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Child Welfare Worker Safety in the Time of COVID:  
CDC Recommendations for In-Person Interactions with  
Families

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>> Welcome everyone and thank you for standing by. At this time I'd like to inform all participants that your line will be in a listen-only mode for the duration of today's conference call. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I will now turn the meeting over to our first speaker, Ms. Julie. Thank you, you may begin.

>> Julie: Yes, hello, everyone. Thank you for joining us today for our webinar on child Welfare worker safety in the time of COVID. CDC recommendations for in-person interactions with families. I'm going to go through a little bit of housekeeping measures to make sure that you all are able to access all the information that we're going to talk through today.

On the far right-hand side of your screen, you'll see some best practices for Adobe Connect. One thing to consider is the browser that you're using. You'll probably get the best experience from Chrome if you have access to that.

If you have any problems connecting, another thing to consider is to clear your browser before you connect. And that may also help with

your experience. The are other thing is also consider closing applications.

VPN is not required for Adobe Connect.

And today we are going to be using the chat box. I can see it's very active already which is excellent. We're getting hellos from across the nation. So we're really excited about everybody participating today. We are going to be using the chat box today. Everybody's line is muted. Please as we go throughout the presentation, go ahead and put any questions that you may have in the chat screen. We are going to leave some time at the end of the webinar to do our best to answer the questions that we have. We will be recording them for our own information because we will be using this to better understand how we can consider to get this important information out to the field so that you can do all the wonderful work that you do in helping children and families.

If you do find that you're hearing any feedback as you are listening via audio, please mute your computer speakers and use your phone to listen or vice versa. If you have both the computer and the phone, it makes it a little more difficult for you. And that's an important piece.

Again, we're not going to be using the audio, so you can be sure to dial in or use the chat box for that.

The other thing that I do want to let you know, too, is underneath

the chat box here, there is it says files. There are two files available for download. One of them is the PowerPoint presentation that we'll be going through today and the other are some select resources that the center for disease control and prevention and the children's bureau that we've identified. So please, you can go ahead and download, they are both available there you can just click on them and download them.

So, I am going to go ahead and I have the great pleasure of introducing our Associate Commissioner with the Children's Bureau, Jerry Milner, who is going to give participants a welcome this afternoon or this morning, depending upon where you are. Jerry?

>> Jerry Milner: Thank you so much. I do want to welcome all of our participants on the line today as I'm looking at the number. We are well over 550 so far and the number is going up. We really appreciate the interest in this topic and the time that you're given to participate with us.

I also want to thank very much the centers for disease control and Dr. Saver from Massachusetts from Massachusetts from joining this webinar today and thank you so much, Julie, for all the work you put into making this happen.

For the past four years in the Children's Bureau, we have had a very short list of major priorities that we have been focusing on. Many of you no doubt will have -- will be familiar with our priority on

the primary prevention of child abuse and negligent since that is what I've been would be most visible and probably been most vocal about. But that very short list of priorities has included a focus on strengthening the well-being of our child Welfare workforce as a major consideration as we've moved forward. We can't expect to keep families and children and young people healthy and dress their well-being if we do not have a healthy workforce and are not committed to the workforce, as well.

Having carried a child Welfare caseload myself in the field for a few years, I know personally the privilege and the responsibilities that go with trying to keep children safe and trying to keep entire families healthy and able to care for their children safely.

I think it's safe to say in my experience it never has the need to support our workforce been more apparent than in the past few months in which we nationally have suffered a tremendous crisis.

Our child Welfare staff out in the field, service providers, resource families, court personnel are every day balancing the need to provide essential services to children and parents, balancing that with their own safety needs and the safety of their own families and children. We're deeply grateful for that effort that we have been able to see across the country in this unprecedented time.

From the children's bureau, we have certainly tried to offer as much flexibility and opportunity as possible in order to support the

workforce by making, to the extent possible, virtual technology available to address critical cooperation operations, critical functions. Trying to improve the access to personal protective equipment for folks who are out in the field interacting with other people every day, urging governs and child Welfare agencies to have the child Welfare workforce classified as level 1 responders. All in an effort to try to facilitate the work and keep our workforce safe and healthy.

