



PLANNING FOR THE CARE OF CHILDREN IN THE EVENT OF A COVID-19 RELATED PARENTAL MEDICAL EMERGENCY

Planning for medical emergencies with survivors, and the temporary care of the children during that emergency, has always been an important component of our services. During the COVID-19 outbreak this is absolutely critical, however this novel virus may require different responses that agencies may not currently be prepared to address. Some unique characteristics of a COVID-19 related medical emergencies are:

- Children of a parent who is having COVID-19 symptoms have almost certainly been exposed to whatever illness is affecting the parent.
- Children and adults who have been exposed to COVID-19, or have COVID-19 symptoms, need to be isolated and quarantined to prevent the spread of the virus, and avoid communal living situations.
- Hospital stays for severe COVID-19 symptoms could be lengthy—between days and weeks—so temporary responses (such as having a resident or staff watch the children for a few hours) are not adequate.
- In the event of an emergency in which an individual cannot state their wishes (i.e. intubation/incapacitation) and no immediate caregiver can be identified, child welfare agencies may become involved with a family.
- Contact between a hospitalized survivor and your program, their family members and/or child welfare caseworkers could be extremely limited as a result of their health status, ability to communicate or more restrictive hospital protocols.
- **For all of the above reasons, having other residents or staff care for children temporarily is not a safe strategy, as per public health recommendations, nor should it be considered a best practice, in the case of a COVID-19 related medical emergency.**

DEVELOP AN INDIVIDUALIZED COVID-19 RELATED MEDICAL EMERGENCY RESPONSE PLAN

Programs should talk with all parents and fill out the attached Medical Emergency Response form for the care of children, in case of an emergency. The form should be kept in an area that's readily accessible by any staff person.

- Share with the survivor that in the event of a medical emergency, related to COVID-19, the agency wants to ensure that their child's needs are being met and protect the parent, child, and other staff and residents.
- Share the goals of keeping the parent and child together unless there are no other options, identifying safe individuals to care for children temporarily, and resist involving child protective services—only doing so as an absolute last resort when all other options have been exhausted, or at the express direction of the survivor.
- Plans should address and discuss:
 - PARENTING PLANS/CUSTODY ORDERS: Ask about any custody orders and/or arrangements. Ask if there is any specific language about contacting the other parent in case of child sickness or parent sickness.
 - *Please Note: An existing court order for parenting time does not authorize program staff to break confidentiality. The purpose of asking for this information is to inform the survivor that an existing court order may supersede the wishes of the survivor.
 - It is suggested you inform the survivor of this and ask that the survivor initial that they understand.
 - EMERGENCY CONTACTS:
 - Assist the parent in identifying three contacts for each child, and best contact information, including phone, text or email. Document the best way to contact each emergency contact. Recognize emergency contacts could be different for each child.
 - Encourage survivors to inform the emergency contacts that they have been listed and confirm that the emergency contact would be able to care for the children (who have been exposed to COVID-19) in an emergency situation.
 - Should child welfare need to be involved to assist with a child, it is especially helpful for them to understand why the survivor identified this person as the child's emergency contact. Examples of why maybe they:
 - Are local/geographically close to the survivor

- Have resources to help support the child
 - Have a relationship or are bonded with the child
 - Understand the child’s emotional, cultural/social, developmental or health needs/history.
 - This information can be included in the information that is provided for the emergency contact and may significantly help avoid a foster care placement.
- CHILD NEEDS: List any allergies, medical conditions, medication, devices or information that the program should ensure are provided to the emergency contact.
 - RELEASE OF INFORMATION: Get a signed release of information for each individual emergency contact, and/or child protective services (only if directed by the parent). Please note: A program should not contact anyone without a signed release of information.

LIMITATIONS OF PLANS: Inform the survivor that while your agency will do the best to follow your wishes, a court order or emergency decision by a court may supersede this document.

GENERAL GUIDELINES FOR THE BELOW FORM

- Explain to the survivor the purpose of the form using direct, honest and sensitive language.
- For example: “A lot of things are changing with the coronavirus, and not everyone who gets coronavirus will need emergency medical care. This virus may cause illness quickly, so it’s important to support your thinking about who you would want to watch your children if you become temporarily too ill to care for your children, or have to stay in the hospital for a while. In the off chance that happens, we will do everything we can to stay in touch with you directly or through someone else. However, your condition, an inability to communicate, or the guidelines hospitals have set might make it hard for your family or support network, our program, or public agencies to remain in contact with you. If that happens, we want to give you the chance to share with us what you would like for the care of your children.”
- Make additional copies of the form for each additional child. If information for each child is the same – indicate by writing “Same as above” in the necessary box.
- In cases where emergency contacts are different for each child write information accordingly.
- Ask for a minimum of two [2] but preferably three [3] emergency contacts, for each child, if possible.
- If a program staff person will be transporting the child, make sure to adhere to existing agency policies and complete a permission to transport form; when necessary.

