

COVID-19 Health and Safety Guidelines



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A guide for CACs to address health and safety concerns in serving clients during the COVID-19 pandemic

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Information in this handout is for discussion and team-planning purposes only. References have been provided to CDC sites with formal recommendations. Information in this handout does NOT supersede guidance and instruction that is relayed to the CAC by their local public health authority.

Children's Advocacy Centers (CACs) provide many essential services which have, until now, been conducted in person, and some of these services critical to children's health, safety, and well-being must continue despite the COVID-19 outbreak. This document, provided in FAQ format, is provided to answer questions for CAC staff and multidisciplinary team members on how to maintain health and safety in the CAC setting, and to balance the need for pandemic safety against the critical needs of children and families. We are grateful for the contributions of child abuse pediatricians within CAC settings who consulted on this document.

What health screening questions should CACs ask before a client is scheduled for services?

All clients, family members, community partners, and CAC staff should be screened before coming into the CAC for a client/interview appointment. Screening of clients should occur at the time that the appointment is scheduled and repeated when the client/family enters the CAC.

- Have you recently been exposed to someone known or suspected of having COVID-19?
- Do you or anyone in your home currently have flu-like symptoms, fever, new/worsening cough and/or shortness of breath?

Anyone answering "yes" to either of the screening questions should be rescheduled if there is not an emergent risk to health and safety due to the abuse allegation and if ill, advised to contact their own medical provider for care and follow-up. (A "yes" answer to either of the screening questions may be referred to in this document as "positive screening criteria.") In



urgent situations, a tele-forensic interview may be an option (see NCA's Emergency Tele-Forensic Interview Guidelines.) Keep in mind that some children will be too ill to be interviewed by any method and their health needs should become the priority.

How do we keep families healthy and safe in waiting areas?

Social distancing is an important factor in health and safety. First, no more than one person should accompany a child to be interviewed. No one other than the one caregiver should accompany the child (no siblings or other family members).

Generally, interviews should be scheduled in such a way that appointments do not overlap so they are not exposed to others and to give time for forensic interview rooms and all hard surfaces in the waiting area to be cleaned between families. If that is not possible, it is safest to keep different families separated in different waiting areas while at the CAC if possible.

If the CAC cannot separate families into different waiting rooms, arrange distancing by placing groupings of two chairs each (one caregiver/one child) at least six feet apart in the waiting room. This is the least desirable option and should be used as a last resort.

How should we keep client service areas clean?

All surfaces in waiting rooms, entrances, exam rooms, interview rooms, and anywhere else clients or visitors have access should routinely be wiped by germicidal wipes or spray. Keep in mind that the fact that a person "passed" the screening does not mean the absence of COVID-19 since individuals can be asymptomatic. Remove any toys with cloth surfaces and consider limiting access to a small set of toys for each family that are easy to wipe down or wash in a dishwasher, setting out replacement batches for new visitors. Children should not play with toys used in prior appointments until those toys have been sterilized in a dishwasher or wiped down thoroughly with germicidal wipes/spray and allowed to air dry.

How should we provide services in the CAC setting for a child who may have been exposed to COVID-19, but doesn't show any symptoms?

If a child or family member has answered yes to either of the screening questions, the best option would be to defer services until the child has completed the quarantine period recommended by the child's healthcare provider, or tests negative for COVID-19. Alternatively, offer remote interviewing or other CAC services via videoconference. Please see NCA's guide to tele-forensic interviewing and tele-mental health resources on NCA Engage.



In the rare instance where services cannot be deferred due to immediate safety issues and no telehealth or tele-forensic interview options are available, take all safety precautions you would take with a child who has a confirmed case. Here are some precautions you can take:

- Ask the child to wear a medical mask that covers their nose and mouth and have them wash their hands upon entry to the CAC. [See our guide to different kinds of protective masks](#)
- Limit their activities in the CAC since you will need to disinfect all of the surfaces they had contact with once they leave.
- Limit the number of people that need to be in the same room with the child, maintaining an appropriate six-foot distance when possible.
- Ensure the interviewer and any other personnel working in the same space as the child are wearing a mask. They may also want to wear healthcare goggles for an added barrier.¹
- If the child is young or developmentally delayed and cannot cooperate with six-foot distancing, those in close contact with the child should wear either a gown (disposable or washable) or an oversized cover shirt, as well as a mask and goggles.
- Once the contact has ended, take the top layer off inside out. If it will be laundered, store it in a plastic bag until it makes it to a washing machine. Wash hands after transferring to the bag and after transferring to the washing machine. Do not hand-wash masks or other protective equipment.

If the child is being brought by a family member, the CAC should use the same screening and precautions for the caregiver who accompanies the child. Family members should not come to the CAC if their presence is not necessary—remember, the rule of thumb is one caregiver per child.

What protections would need to be in place to safely provide services to a child client suffering from COVID-19?

Children suffering from confirmed cases of COVID-19 should not be interviewed at non-hospital CACs. (Hospital-based CACs should consult their own hospital policy and safety procedures.) Moreover, unless driven by an urgent child safety issue, these interviews should be deferred until the child is well both for the safety of the staff and for the well-being of the child. In those cases where one must proceed, and the child is well enough to be

¹ Healthcare goggles, face shields or safety-style glasses that wrap around the contour of the face are more protective than regular eyeglasses.



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interviewed, allow the interviewer and sick child to communicate by video conference. Please see our [telehealth resources](#) and [tele-forensic interview guidance](#) for CACs.