At the same time, we know that challenges do remain. And this webinar is yet another attempt to try to equip our workforce as best we can to continue the absolutely essential work that you're doing. I just want to end by commending our workforce for all that you're doing to ensure the children are safe and that parents receive the essential services in order to be unified and maintain critical parent-child relationships and also I want to commend you for your efforts to take care of yourselves and your own families. I hope very much that today's call will be of some benefit as we continue on this journey and maintain critical protections for you and for children and families going forward. So thank you so much, once again. And I'll turn this back over to you, Julie.

>> Julie: Great, thank you, Jerry. I realize that I did not do a very good job of introducing myself. So I just want to say real quickly my name is Julie Fliss, I'm going to be facilitateling today's

webinar. I am a child program specialist in the Children's Bureau in the office of child Abuse and Neglect. It is my great pleasure to introduce our next presenter, Jennifer E. Lincoln who is a health scientist with the CDC's national institute for occupational safety and health. Jennifer?

>> Jennifer: Thank you. As a former foster parent and adoptive parent, I understand what your workforce is going through and I appreciate everything that you do to help the children of the United States. Today I will be sharing guidance for child Welfare workers and employers drawn from general CDC guidance developed for businesses and employers that is available on the CDC website. Today we'll cover COVID-19 prevention and control, what child Welfare employers should do and what child Welfare employees should do. As many of you know, this virus is thought to be spread mainly from person to person between people who were in close contact with each other within about six feet through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the nose or mouth of someone and possibly inhaled into the lungs. Everyday preventive actions for respiratory illnesses include avoiding touching your eyes, nose and mouth with unwashed hands. Avoiding close contact with others, especially those who are sick. Staying at home as much as possible, especially when you are sick. When in public wearing a cloth face covering that covers your nose

and mouth. Covering your cough or sneeze with a tissue, then throwing it away. Washing your hands often with soap and water for at least 20 seconds, and using an alcohol-based hand sanitizer with at least 60 percent alcohol when soap and water are not available.

There are no specific antiviral treatments licensed for COVID-19 currently. Treatment currently includes supportive care to relieve symptoms and managing pneumonia and respiratory failure.

Our first focus is social distancing, also called physical distancing. You're maintaining six feet of space between yourself and others while working, obtaining services and recreating and staying at home if you are sick or exposed to someone who is sick. This can help slow the ongoing spread of the respiratory illness and COVID-19.

Social distancing community measures can include postponing or canceling mass gatherings, dismissing of schools and encouraging telework.

Annals I go through these slides, you'll see links to the information on our CDC website and there will be hyperlinks to some of the texts, specifically that will bring you to the information you find on the slide.

The CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain, for example, grocery stores and pharmacies, especially in areas of

significant community-based transmission.

Cloth face coverings can help people who may have the virus and do not know it from spreading it to others. A significant portion of individuals about coronavirus lack symptoms or asymptomatic. And even those who eventually develop symptoms or are presymptomatic can transmit the virus before knowing they have symptoms. The virus can spread between people interacting in close proximity through coughing, sneezes, singing, or forcibly speaking.

Wearing cloth face coverings may be difficult for individuals with physical, sensory, cognitive or behavioral impairments and is not recommended for children under the age of two or anyone who is having trouble breathing, is unconscious, incapacitated, or otherwise unable to remove a cloth face covering without assistance.

Cloth face coverings should fit snugly but comfortably across the face, be secured with air loops, include multiple layers of fabric, allow for breathing without restriction, be able to be laundered and machine dried without damage or change of shape, should not be worn again by individuals who have trouble breathing or unconscious or incapable of otherwise removing the mask. Cloth face coverings should be washed after each use. Cloth face coverings can be washed by hand or with your regular laundry on the warmest possible setting for that material.

Child Welfare agencies should ensure that their employees know to

notify their supervisor and stay at home if they have symptoms which include fever, cough, shortness of breath, chills, muscle pains, sore throat, new loss of taste or smell.

Child Welfare agencies should make a plan to communicate with the employees what they should do if they become sick while they're at work.

Employees should seek medical care quickly if they have emergency signs such as trouble breathing, persistent pain in the chest, new confusion, bluish lips or face.

Most people will recover without needing medical care.

You need to stay at home away from people as much as possible. Wear a cloth face coverings over your nose and mouth if you are around other people even if you're at home.

Keep your distance and cover your coughs and sneezes if you must be around people. Clean your hands often. Avoid sharing personal household items. Clean and disinfect frequently touched objects and surfaces and monitor your symptoms for emergency warning signs including trouble breathing.

