

COVID-19 Placement Resource Practice Guidance: Process to Meet Urgent COVID-Related Placement Needs

RESPONSE AND SUPPORT TO ENSURE SAFE PLACEMENT OF YOUTH WHO ARE IMPACTED BY COVID RELATED ISOLATION REQUIREMENTS

Children's Services (CS) and their contracted service providers are committed to meet the needs of all children and youth in care. At this time, that care is to be delivered, balancing the requirement to comply with the Chief Medical Officer's recommendations on managing COVID19 in order to keep children, youth, staff and agency staff safe.

The needs and the behaviours displayed by a small number of youth in care are challenging and complex. Those needs and behaviors are not new, and we have processes in place to guide us through the management of those behaviours in a supportive and trauma informed way.

The environmental circumstance presented by the COVID-19 Pandemic *is* new. It has increased social anxiety and this worry may intensify the behaviors demonstrated by children and youth as well as amplify our perception of these behaviors. We must rely on our practice principles as the foundation for how we approach this new reality.

Our Commitment

During the pandemic and CS focus on essential services, one of our priorities is supporting care providers. Below is the process for supporting group, therapeutic campus based and congregate care settings. For care providers delivering service during this time, in addition to the child's case team, your contract specialist is also available to support and assist you.

Objective

Provide a scaled approach to support children and youth receiving services under the Child Youth and Family Enhancement Act who are unable, unwilling or those who are willing, however, can not be isolated in their current location and need alternative accommodations. These actions are developed with a view to adhering to the Chief Medical Officer of Health's (CMOH) directives on isolation and for slowing the spread of COVID-19 while protecting the health and safety of Albertans.

Laddered Approach to supporting youth to comply with COVID-19 guidelines

Each facility is required to have a pandemic plan as per their business continuity plan (BCP), which encompasses the safe provision of care to a youth who is required to isolate, is symptomatic or has tested positive for COVID-19. Once a youth presents with symptoms, the facility must immediately follow isolation guidelines and contact AHS Coordinated COVID-19 Response (1-844-343-0971) for direction and follow-up, even if the youth continues to AWOL.

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More information can be found in the [Practice Guidance for Service Providers in Supported Independent Living, Group and Congregate Care in Alberta](#).

CS and Agency staff should ensure all youth in group care settings understand the COVID-19 guidelines including the risks and consequences of not following them.

First option of choice is to increase supports and employ all efforts to maintain the youth in the current placement. Such efforts would include but is not limited to: one to one support, increased staffing, or additional facility cleaning.

Second option of choice If a youth repeatedly AWOLs the case team, which includes the caseworker and agency staff, will assess whom they are running to, considering the viability of safely maintaining them with their extended family/kinship, cultural kinship or community connections. In such cases, using a harm reduction lens, the case team can assess if a safety plan to support them elsewhere is reasonable, safe and appropriate.

Determine if an alternate placement will better meet the needs of the youth at this time.

Follow policy and practice supports when making decisions, include case team manager where necessary and utilize a third party consult if required.

Third option of choice If, after all reasonable attempts to support a youth safely in their placement have been made, no other options have been identified and the youth poses a risk to other youth and staff,

OR

If, the facility is nearing critical failure, meaning it is unable to continue to operate under current circumstances:

The case team, including agency staff, will escalate the matter to the Category 4/Associate Director. Once this has been escalated to a Category 4/Associate Director **ensure the agency is informed the matter has been escalated, provide an approximate timeline for follow up and develop a plan for ongoing communication.**

If, following the Category 4 consultation, it is concluded that all reasonable measures have been exhausted and that the youth poses a risk to public health, then a delegated staff will be assigned to contact the [Medical Officer of Health \(MOH\)](#) to advise that there is a youth who is noncompliant with COVID-19 isolation requirements.

- The MOH will provide advice which will assist in determining next steps and may include:

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- A Medical Officer of Health making an order under the Public Health Act to apprehend, convey and detain people who are not following CMOH orders. Caseworker collaborate with AHS and local police authorities to develop a plan to have the youth transported to the facility.
- The police may detain the youth under a health order and transport them to a facility for isolation. Any youth detained would not return to placement until it is safe for them to do so or the period of confinement has ended as directed by AHS
- Isolating due to symptoms/testing positive is a minimum of 10 days from the start of symptoms/positive test, or until symptoms resolve, whichever takes longer
- If MOH does not deem detention necessary, as the youth may not meet their threshold for non-compliance to a Public Health order, but the youth is unable to return to their placement, the case team will consult a Category 4/Associate Director for further placement assistance.
- If, after review, the Category 4/Associate Director believes that critical failure is imminent or that no other placement options are appropriate, and the youth is COVID impacted the matter is escalated to the Regional Director, who will assist by either accessing a regional “redundancy bed” or may consult with another Regional Director to secure an appropriate placement.

Redundancy beds are for COVID-19 impacted youth. Not limited to but could include: COVID positive, symptomatic and or impacted as a result of other factors such as the need to leave a facility due to lack of staffing or infection rates.

Attachments

[Practice Guidance for Service Providers in Supported Independent Living, Group and Congregate Care in Alberta](#)

[Practice Guide for Contracted Service Providers](#)

[Alberta Health Services COVID-19 Self-Assessment](#)

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