to a child can be washed with other laundry. Wear gloves and a face mask if there is a risk of contact with contaminated laundry.
- At least once a day use a disinfectant approved for hard surfaces to disinfect surfaces in the house that people frequently touch (e.g. toilet, laundry hamper, bedside table, phone and TV remote).

- **Protect yourself**

- One single healthy person should care for the child, but everyone in the house should follow these instructions.
- Anyone with a higher risk of serious illness due to COVID-19 should not care for a child with COVID-19. This means older people, people with chronic health problems (e.g. heart disease, diabetes) or people with weakened immune systems.
- If you are within 2 metres of the child, wear a face mask, disposable gloves and eye protection.
- Do not reuse face masks or gloves.
- If possible, the infected person should also wear a face mask when you are caring for him or her, and should be encouraged not to touch his or her face or mask.

- **Monitor your symptoms**

- Monitor your symptoms and follow the instructions provided.
- If you develop any symptoms, even mild ones, self-isolate as soon as possible and contact your local public health unit for further instructions.

- **Useful supplies when looking after a child with symptoms:**

- Face mask (do not reuse)
- Eye protection (face screen or glasses) for the caregiver
- Disposable gloves (do not reuse) for the caregiver
- Disposable paper towels or cloth towels
- Waste container with plastic liner
- Thermometer
- Over-the-counter medication to reduce fevers (e.g. ibuprofen or acetaminophen)
- Running water
- Soap for hands
- Alcohol based hand sanitizer

In the case of a new admission or a new placement of a child, or when relocating a child, that child should only bring:

- Clothes and a few personal things that can be easily washed. Once the child arrives in the new home, the resource family or the residence must disinfect and wash all of the child's personal effects.
- In the case of a new placement or relocation of a baby, the worker must bring the following essentials: baby wipes, diapers and baby formula. These things are hard to come by, and we must support our families as much as possible.

REQUEST TO RELOCATE A CHILD DURING AN EXCEPTIONAL SITUATION:

In the event of a request to relocate a child during an exceptional situation, workers and their supervisors must refer to policy *S-201 Admission and Relocation of a Child*, and pay particular attention to the items highlighted in orange.

As with the child's initial placement with the Agency, a request for removing a child from a foster home or other resource must be thoroughly assessed based on all of implications of that decision.

It is important to note that any disruption to a prolonged placement must be reviewed by the Permanency Planning Committee to assess the impact of the disruption and determine the subsequent permanency plan. Valoris must do everything possible to ensure stability for the child.

As such, all measures must be taken to avoid a placement disruption while a child is in foster care. Any requests for a placement disruption from the child or the foster parents must be assessed immediately within five business days following the request. As established in the Service Agreement between Valoris and the foster parents, a written request from the foster parents must be provided within 30 days prior to a removal.

There must be at least one meeting between the child's welfare worker or a designated staff member, the child and the foster parents in order to discuss the request, try to find alternative solutions, and prepare for the disruption, as required. Any disruption of a child's placement is considered to be a failed placement.

During the subsequent placement or within a reasonable period following the removal, the child's welfare worker must discuss the previous placement with any child over seven years of age having been placed in foster care for more than 30 days. The child welfare worker must meet with the foster parents to discuss their experience with the child, complete the placement documentation, provide a copy of the documents to the foster parents and place a copy in the child's file.

At all times throughout the process of the child's placement or relocation, the child welfare worker must consider all possible alternatives within the child's extended family or community.

When the new placement has been identified, it is important to provide the following information to the new resource family:

- Identity: last name, first name, gender, date of birth and address;
- Family environment: number of children, order of birth, socio-economic circumstances, religion, language, race, culture and family relationships;
- School: name and address of the school attended, name of the teacher, grade, current marks and special needs;
- Medical: name and address of the family doctor and/or hospital, medical issues, disabilities or physical limitations, allergies, prescribed medications, contagious illnesses and previous vaccinations;
- Strengths and interests: favourite hobby, extra-curricular activities, talents;
- Difficulties: known psychological or psychiatric information, behavioural issues or young offender charges;
- Needs of the child, and intensity of care required;
- Likely duration of the placement, and contact / visit plan with parents; and
- Profile of the desired resource family: experience, availability, skills, training, strengths and preferences.

In exceptional situations, it is imperative that the resource family be provided the following information:

- whether the child is coming from another resource home, whether social isolation was followed, and whether the child is showing any COVID-19 symptoms;
- information about the people with whom the child was in contact, and whether the child was in contact with someone showing symptoms or having tested positive; and
- a copy of the *Guide to Protect Yourself and Your Loved Ones*.

Once the exceptional situation is over, the usual steps will have to be followed as indicated in policy *S-201 Admission and Relocation of a Child*.

Procedures to follow if a resource parent has COVID-19 symptoms or tests positive

Resource parents must also look after their health and well-being. They must follow all of the instructions issued by the health care sector and the Government of Ontario. The following procedures must be followed:

- the resource parent must immediately notify the appropriate worker of the situation;
- the worker must notify the responsible team to assist the family during the COVID-19 period and have workers contact their family to explain the protocol and ensure that the family has all of the necessary personal protective equipment;
- the resource parent must get tested at one of the points of access in the Prescott-Russell region;

- the resource parent must follow all of the instructions issued by the Eastern Ontario Health Unit (see Protocol – New Placements of Children and Youth During the COVID-19 Pandemic given that the same measures apply);
- everyone living in the resource home must also be tested (in accordance with EOHU instructions);
- the child's worker must notify the child's biological parents if the child is in temporary care;
- if the resource parent's symptoms are mild, and another adult in the home is able to care for the child, the latter may remain with the family during the 14-day confinement;
- if the family is unable to care for the child because of a sick parent, the child's worker must be notified to discuss an alternative plan for the child; and
- the worker must follow the procedures identified in the Protocol – New Placements of Children and Youth During the COVID-19 Pandemic if the child must be moved.

Youth living independently (CCSY, VYSA)

- workers must have frequent contact with the young person to ensure that all of their primary needs are met during this pandemic. They must also ensure that the young person follows the instructions issued by the health care sector (social distancing);
- workers must ask the questions recommended by the health care sector in order to monitor the young person's health;
- if a young person has symptoms, the worker must accompany him or her to ensure testing as soon as possible;
- if the young person lives with other people, they must also be tested (follow the EOHU's recommendations in that regard);
- if the young person tests positive:
 - o the worker must determine the severity of the symptoms;
 - o if the symptoms are mild, check whether the young person is able to remain on their own in their place, coordinate access to food, and maintain daily contact with the young person;
 - o **if the young person develops serious symptoms, the worker must work with him or her to coordinate access to the hospital;**
 - o **the worker can contact members of the young person's extended family or support network to see if someone can stay with the youth during the 14-day confinement period;**
 - o **if necessary, the worker, in cooperation with the worker's supervisor, must identify an alternative placement with 24/7 support.**