Child Welfare agencies and employees should follow CDC guidance for returning to work and follow CDs for sick family members. If an employee is confirmed to have COVID-19, an employer should notify employees of possible exposure while maintaining confidentiality. People with COVID-19 who have symptoms and were directed to care for

themselves at home may discontinue isolation under the following conditions:

Using the symptoms-based strategy at least three days or 72 hours have passed since resolution of fever without using fever lowering medications and respiratory symptoms and 10 days have passed since the symptoms first appeared.

Using the test-based strategy, you follow the same resolution of fever without using fever-reducing medications and improvement of respiratory system and you have two negative FDA-authorized COVID-19 molecular assays for detection of COVID-19 for two consecutive specimens more than 24 hours apart.

CDC has developed several recommendations for employers. We've developed workplace reopening decision tool. And if you're considering reopening, which I know many of you are currently operating, you will need to answer the following questions:

Have you met the criteria? Are they consistent with state and local orders? And are you ready to protect your employees with higher risk of severe illness?

Are the recommended health and safety actions in place? Can you promote healthy hygiene practices such as hand washing, cloth face coverings, cleaning, disinfection and ventilation? Can you encourage social distancing and enhanced facing between your employees through physical barriers, changing workout layout spaces,

encouraging telework, limiting access to communal spaces, staggering work shifts and breaks, and limiting large events?

And have you trained all your employees on the health and safety protocols?

Is there ongoing monitoring in place? Have you developed and implemented procedures to check for signs and symptoms of an employee's arrival daily? Do you encourage anyone who is sick to stay at home? And do you have a plan if an employee gets sick at work? Then in planning to resume operations, regularly communicate and monitor developments with local authorities and employees. Be ready to monitor employee absences. Have flexible leave policies and practices in place. And be ready to consult with local health authorities if there are cases in your facility or increase in cases in the area.

After you've conducted your assessment, we recommend that you designate a safety officer or someone who is responsible for responding to COVID-19 concerns at every job site. Workers should know who that person is and how to contact them. We recommend agencies to reach out to local public health officials to establish ongoing communications to facilitate access to relevant information before and during local outbreaks. This is important to recognize that some employees may be at higher risk of illness, such as those who are over the age of 65, those with lung diseases including asthma.

And those who are obese.

We encourage special considerations for these workers, flexible sick leave and supportive policies and practices including nonpunitive sick leave policies if sick leave is not offered.

We also encourage the companies remind employees for the need for adequate sleep, which is important for their safety and their body's ability to fight off illnesses.

We encourage employers to notify coworkers of positive cases and assist local health departments with staff with contact tracing. Child Welfare agencies can protect their workers by communicating regularly. And they need to communicate with the families that those workers serve, as well about the mitigation and risks, strategies, as communication is critically important. You should provide accurate information about COVID-19, how it spreads, risk of exposure and proper hand hygiene.

You should consider implementing a hotline for employees to voice their concerns and encourage employees to ask questions about the guidance, policies and practices.

Some solutions agencies can implement include social distancing, providing paperless documentation which was mentioned earlier.

Implement options for virtual meetings and trainings. Train employees on proper hand washing practices, preventive measures, proper disinfection, practices for vehicles and other services, safe

child transport, safe residents entry, safe meetings and provide employees the PPE disinfection supplies, disposable disinfectants like cleaner and spray with paper towels.

Child Welfare agencies can hold safe meetings by conducting them virtually. You need to consider whether or not you should halt or alter groups or visitation activities. If face-to-face meetings need to occur, ensure that the meeting facilities follow the CDC safety practices such as social distancing, screening children and families, wearing face coverings, limiting the number of families at facilities, and cleaning and disinfecting regularly.

Child Welfare agencies employees should clean and disinfect frequently touched surfaces, including areas of break rooms, meeting rooms, toys and games, playground equipment, rest areas, sink handles, door and refrigerator handles light switches, keyboards, mouse and other common areas and notify maintenance workers when a suspected COVID-19 worker was on site. Limited studies have led to the persistence of COVID-19 on environmental surfaces., for example, the RNA could be detected up to three hours in an aerosol, four hours on copper, 24 hours on cardboard and up to two to three days on stainless steel or plastic.

Child Welfare agencies should ensure that children, toys that have been placed in their mouth in children's mouths or otherwise contaminated by body secretions should be cleaned and disinfected.

Do not share toys with other groups or infants or toddlers unless they have been washed and sanitized before being moved from one group to another. Set aside the toys that need to be cleaned. Children's books, like other paper-based materials such as mail and envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfection procedures.