Should unwell staff or MDT members with respiratory symptoms be allowed to come to the CAC?

Under no circumstances should CAC staff or MDT members with symptoms of illness be allowed to enter the CAC. The virus is very contagious and can live on surfaces for several hours. Additionally, symptoms and severity vary widely from person to person. For the health and safety team members, children, and families, any staff or team member with symptoms of illness should not be allowed to come to the CAC and should not come in contact with other CAC staff or team members outside of the facility.

This restriction should also cover those with recent exposure (within the last 14 days) to someone else sick or known to have COVID-19. Consider exploring ways that team members with sick symptoms or recent exposure to sick people could participate in CAC activities by videoconference.

What personal protective equipment should staff and team members use if they must have contact with an actual or suspected COVID-19 positive client?

Any staff and providers in very close contact with the patient, such as medical providers, should wear full personal protective equipment (PPE), including a medical mask and a medically appropriate gown, hair cover, goggles, and gloves. Other personnel who will share a room with children who may have any positive COVID-19 screening criteria should wear, at minimum, a medical mask and gloves, even if a proper six-foot distance is maintained.

Many news sources have recommended the use of "particulate-filtering" N95 masks to protect against transmission. However, because hospitals and other emergency care facilities are experiencing a shortage of N95 masks, the purchase and use of these masks should be limited to hospitals and only used while caring for patients known to have COVID-19.

[See NCA's guide to medical masks for CAC safety](#)

[See a table on recommended masks and other PPE for providers and more information on equipment supply chain from the World Health Organization](#)

Should medical exams still be offered at this time?



The decision of whether a medical evaluation should be completed will depend on weighing the risks and benefits of several different factors as well as the setting in which acute and non-acute exams typically occur. If the medical provider is not typically involved in the decision about who is referred for an exam, consider establishing a communication process with the provider to arrive at a team-based decision.

Cases in which the safety of child would be difficult to ensure without a medical exam should be considered for exams. The medical provider will need to know basic case information, including:

- Age of patient
- Type of contact that has occurred
- Time since last CAC contact with the patient
- Whether patient has current obvious physical or mental distress

The provider will also need to know whether the child is known to have COVID-19, has current sick symptoms (flu-like symptoms, fever, new/changing cough, and/or shortness of breath), or has been exposed to someone with COVID-19 or sick symptoms in the last 14 days.

What kinds of medical exams should still be offered to sick kids?

Even if a child is actively ill with COVID-19 or has had a recent exposure to someone known/suspected of having COVID-19, certain exams and treatments may not be deferred to ensure the safety of the child. These acute services include:

- Acute assault exams for evidence collection and STI/pregnancy prophylaxis
- Acute physical abuse exams for safety reasons
- Testing and management of risk for STI/pregnancy for non-acute cases
- Evaluation for current physical/emotional distress

Because the medical provider will be in very close contact with the patient, exams should occur in a setting where a healthcare provider has access to personal protective equipment (PPE), which includes a medical mask, medically appropriate gown, goggles, and gloves.

[See a table of recommended PPE for providers in various settings from the World Health Organization](#)

If the medical provider does not have access to the correct PPE, the child could be referred to a medical facility which can coordinate the necessary care with the remote assistance of the CAC medical provider.



What kinds of exams should wait until the child has recovered from illness?

Non-acute exams should be deferred if the patient has any positive COVID-19 screening criteria. However, even in a single case, some exams may be acute while others are not. The investigator or team member who is aware of the disclosure should discuss the scenario with the medical provider for decision.

For example, the team and medical provider may decide that the patient/client should have testing for STI and/or pregnancy at the time of the report, and defer the actual physical exam until later, since pregnancy and STI could be present at the time of the disclosure or report without causing obvious physical symptoms.

How long should we defer non-acute medical services?

How long non-acute exams can be deferred will be a team decision based on case-by-case information, availability of resources and current community "shelter in place" rules. Estimates are that from the time of sustained community spread of the virus, it will be 6-8 weeks before it is safe to schedule routine cases. Team members should factor into their decision-making on deferral of non-acute exams that the exam is NOT limited to a search for evidence. It may be prudent to examine a non-symptomatic child now, rather than wait 6-8 weeks when many cases will need to be scheduled.

In many cases, the exam is extremely important to the patient/client and family due to worries about how the abuse has impacted their physical condition. Sexual abuse victims are at increased risk for mental health crisis during periods of waiting for medical exams and may be self-harming and even having suicidal ideations. Mental health symptoms like these sometimes surface during the medical evaluation, even when they may not have been disclosed during the forensic interview. In cases where the physical exam is deferred, it may therefore be beneficial to offer the client/family a video or telephone consultation with the medical provider. This would allow an opportunity to address immediate concerns, screen for additional physical or mental health concerns and provide anticipatory guidance.

An example of a deferred exam screening form is forthcoming.

Additional resources

[General information on COVID-19 safety from the CDC](#)

[COVID-19 resources for businesses and employers from the CDC](#)

[Workplace, school, and home COVID-19 safety guidance from the CDC](#)

[NCA's comprehensive coronavirus resource page for CACs, partners, and caregivers](#)

[NCA's guide to medical masks for CAC safety](#)



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[See a table of recommended masks and other PPE for providers and more information on equipment supply chain from the World Health Organization](#)

[See World Health Organization advice on the use of medical masks](#)