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Child Protective Services

COVID-19 Tips for Residential Caregivers

Updated July 7, 2020

A letter from the Associate Commissioner for CPS

Dear Residential Child Care Providers,

As we continue to face the ongoing crisis of COVID-19, I wanted to reach out to you with additional resources and updated guidance. It is my hope that this information will aid you in the care you provide to our youth. I know you are facing many unique challenges during this time and want to thank you for all that you are doing to help respond to this pandemic and in helping keep youth and staff safe.

Similar information has previously been shared but has been recently updated to reflect the most current data available on COVID-19, as well as additional resources. This data was gathered from the Centers of Disease Control (CDC) as well as other agencies who are actively involved in addressing COVID-19.

I understand the unique nature of each of your programs given the diverse communities and populations you serve and that careful consideration of this information will need to be given in order to meet your specific needs.

The contents of this presentation is intended to supplement, not supersede or replace, provisions from the CDC, your local public health authority, and HHSC Residential Child Care Licensing agencies that oversee congregate care programs.

Sincerely,

Deneen Dryden

Associate Commissioner

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Texas Department of Family and Protective Services



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What is COVID-19?

1. **COVID-19 is a virus that can cause mild to severe disease. Symptoms may appear 2-14 days after exposure and can include fever or chills, cough, shortness of breath, fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea.**
2. **According to the Center for Disease Control (CDC) the virus is spread mainly from person-to-person, between people who are in close contact with each other (within about 6 feet).**
3. **Spread is primarily through respiratory droplets and secretions produced when an infected person coughs or sneezes.**
4. **Recent studies also suggest that some people may spread the virus without showing any symptoms.**

Those considered "high risk" include people 65 or older, those living in a nursing home or long term care facility, anyone with underlying health conditions or a weakened immune system, and pregnant women.



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Symptoms and Screening Questions

The most common symptoms of COVID-19 are fever, coughing, and shortness of breath. Other symptoms may include: fatigue, chills, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea.

Screen all staff, visitors, vendors, and clients. Individuals with any of the conditions below should be restricted from entering the program site.

- a. **Sick with fever (≥ 100),**
- b. **[Symptoms of COVID-19](#): shortness of breath, cough, fatigue, chills, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea.**
- c. **Close contact¹ with a person diagnosed with COVID-19 in the past 14 days.**
- d. **International travel or travel on a cruise ship within the past 14 days**

Screening questions to determine entrance into the operation:

- a. **Do you have a temperature of ≥ 100 or higher?**
- b. **Have you been sick with shortness of breath, cough, fatigue, chills, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea in the past 14 days?**
- c. **Have you had close contact with a person diagnosed with COVID-19 in the past 14 days?**

If the individual requires immediate medical care, call 911 for an ambulance and inform EMS of the individual's symptoms and concern for COVID-19.

¹ Close contact is defined as being with someone who has COVID-19 for 15 minutes or more while standing within 6 feet of that person.



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Confirmed or Suspected COVID-19?

A healthcare provider and/or public health staff will evaluate whether an individual can be cared for at home. If it is determined that an individual does not need to be hospitalized and can be isolated at home, the local or state health department may monitor that individual while they are recovering.

- a. Separate the individual from other people and animals
- b. Isolate the individual in a private room with the door closed, and if possible the individual should avoid sharing a bathroom with others.
- c. Remain at least 6 feet away from the individual, if possible.
- d. The caregiver, when possible, should not be someone who is at higher risk for severe illness from COVID-19.
- e. Call ahead before visiting the doctor.
- f. The person who is sick should wear a cloth face covering if they are around other people or if they need to go to the doctor's office. Cloth face coverings should not be placed on children under 2, anyone who has trouble breathing, or is not able to remove the covering without help.
- g. Also see the extensive CDC Guidance *If you are Sick or Caring for Someone* <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html>



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When to Seek Emergency Medical Attention

1. **Watch for emergency warning signs¹ for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately.**
 - a. **Trouble Breathing**
 - b. **Persistent pain or pressure in the chest**
 - c. **New confusion**
 - d. **Inability to wake or stay awake**
 - e. **Bluish lips or face**

2. **Call 911 or call ahead to your local emergency facility: Notify the Operator that you are seeking care for someone who has or may have COVID-19.**



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1. This is not a list of all possible symptoms. Please call the doctor or medical provider for any other symptoms that are severe or concerning.