Child Welfare agencies should ensure that vehicles are frequently touched surfaces are cleaned and disinfected after transporting children car keys, steering wheels, driver and passenger door handles, door signals, wiper controls, vehicle dashboards, touch screens, temperature controls and other touched surfaces. And to provide drivers with disposable disinfectant wipes, alcohol-based hand sanitizers, choosing dispose and tissue receptacles for the vehicles.

So, what can employees do?

Child Welfare workers have a variety of situations where they may be exposed to COVID-19. Potential sources include having close contact with coworkers, contact with children and families, therapists and doctors, others on the child Welfare team, court staff and law enforcement. Or contacting surfaces which may be touched or handled with someone with COVID-19 and then touching their eyes, nose and mouth.

Child Welfare workers can ensure safe residency entrance for

visitation or other things through the following methods:

Meet outside if possible. Before entering the residence conduct a preCOVID-19 and ask if anyone in the building has been diagnosed or has symptoms for COVID-19. To all your occupants that you will be practicing social distancing. Ensure that everyone wears a cloth face covering. Your cloth face coverings should be put on outside of the home prior to entry.

If pets are present, ask the homeowners to move the pet to another area of the building. Wear cloth face coverings and gloves when handling items like clothing, medicine and toys. And practice good hand hygiene.

When transporting children that do not have COVID-19 or symptoms, practice social distancing. Wear a cloth face coverings ask the children to wear a cloth face coverings unless the child is having trouble breathing, cannot remove their face mask on their own without assistance or under the age of two.

Keep the children as furthest from the driver and practice good hand hygiene.

Avoid using the recirculated air option on the vehicle's ventilation system during transport. Instead, use the vents to bring in fresh air from outside and lower the rear windows.

Child Welfare workers can ensure safe meetings and appointments by meeting virtually where possible. By screening children and

families in advance. Practicing social distancing. Wearing cloth face coverings, limiting the number of children and family members at the meetings, and practicing good hand hygiene.

And follow the COVID 9 safety guidelines given by doctors' offices and state and local offices.

I know there are some cases that you do have to transport a child that has COVID-19. Child Welfare workers can ensure safe COVID-19 contact through the following methods. First you can identify non-emergency medical plans tort options for children with known or suspected COVID-19. If that's not the an option, then follow the following guidelines if you feel unsafe contact your employer to discuss your concerns.

Wear an N95s respirator or a face mask if a respirator is not available. And face shield or goggles as long as they do not create a driving hazard.

And the child should also wear the cloth face coverings unless they have trouble breathing or the previous things we've mentioned.

You need to wear your N95 and eye protection before contacting the child with suspected or confirmed COVID-19.

If you must provide any sort of assistance to the sick child, you should also wear a gown or other cloth covering and gloves that can be removed afterwards. Ensure the child's over the age of two wears the cloth face coverings unless they have trouble breathing.

I don't larger vehicles such as vans to avoid or limit contact with within 6 feet. Again, avoid using the recirculated air option and lower your windows.

Practice regular hand hygiene. Avoid touching your nose, mouth or eyes. And avoid picking up multiple passengers unless they would otherwise be riding together.

After transporting the child, clean and disinfect the vehicle, then remove your N95 eye protection gown and gloves and clean your hands. Follow the standard operating procedures for contaminated PPE and disposal of used PPE. After the work shift, launder the work clothes worn when transporting the child.

So in summary, we recommend the child Welfare agencies communicate to their employees on how they can protect themselves by limiting close contact, wearing cloth face coverings if social distancing is not possible, practicing regular hand hygiene, cleaning and disinfecting vehicles and other frequently touched surfaces, feeding children furthers from the the driver, and wearing an N95 or face mask if transporting a child with known or suspected COVID-19.

Below are some hyperlinks to factsheets that were used and guides I used during this presentation as well as recommendations for employers.

The factsheets are available in English, Spanish and French.

More information is available on the CDC NIOSH pages below. CDC also

has a 1-800 number at the bottom of the slide you can call for more information.

I'd like to thank everyone for your interest and commitment to keeping your employees safe and stopping the spread of this virus in our communities. We're in this together. And together we can make a difference.

Ms. Fliss?

>>

>> Thank you, Jennifer.

>> Thank you, Jennifer. That was excellent. Lots of great detailed information and things for staff and employers to consider as we work through this pandemic and figure out how to best continue to serve children and families.

