

Action Request Transmittal Developmental Disabilities Services



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Number: APD-AR-20-042

Issue date: 5/19/2020

UPDATED

Topic: Protective Services

Due date:

Subject: Temporary Changes to CDDP/CMHP Adult Abuse Investigation Practice Due to COVID-19 Precautions - UPDATED

Applies to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All DHS employees | <input checked="" type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging: Type B | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (<i>please specify</i>): OTIS, CMHP |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Action required:

Update (in bold) of APD-AR-20-042 adding information and direction to CMHP and CDDP offices that conduct adult abuse protective services and investigation activities for resuming in-person contact.

CMHP and CDDP offices that conduct adult abuse protective service and investigation activities under ORS 430.735 and OAR Chapter 407, Division 045, are directed to immediately implement the following changes in protective service and abuse investigation activities, to reduce the risk of exposure to COVID-19 by CMHP and CDDP adult abuse investigators and vulnerable Oregonians by limiting in-person contact.

This AR provides guidelines for CMHP and CDDP adult abuse investigators in screening and investigating reports of abuse.

Effective immediately upon electronic transmittal of this AR, and until further notice, adult abuse investigators shall conduct all interviews with the alleged victim (AV) in person when health and safety of the AV, Investigator,

home/facility residents and staff can be assured. Assurance involves application of a four-part test. This test includes:

- Where AV is COVID-19 positive presumptive positive or suspected, or the home/facility has current COVID-19 positive, presumptive positive or suspected cases, appropriate personal protective equipment (PPE) (as described below) is available to the investigator and is to be worn by the investigator.
- Where AV is not COVID-19 positive, presumptive positive or suspected, and the home/facility has no current COVID-19 positive, presumptive positive or suspected cases, appropriate PPE (as described below) is available and is to be worn by the investigator.
- The investigator has been trained in appropriate use and disposal of the PPE to be used.
- The investigator has been trained in appropriate infection prevention and protection protocols and has the materials needed to follow those protocols.

All other investigatory interviews may be conducted in person, telephonic, or using other web/video conferencing technology, depending on the risks and circumstances of each situation. Risks to be considered include the risk to all individuals of exposure to COVID-19, and the availability of sufficient PPE for in-person interviews deemed critical.

Personal Protective Equipment (PPE)

Appropriate PPE and infection prevention material for those investigative interviews involving a current COVID-19 positive, presumed positive, or suspected interviewee or home/facility, should include disposable N-95 masks, disposable gown, disposable gloves, face shield, hand sanitizer, and surface disinfectant.

Appropriate PPE and infection prevention material for those investigative interviews where there is not a known COVID-19 positive, presumed positive or suspected case in the home/facility should include: disposable surgical mask, disposable gloves, hand sanitizer, and surface disinfectant.

PPE should be donned immediately prior to entering the home/facility and removed immediately upon exit, including proper disposal.

Training on the appropriate use and disposal of PPE can be found at the CDC links:

<https://youtu.be/PQxOc13DxvQ> and <https://www.youtube.com/watch?v=of73FN086E8>

These guidelines assist with making decisions about conducting interviews. The guidelines attempt to balance the level of danger of the reported abuse with the level of risk of potential exposure to COVID-19 resulting from in-person contact. Any deviation from in-person interviews must be staffed and approved by the assigned Abuse Investigation Coordinator (AIC) or the approving supervisor.

All deviations requests from standard practice as a result of this AR shall be documented in CAM or on the OTIS report template with the appropriate deviation type. For example, when deviating from an in-person interview with the AV, select the “No In-Person Contact” deviation, with the reason “Other Mitigating Circumstances,” and include the word “COVID” in the narrative section for data tracking purposes (e.g. “AV is admitted to a hospital and current COVID-19 restrictions prohibit an in-person interview.”) For those not capturing reports in CAM include the word “COVID” in the narration section of the investigation report indicating the interview did not take place in person and explain the deviation and who approved. For guidance or questions concerning documentation of deviations and approval please consult with your assigned AIC or approving supervisor.

Adult Abuse Screening:

Adult Abuse Investigators are required to gather as much information as possible from the reporter of abuse (R) regarding safety and health risks and document the information in CAM or other approved data collection systems. Investigators must also gather as much contact information as possible for all persons identified who may be familiar with the AV and their situation (e.g. telephone numbers, email addresses, IM/text capability, etc.) in case further follow-up for risk screening is needed.