Isolation vs Quarantine?

Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease.

Isolation separates sick people with a contagious disease from people who are not sick.

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to prevent them from spreading the infection before they show symptoms. Not everyone in quarantine will become sick, but they are asked to stay home to prevent spreading the illness to others in case they become sick.



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Should I wear a face mask?

- A. Facemasks or cloth face coverings over the nose and mouth should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. They should not be used if someone is having trouble breathing due to their illness.**
- B. Cloth face coverings should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the covering without help.**
- C. CDC also recommends that people use cloth face coverings when they are around others to prevent the spread of COVID-19. Since people can spread the virus even if they do not feel sick, cloth face coverings can help prevent the spread of the virus, along with frequent hand-washing, covering coughs and sneezes and avoiding close contact with other people (staying at least 6 feet away from others).**



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What do I do if I suspect exposure to COVID-19?

Self-quarantine for COVID-19 is recommended for individuals who have been directly exposed to the virus or who have traveled to areas where there are large numbers of people infected in order to prevent further transmission.

- a. Anticipate up to 14 days quarantine at home.
- b. Try to have a two-week supply of non-perishable food items in the pantry. Stock long-life alternatives to perishable food items, such as powdered and UHT milk, tinned fruit and frozen vegetables.
- c. Have a supply of disposable tissues, cleaning supplies, and disposable gloves.
- d. Check that your first aid kit includes a thermometer and medicine to reduce fever such as acetaminophen.
- e. Make sure you have enough of any prescription and non-prescription medication you need to last a couple of weeks.



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Other Precautions

- 1. Visitors who reside in a community where significant community transmission is occurring should be asked not to visit the program. When visitation procedures are revised, the congregate care program should develop and issue communications to all potential visitors, family members, and funding agencies regarding any changes. ***As a reminder, DFPS staff must be allowed access to children and youth.***
- 2. If signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat develop while an individual is on-site, the individual should put on a mask and move to an isolated area of your program.**
- 3. Keep a daily log of names and contact information for employees, clients, visitors, and vendors.**



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Strategies to minimize the spread of COVID-19

Cover coughs and sneezes

- i. Remind individuals to cover their mouths and noses with a tissue when they cough or sneeze. Throw used tissues in a lined trash can. Immediately wash hands with soap and water for at least 20 seconds or, if soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean hands often

- i. Remind individuals to wash hands often with soap and water for at least 20 seconds, especially after they blow their nose, cough, or sneeze; going to the bathroom; and before eating or preparing food. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of hands and rub them together until they feel dry.
- ii. Soap and water are the best option if hands are visibly dirty.
- iii. Avoid touching eyes, nose, and mouth with unwashed hands.

Avoid sharing personal household items

- i. Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.



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Strategies to minimize the spread of COVID-19 continued. . .

Clean all “high-touch” surfaces **at least** everyday (or more often as possible)

1. High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, light switches, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.
2. Custodial staff should be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills.
3. When a program resident is discharged or leaves the program permanently, their room should be cleaned and disinfected in preparation for the next resident.
4. Ensure cleaning product states that it is effective against coronaviruses, on the label or as listed here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
5. Also see the extensive CDC Guidance *If you are Sick or Caring for Someone* <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html>



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Strategies to minimize the spread of COVID-19 continued. . .