Now it's my -- another great pleasure of mine. I'm going to invite Dr. Linda Sagor to join me on her experience on implementing this guidance in the state of Massachusetts. Dr. Sagor is the medical director in Massachusetts with the Massachusetts Department of Children and families. She's also a Professor of Pediatrics at the University of Massachusetts medical school and an executive board member on the council on foster care and adoption and kinship care with the American Academy of Pediatrics.

So you're going to get started and have some questions here.

Dr. Sagor, throughout the nation, and I believe in Massachusetts, as

well, child Welfare offices are starting to open up again. And states and communities are relaxing their physical distancing restrictions, which, of course, means that we are going to be having more interaction, more of these in-person interactions with these families.

Based on your experience, are there still some situations in which these in-person visits should not be occurring?

>> Dr. Sagor: Hi, Julie, hi everyone, it's exciting to see where everyone is coming, Texas and Russell county. I want to say how happy I am being here.

We in Massachusetts have been very hard hit, as I know many of you have, with COVID-19. And maybe, Julie, you want to go back to the first slide just to show the communication. Do you not have that?

>> Julie: Oh, I don't know that I did. Oh, gosh, I think that one may not be I think for some reason that didn't make it in there.

>> Dr. Sagor: No problem at all but I was going to start with an important point that Jennifer brought up, which is that communication is so essential. And we really, really understood at the outset of the pandemic in early March that we needed a really clear, consistent communication pathway so that we knew what was happening, with staff, with foster and kinship families, with children in custody, with youths in care, and with our many OPCON summer cases.

So we developed a tracking form. And at one time we did have a slide

of that. And I'd be happy to share it with anyone.

We developed this tracking form so we'd know about every situation that related to COVID-19 with all the groups that I was talking about. And we decided that this would be a way to really have a clear pathway. The forms that were distributed throughout the agency were completed by ongoing workers and managers. And then sent to me and everyone involved in the situation.

And then I responded to each of them by email and sent it back to everyone. So that the plan was really crystal clear.

We used CDC guidance, of course. And recommendations from our own Department of Public Health. And I think this communication allowed us to quell a lot of anxieties by being transparent about exposure and illness and really clear about what we were going to do about it. We let everyone know we were paying attention and that we would consult reliable sources to make decisions.

So this really has worked very well in Massachusetts. And at one point, we were getting about 15 to 25 forms a day just related to our own agency. But thankfully the surge has passed in Massachusetts, and we don't get anywhere near as many at this point.

But it's really allowed us to really know what is going on throughout the agency with everybody.

Early on also developed their own guidance about various important topics. We have an amazing policy director, Patel, some of you may

know her. She took a very primitive writing and put it in readable form.

So we developed guidance on many subjects. And I know you've probably all been grappling with. Like medical visits for children in custody. How to prioritize the 7 -- the initial screening and the comprehensive visit which we in Massachusetts call the 7 and 30-day. How to deal with COVID-19 positive children or COVID-19 exposed children in foster homes. And, of course, we are now, as you all are, working on workers safety. And we're updating that guidance. And, finally, like many of you, we've had very frequent meetings by video conferencing. So I think open, clear, transparent communications and protocols really set the stage for our work and helped us deal with this together.

So I just want to stress with anything we're doing, in-person visits, et cetera, there needs to be this clear communication.

So, the question you asked, Julie, our offices are indeed starting to open up. And one thing we have talked about when we are sending out guidance to our social workers is: What are the situations in which these non-urgent, in-person visits should not occur?

So Jennifer went over those very well. The first one is of course anyone who is COVID-19 positive and is or should be in isolation. Anyone who was COVID-19 positive and has been told by their doctor and nurse that they have recovered and have come out of isolation are

okay to participate.

This is important because sometimes there's a concern that someone was diagnosed six weeks ago. Do we still have to worry about them? No. But anyone who is COVID-19 now should be in isolation until they have recovered.

The second group of people who should not participate, of course, is anyone who is in close contact with someone who is COVID-19 and are now in quarantine for 14 days since that last contact.

The third group is obviously anyone displaying symptoms. Jennifer went over all of them. Cough, fever greater than 100.4. Difficulty breathing. Chills, muscle aches, headaches, sore throat or new loss of taste and smell.

They're pretty all-encompassing, these symptoms. So basically what we're saying, anyone who is sick or not feeling well at all should not participate.