To the extent possible, investigators should ask every reporter the following questions:

Outcomes and risks of reported abuse:

- Has the reported abuse resulted in actual serious harm (physical, sexual, financial, emotional, etc.) to the AV?
 - If Yes, capture details of harm/injury to indicate severity (e.g. extent of physical injury, neglect resulting in need of medical care, financial loss resulting in loss of housing, etc.)
- If no actual serious harm (physical, sexual, financial, emotional, etc.) has occurred, does the reported abuse place the AV at risk of serious injury, loss of life, loss of housing, or other sudden change to their status?
 - If Yes, capture details of risk to indicate severity (e.g. level of threats of physical or financial harm made by alleged perpetrator, etc.)

Risk of COVID-19 exposure:

- Do you know if the AV or anyone in AV's household has recently returned from travel outside of the country?
- Do you know if the AV or anyone in AV's household has been in contact with someone who has recently returned from travel outside of the country?
- Do you know if the AV or anyone in the AV's household has been in contact with anyone who has tested positive for COVID-19, or is presumptive positive?
- Within the last 2-14 days, do you know if the AV or anyone else in AV's household has reported any of the following symptoms?
 - Shortness of breath, or *change in usual breathing*
 - New or recent cough
 - Fever
 - Other flu-like symptoms
- Does the AV fall in one or more of the high-risk categories for COVID-19?
 - 60 years or older
 - Serious heart condition
 - Immune compromised including cancer treatment
 - Underlying medical condition (i.e. diabetes, asthma, renal failure, liver disease, severe obesity, etc.)
 - Pregnant

In facility cases, screeners shall contact the facility to determine:

- If current restrictions are in place for visitors,
- If any residents or staff are known or suspected to have COVID-19,
- If any residents or staff are in one of the high-risk categories, and
- If separate interview rooms are available for use by adult abuse investigators to minimize potential community spread.

If case is assigned for Adult Abuse Investigation:

If a report of abuse is assigned for investigation, the adult abuse investigator is required to attempt to call the AV and/or guardian to ask both sets of preliminary screening questions above. The answers to the AV telephone screening will help determine whether to conduct an in-person interview with the AV or not.

Additional collateral contacts may be necessary by telephone or other electronic means to further assess risk. For example, consider contacting others identified during screening as being familiar with the AV to determine if contact can be made without placing AV at risk.

In cases where the risk of imminent, serious harm is low or moderate, the adult abuse investigator shall attempt to conduct *all* interviews, including the AV interview, by telephone or other electronic means.

In cases where serious harm has occurred or is likely to occur as a result of the reported abuse, in-person contact with AV (or referral to Law Enforcement or other appropriate first responder) must be considered.

If, after consulting with their supervisor, the adult abuse investigator has reason to believe that the urgency of the reported situation likely outweighs the risk of potential exposure (of AV, staff or assigned investigator) to COVID-19 during in-person contact, and another intervention (e.g. 911) is not appropriate, then they may attempt in-person contact with AV.

If in-person contact will be attempted, the adult abuse investigator must have Personal Protective Equipment (PPE) with them when leaving the office and continue to follow standard physical distancing of 6 feet and use universal precautions at all times. If PPE is not available, the adult abuse investigator should consult with their supervisor.

The adult abuse investigator should not enter an AV's home, unless a supervisor has approved it due to risk factors that cannot be mitigated in any other way. The adult abuse investigator should remain outside the home and interview the AV there, maintaining a physical distance of 6 feet from AV at all times.

If the answer to any of the COVID-19 questions asked by adult abuse investigator was "Yes," the adult abuse investigator should wear PPE, if available, as they approach the home. Even if the reporter did not report COVID-19 concerns, the adult abuse investigator should ask AV the COVID-19 risk screening questions again and respond accordingly.

When responding to a report of abuse in a Facility that is requiring in-person interviews, the adult abuse investigator should seek updated information from facility administrative staff, follow standard physical distancing and universal precautions at all times, and interview staff (if possible) in a separate interview room away from residents.

Reason for action:

These actions are necessary to protect all Oregonians from inadvertent exposure to COVID-19 by limiting in-person contact except in the most serious instances of abuse. These guidelines have been developed in alignment with the Oregon Health Authority, the Center for Disease Control, Office of Developmental Disabilities and the National Adult Protective Services Association (NAPSA) Technical Assistance Resource Center.

Field/stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this action request, contact:

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