For patients with COVID-19

1. The patient should wear a facemask when around other people. If the patient is not able to wear a facemask (for example, because it causes trouble breathing), the caregiver should wear a mask when in the same room as the patient.
2. Wear a disposable facemask and gloves when you touch or have contact with the patient's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, urine.
 - a. Throw out disposable facemasks and gloves after using them. Do not reuse.
 - b. When removing personal protective equipment, first remove and dispose of gloves. Then, immediately clean your hands with soap and water or alcohol-based hand sanitizer. Next, remove and dispose of facemask, and immediately clean your hands again with soap and water or alcohol-based hand sanitizer.
 - c. Videos from the CDC of how to put on and take off personal protective equipment can be found here:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>



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Other Protective Measures

1. Post signs at the entrance with instructions for hand hygiene and identifying individuals with symptoms of respiratory infection.
2. Decisions about when to scale back or cancel activities should be made in consultation with your local public health official(s) and informed by a review of the COVID-19 situation in your community.
3. Monitor and manage ill residents, including limiting participation in and transportation to outside activities (such as day programs and jobs).
4. Have a plan for how personnel who may have been exposed to an individual with COVID-19 will be handled.
5. Implement strict infection control measures.
6. Adhere to reporting protocols to public health authorities.
7. Train and educate program personnel about preventing the transmission of respiratory pathogens such as COVID-19.

Useful communication tools may be found here:
<https://www.dshs.state.tx.us/coronavirus/tools.aspx>



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Employees

- 1. Employees exhibiting symptoms of illness (fever, cough, difficulty breathing) should be sent home immediately and should contact their healthcare provider. For illnesses other than COVID-19, staff should not return to work until they are free of fever, signs of a fever, and any other symptoms for at least 24 hours, without use of fever-reducing or other symptom altering medicines (e.g. cough suppressants).**
- 2. If an employee is diagnosed with COVID-19 they cannot return to work until they have been authorized to leave their home by their local health authority or medical provider.**
- 3. If the needs of the program exceed current staffing capacity or ability, contact your licensing or funding agency to prioritize service provision and planning.**



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Ongoing Management of Congregate Care Program Site

All congregate care programs should continue to:

1. Review their current policies and procedures to minimize exposures to respiratory pathogens such as influenza and COVID-19.
2. Review emergency preparedness plans and assess for continued operation in case of an emergency.
3. Assess both their program needs and workforce capacity to accommodate the potential need for supplies, an increased number of private rooms and the potential decrease in staffing availability.
 - a. Develop plans to monitor absenteeism at the site.
 - b. Cross-train personnel to perform essential functions so the site can operate even if key staff are absent.
4. Also refer to [CDC: Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)



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Ongoing Management of Congregate Care Program Site

- 1. Wash all bedding/linens. Wash and dry with the warmest temperatures recommended on the fabric label and follow detergent label and instructions for use.**
- 2. Facility staff should wear gloves and gowns when cleaning and may need additional PPE depending on the disinfectant product in use; consult and follow the manufacturer's instructions for use. Staff should wear disposable gloves while handling potentially soiled items/bedding and while cleaning and disinfecting surfaces. Place all used gloves and other disposable contaminated items in a bag that can be tied closed before disposing of them with other waste.**
- 3. Ensure waste baskets available and visible. Make sure wastebaskets are emptied on a regular basis. Persons emptying waste baskets should wear gloves to do so and dispose of the gloves immediately.**



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What You Can Do to Help Children Cope

There are many things you can do to support your child

1. Take time to talk with your child or teen about the COVID-19 outbreak. Answer questions and [share facts](#) about COVID-19 in a way that your child or teen can understand.
2. Reassure the child or teen that they are safe. Let them know it is ok if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope from you.
3. Limit your family's exposure to news coverage of the event, including social media. Children may misinterpret what they hear and can be frightened about something they do not understand.
4. Try to keep up with regular routines. If schools are closed, create a schedule for learning activities and relaxing or fun activities.
5. Be a role model. Take breaks, get plenty of sleep, exercise, and eat well. Connect with your friends and family members.