And then the considerations for high risk individuals. These are not necessarily a no for the visit, but they're definitely the are groups that we need to think about whether they should participate in the visit. And that's anyone over 65. Anyone who is immunocompromised or on immune suppressing medication. Anyone with serious medical conditions such as heart disease, diabetes, chronic lung disease. And, finally, pregnant women.

Julie?

>> Julie: Yes, sorry. I was chatting away on mute. Thank you.

So when these in-person interactions are planned and are going to take place, we talked about some things to do when you are there, but I know that a lot of considerations can come in to play in preparing for those visits. So what are some of the things that you have recommended to staff to help them to prepare prior to the visits?

>> Dr. Sagor: Great question. When I think about preparations, I think about three areas:

Screening. What supplies are needed? And, finally, what activities you may want to do.

So screening.

And, again, that's really the most important to start with. That's what we just talked about. Those four areas of consideration. COVID positives, exposed to COVID symptoms, and then any considerations for high-risk individuals.

So that screening should definitely be done before the visit. I think what we are thinking about in Massachusetts is the day before by telephone or even by video conferencing. But screening should be done the day before the visit.

And, again, just before the visit. Some people are saying they want to do the screening an hour before the visit also by telephone. And then others are saying they're going to do it as soon as the visit, right before the visit starts. It's just very hard when you get

people together, if there's someone then who can't participate, it's a very difficult thing to cancel the visit at that point.

The next thing to consider, of course, is supplies. And Jennifer went over those. What supplies do you need for a visit? You need masks. I can't emphasize it enough. Masks are really the PPE, the personal protective equipment that we need, that everybody needs, except for the groups that can't wear a mask.

Disinfecting wipes. So and running water if you have it. But given that many of these meetings are going to be taking place outside, there won't be soap and running water there. So hand sanitizer.

And then gloves if those are available for you.

Thinking about activities, that's another thing to think about. What activities do you want to encourage during visiting time? And then gathering what is needed to participate in these activities that can be done outside and done separately but together. As we say separately but together.

Some of the suggestions I've heard I think one of the guidelines from the New England states, examples, drawing with sidewalk chalk, doing a puzzle while only one person touches the pieces, coloring together with separate books.

I know you'll think about that and figure out how to be creative and do things separately but together.

Given the importance of masks, I just want to talk a little bit about

them. Jennifer talked about cloth masks and those are great. She gave you all the issues about cloth masks and the fact that they should be laundered after every use, et cetera, and fit comfortably against the side of your face and be secured with envelopes or ties. But those of you who have used them know that the loops are really far easier to use than the ties.

We also in our agency used the disposable so-called surgical masks, which are the paper masks, the commercial masks. And we have been able to secure supplies. So if you have them, those are fine to use in this situation. If you don't, cloth masks are fine. I mean actually they're both just fine to me.

In terms of how to use surgical masks, we've been asked that question. Those of you who have used them know. But the basic thing is the surgical paper masks have a stiff piece right over the nose. So you just pinch it to conform to your nose and it's quite comfortable. And, of course, they're disposable. So throw them away after every use. Wash your hands. Of course, you've heard that already. Five times and you'll hear it five more times.

Children's masks, of course, recommended for kids 2 and up. So we hope the kids 2 and up can wear them. Some won't. We know we have some use with behavioral issues and physical sensitivities. And, you know, kids who are just plain scared of them. So we have to be aware of that. And I think most agencies have agreed that if the child won't

wear a mask, it's not a reason to cancel the visit. But everybody else has to wear one.

I just read an article that said 1% of kids have masko-phobia. I know that sounds like a madeup word. But young kids don't have a way to recognize and read faces. So that ability starts around age six and develops fully in your teens.

So, just thinking about if this is going to happen if in the virtual, if a video visit prior to the in-person visit you or the parents can wear a mask and pull it up and take it down several times during the virtual visit so they sort of see and kind of get used to it.

And the last picture on this slide is the person wearing the mask with a window. I don't know if you've ever seen one. They're not widely available. They are available online. And of course they're really -- they're helpful for people who are deaf or hard-of-hearing who are able to read lips. So for someone who is talking to someone, who is deaf or hard-of-hearing, having this kind of mask can be useful. So, okay.

>> Great. That was excellent information. Thank you, Dr. Sagor. I know earlier you even talking about the preparation and the occurrence of the visit mentioned outdoors and being outdoors. What are some considerations that should be given to the location of the meeting or the visit?