- It is suggested that an advocate and the survivor make initial arrangements around how the emergency contact will pick up the child, or meet with a staff member. This process should be in-line with agency policies and procedures and best practice guidelines to ensure safety and security.
- A Release of Information (ROI) should be completed for EACH emergency contact listed (cannot be a blanket signed release).
- Review the form with the survivor to answer any questions they may have, and help them complete the form, or, upon completion, verify for clarity and legibility.

For Further guidance on these guidelines, please contact The Ohio Domestic Violence Network.

Parent/Family _____

Date _____

Medical Emergency Response Plan	
Youth Information	
Child's Full Name	First: _____ Middle: _____ Last: _____
Nickname	_____
Date of Birth	_____
Accommodations & Medications	<p>Does this child have any devices, accessories, medications that should follow with them? Yes: <input type="checkbox"/> No: <input type="checkbox"/> <i>(i.e. glasses, hearing aids, communication boards)</i></p> <p>Medications (please list): _____</p> <p>Dietary Considerations: _____</p> <p>Asthma? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
Does the child have any known allergies?	<p>Peanut: <input type="checkbox"/> Tree Nut: <input type="checkbox"/> Bee: <input type="checkbox"/> Egg: <input type="checkbox"/> Dairy: <input type="checkbox"/></p> <p>Other (please specify): _____</p> <p>Does child have Epi pen/inhaler (or other emergency medication): Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
How will we know if there is a concern (symptoms)?	_____
Do you have all necessary medications for your child?	<p>If YES, where will they be located? _____</p> <p>If no, would you like assistance in getting your child's prescription filled? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
Parenting Time Arrangements (Please note: A court ordered parenting arrangement supersedes any other document) X _____ (initial)	<p>Do you have a parenting arrangement/order with the child's other parent? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Does the child's other parent have regular parenting time with the child (with or without an order)? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>

Parent/Family _____

Date _____

	<p>Does the parenting agreements have any specific language about the need to notify the other parent in an emergency? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p><i>Please note: a court order for parenting time does not authorize shelter staff to break confidentiality. It is recommended that you attach a copy of any court order to this form. Program staff can provide the emergency contact person with this document when they take possession of the child.</i></p>
<p>If you have an open case plan with Child Protective Services, would you prefer we make contact with your caseworker regarding your child?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>County agency:</p> <p>Name of caseworker:</p> <p><i>If yes, please sign a Release of Information applicable only to these circumstances.</i></p>
<p>Emergency Contact # 1</p> <p><small>*Reason(s) parent identified this person as an emergency contact.</small></p>	<p>Contact Name: Primary Phone # 1: Phone # 2: Email Information: Relation/Connection to Child*:</p> <p>Is this person aware they are your emergency contact for this child in case of an emergency? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Best way to contact: Call Text Email</p>
<p>Emergency Contact # 2</p> <p><small>*Reason(s) parent identified this person as an emergency contact.</small></p>	<p>Contact Name: Primary Phone # 1: Phone # 2: Email Information: Relation/Connection to Child*:</p> <p>Is this person aware they are your emergency contact for this child in case of an emergency? Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Best way to contact: Call Text Email</p>

Parent/Family _____

Date _____

Emergency Contact # 3	Contact Name: Primary Phone # 1: Phone # 2: Email Information: Relation/Connection to Child*: Is this person aware they are your emergency contact for this child in case of an emergency? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Best way to contact: Call Text Email
<small>*Reason(s) parent identified this person as an emergency contact.</small>	

- It is recommended that a parent keep important items/medications in an easily accessible area and inform staff. This will allow staff to easily collect the items needed for the child, in the event of an emergency.
- Attach each copy of the signed release forms for each emergency contact in case of an emergency occurs.
- Attach signed Permission to Transport document for easy access for advocate to carry on their person when transporting children.
- [If applicable and available] Attach a copy of any protection order or parenting time order related to this child.

Parent's/Guardian's Signature

Date

Parent/Guardian's Printed Name

Witness Signature

Date