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For Caregivers

Not all children and teens respond to stress in the same way. Some common changes to watch for include:

- 1. Excessive crying or irritation in younger children**
- 2. Returning to behaviors they have outgrown (for example, toileting accidents or bedwetting)**
- 3. Excessive worry or sadness**
- 4. Unhealthy eating or sleeping habits**
- 5. Irritability and “acting out” behaviors in teens**
- 6. Poor school performance or avoiding school**
- 7. Difficulty with attention and concentration**
- 8. Avoidance of activities enjoyed in the past**
- 9. Unexplained headaches or body pain**
- 10. Use of alcohol, tobacco, or other drugs**



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Some potential reactions from children and youth

1. For infants to 2 year olds

- Infants and toddlers may become more cranky. They may cry more than usual or want to be held and cuddled more.

2. For 3 to 6 year olds

- Preschool and kindergarten children may return to behaviors they have outgrown. For example, toileting accidents, bed-wetting, or being frightened about being separated from their parents/caregivers. They may also have tantrums or a hard time sleeping.

3. For 7 to 10 year olds

- Older children may feel sad, mad, or afraid that the event will happen again. Peers may share false information; however, parents or caregivers can correct the misinformation. Older children may focus on details of the event and want to talk about it all the time or not want to talk about it at all. They may have trouble concentrating.

www.healthychildren.org, the parent and caregiver education portal of the American Academy of Pediatrics has lots of great information and suggestions both generally and for COVID-19.



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Some potential reactions from children and youth

For preteens and teenagers

- Some preteens and teenagers respond to trauma by acting out. This could include reckless driving, and alcohol or drug use. Others may become afraid to leave the home. They may cut back on how much time they spend with their friends. They can feel overwhelmed by their intense emotions and feel unable to talk about them. Their emotions may lead to increased arguing and even fighting with siblings, parents/caregivers or other adults.

For special needs children

- Children who need continuous use of a breathing machine or are confined to a wheelchair or bed, may have stronger reactions to a threatened or actual disaster. They might have more intense distress, worry or anger than children without special needs because they have less control over day-to-day well-being than other people. The same is true for children with other physical, emotional, or intellectual limitations. Children with special needs may need extra words of reassurance, more explanations about the event, and more comfort and other positive physical contact such as hugs from loved ones.
- Ventilator-dependent children may need special guidance and caregivers should maintain close contact with their medical team.



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Reporting a suspected or confirmed case of COVID-19

Should a child or youth in your care become ill with COVID-19, please ensure that, after seeking medical care, you report that information to the Abuse Hotline.

1-800-252-5400

CPS has created a mailbox for you to use to report when a child in your care receives COVID-19 testing and to report on the results of such testing. Based on this information, Superior will follow up with you to provide additional support and the CPS caseworker will be notified.

dfpscovid19testreporting@dfps.state.tx.us

In the subject line: Child's name and Personal Identification Number (PID)

In your email, please include as much of the following information as possible:

1. Information about the child: Name, Date of Birth, Medicaid number, Personal Identification Number (PID)
2. CPS Caseworker's name
3. Address and type of placement (such as foster home, shelter)
4. Your name and contact information (phone number)
5. Date of Test and Testing site (if known)
6. Test results

Please note: this email box is only to report on actual COVID-19 testing and results. Thank you for all you are doing to provide quality care for children.



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Content sources

1. [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)
2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
3. <https://www.mass.gov/info-details/covid-19-guidance-and-directives#caregivers->
4. <https://www.cdc.gov/childrenindisasters/helping-children-cope.html>
5. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
6. <https://www.healthychildren.org/>
7. <https://www.healthychildren.org/spanish/paginas/default.aspx>
8. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html>
9. <https://www.dshs.state.tx.us/coronavirus/tools.aspx>



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