>> Dr. Sagor: Right. I like this picture because they are sort of

physically distanced, aren't they? So, yeah, I think all of us at our visits now are thinking about doing them outdoors. You know, if anything is lucky in this whole time it's that summer is coming and so we'll have more warm and sunny days or at least not rainy days where we can start our in-person visits outside.

So, yes, we are saying that outside is absolutely ideal. But some visits will have to occur inside. And so as Jennifer has said, everyone will do their best to clean and disinfect before and after the visit all surfaces, tables, chairs, electronic devices, door handles and handrails. As she mentioned -- books probably are not the necessary. Of course if they are brought in clean, I think in many places we are asking foster parents to -- excuse me -- parents who are coming to visit to bring in these clean toys and ask that they be cleaned after the visit. That's not always the case that that can happen. So sometimes you'll be bringing in the toys. But it's best to have ones that can be cleaned.

They talk about sort of hard plastic ones. But, you know, stuffed animals that can be washed. Anything that can be washed is also okay.

>> Great. That is I know very helpful because there's so much to consider with this.

And, you know, that being said, Jennifer did a great job earlier outlining so many things to consider as it relates to transportation. And I just wanted to hear from you based on your experience and

questions and possible concerns from the field. What are some other considerations or the things really to the implementation of that guidance that you may also suggest relating to transporting children?

>> Dr. Sagor: I think Jennifer said it all. You know, again, everyone should wear masks who can. Wash hands before and after. Clean and disinfect seats, handles, et cetera. Children should be in the back seat. And we always talk about on opposite sides from the driver. But I think there are situations where you're going to be taking more than one child. And so there will be a child behind you. Probably best if they're not more than two children in the car. We talked about having the windows slightly open if the weather permits.

Consumer Reports just had a little blurb about how to clean car seats, take out the removable tag, spot clean the harness and latch straps. I don't warm water on buckles and latch connectors. And then wash down the hard plastic shell with damp cloth and cleanser.

So, you know, when you have an 18 month old or two-month old, I understand that it is not easy. That's why masks are really really important for you or anyone supporting those kids in this situation.

>> Great, thank you. So I know that I am a mother of two small children., and being around little kids, it's really hard to explain physical distancing to them and getting them to maintain that.

So recognizing its importance, of course, how do you suggest ensuring

these restrictions with young children? Or even I know in many circumstances now parents are able to have in-person contact with their children and haven't been able to do that for quite sometime. Is there anything that you need to be able to talk about for our participants related to this?

>> Dr. Sagor: Yes, that's really important. And this is one of the most difficult topics. And I think a lot of us are wrestling with this.

And so we in Massachusetts are really thinking about what our guidance was going to be because we have to be knowing that it is really difficult to enforce for the entire visit. We want to support parents, comforting and showing affection to their kids. They haven't seen their kids. Kids haven't seen their parents. So how can we be as safe as possible and yet be realistic.

So in the interest of risk reduction, we are really talking about what we should absolutely avoid and what maybe we can compromise with. And so this slide here shows two situations which we think we would like to urge you to avoid. I'm glad to see in both your situations people are wearing masks. But, still, we probably, definitely should try to avoid face-to-face contact and cheek to cheek contact. So these are cartoons that help visualize what we'd like to avoid. But if you want to show the next slide, Julie, so these are two slides, this is a slide of two situations that reduce risk. I want to be sure

to say that it doesn't totally take away risk. But it's something to think about knowing that these situations are going to come up. And in the first people, they have their faces turned away from each other as much as possible. And then in the other one, and actually I think this has already been written into the Massachusetts guidance. Small children can hug. We recognize that contact may be unavoidable and inevitable. And we are suggesting please keep this close contact if possible. Always, always wear your mask. We're always going to recommend physical distancing, but it's probably a good idea to think about how you will handle it when children are upset and want to be comforted by their parents. And we know parents want to have very -- they want to have loving contact, however brief, with their kids.

>> So I know we're starting to get a little short on time here, but I did want to ask I know Jennifer talked a little bit about this, but I know that there are some nuances in how it's applied in practice and by employers. So if a worker were to become COVID-19 positive, what's a timeframe when workers have been able to come out of isolation and go back to work? And also what are your procedures when a worker is exposed to someone who is COVID-19 positive and just kind of thinking that through a little bit?

>> Dr. Sagor: And I'll do this briefly because Jennifer did go over it.

If you're exposed to a COVID-19 positive person, the number one recommendation is to quarantine at home for 14 days. I know there is -- there has been some different considerations for people who are first responders and emergency response workers. About the in all other situations, the recommendation is to quarantine.

The one thing that I'll bring up that has come up in our agency a lot, because in Massachusetts the recommendation is to test everyone who is exposed because they want to contact trace and know where everyone is. If you're exposed and tested on day two you're negative, on day four you're negative, day nine you're still negative, still the recommendations are that you need to be in quarantine for 14 days because you may be incubating the virus. You could get sick any time until day 14.

So, a negative test while in quarantine unfortunately does not mean that you can come out of quarantine.

In terms of if you are actually COVID-19, when can I come out of isolation and go back to work? And Jennifer talked about the symptom-based strategy are and the test-based strategies. And they're also, given that we have so many people who are asymptomatic, there's a time-based strategy.

So, with symptom-based, you have to have a decrease in symptoms. And three days fever free and 10 days.

With asymptomatic 10 days have passed since the date of your test and

you've not developed symptoms.

The test-based strategy in both cases is that 10 days has to pass, has had to have passed and you need two negative tests 24 hours apart. I will say, because I think a lot of agencies are struggling with this, we've decided in our agency that we are going to use symptom-based and time-based. We are not going to use test-based except for immune suppressed people because we know that people can remain COVID-19 positive. We say six to eight weeks. We're not sure that it's not longer. All the studies are pointing to the fact that you're not contagious after that time.

So we have gone to using symptom-based and test-based -- excuse me symptom-based and time-based. And we do not I don't test-based for our employees to come back to work.

>> All right. Thank you. I know we just have a couple minutes left and I do want to try to answer a few questions. But I know this next piece is just so critical to everything that is going on right now. What are some recommendations that you have about how workers could stay well emotionally in this current environment?

>> Dr. Sagor: The most important thing is to acknowledge and accept what a difficult and anxiety-filled time this is for us. The pandemic and the economic insecurity, our recent issues, they are not recent but the recent acknowledgment of racial injustice. And we've all been told to stay at home for months and now we're being asked to go

out and be in other people's spaces. So if we're feeling scared and nervous, it is completely understandable.

I can't emphasize enough the importance of connection to others at this time. Friends, family, colleagues from work. It's why I never liked the term social distancing. In our agency we talk about physical distancing with strong social connections.

And we all acknowledge it's really hard to do. We can't just walk over to someone's cubicle and have a chat. But it's why all the Zoom meetings have been important. Exhausting as they are to be in Zoom all day long. So we all need to figure out how we can be supported and nurtured through this time.

So in ending, Julie and all of you, I just so appreciate being able to speak to you. Please try to be kind to yourself and others. Try to be calm. But understand it's okay to be concerned and worried. And looking for clear and concrete guidance about next steps. That's so important.

And most important, please be safe.

>> Thank you.

>> Thank you.

>> Drew, Dr. Sagor. That was excellent. That was really great. I am not going to go through these because I know we're at time. I just wanted to acknowledge and remind everyone again that underneath the chat box there are some downloadable files that includes the

PowerPoint. And there are select resources in there.

Another piece of this is the crucial self-care in the coronavirus crisis. I do recognize there are some questions in there. One of the things that I'm going to note is there was a question related to congregate care settings or settings with more, a certain number of residents. And there is a webinar that I will include the link that has occurred with children youth and families and the CDC that focuses on congregate care, a larger residential settings, that would provide better information on that. And I do apologize. There's so much great information that Jennifer and Dr. Sagor had to share today that but we did record your questions. And this is also a way to help inform us how we can continue to support the great work that you're doing and get information and resources out to the field.

So I apologize that we aren't able to do more of that right now, but unfortunately we are at time. And hopefully you found this to be helpful.

We will be sending out information on the link to access the recording for those of you who may want to look through it again as well as the resources and please also share with your colleagues because we know that there was great interest in this webinar and a number of people were not able to register. So we will certainly get that recording out to you as soon as we are able.

Thank you all for your participation. And I especially want to thank

Jennifer E. Lincoln with the C. D. C. and Dr. Linda Sagor. This was wonderful. Very valuable information that is really going to help the field. So thank you all. And I wish you a great day.

>> Thank you.

(end of webinar).

>> OPERATOR: Thank you for participation in today's conference. That will conclude the call. You may now disconnect. Thank you.

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