



## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Coronavirus Disease 2019 (COVID-19) Guidance for Adult Protective Services

April 2, 2020

COVID-19 presents North Carolina with an unprecedented crisis that is disrupting most businesses and activities of daily living. Governor Cooper issued a statewide “stay at home” order, effective at 5 PM on March 30th, that includes limited exceptions for essential activities and services. The situation with COVID-19 has been and promises to continue changing rapidly. Thus far the impact on counties varies widely.

In this unprecedented environment, this guidance is to assist in the continued provision of essential adult protective services. The preliminary guidelines here have been informed by actions taken in other states and by consultation with North Carolina county DSS leaders.

The challenge we face is how best to protect vulnerable adults and staff during this challenging and fluid situation. We will start with three basic premises:

- 1) Adult Protective Services (APS) is an essential service responsible for assuring the safety of vulnerable adults who are suspected to have been or who have been maltreated. Face-to-face contact between APS workers and vulnerable adults has long been a cornerstone in assuring safety.
- 2) APS also has a responsibility to make working conditions for APS staff as safe as possible. APS cannot adequately protect vulnerable adults if it does not also protect staff.
- 3) The COVID-19 virus represents an unprecedented challenge. Because of the nature of the virus, face-to-face contacts required in APS policy carry a risk of contagion to staff, to vulnerable adults, and to the other family members of the vulnerable adult. The risk to the adult of not having a face-to-face visit must be weighed against the risk of contagion when deciding whether an otherwise required face-to-face visit should take place and how it should be modified to reduce overall risk. Additionally, each county may need to make decisions in the context of the changing reality of their staff resources.

Below are questions and guidance for consideration. The guidance is not meant to be a full listing of all applicable situations and is intended for each county to apply to their individual situation.

#### **What are the situations in which a face-to face visit remains most critical to assure safety?**

(All face-to-face contact required in policy is important and serves the purpose of increasing protections for vulnerable adults. We recognize, however, that the current crisis poses new risks and challenges and may force prioritization.)

- An initial face-to-face initiation is a critical element to assuring safety when APS screens in a report for a protective services evaluation.

- Follow up visits should be prioritized in APS evaluations to give priority to those situations when concerns/risk were identified at initiation.
- Face-to-face visits should be prioritized for APS mobilization of services when continuing monitoring is needed to assure ongoing safety and adherence to the service plan.
- Face-to-face follow up visits in APS evaluations or APS mobilization of services for clients placed in hospitals or facility placement will be given a low priority.

**What should the county do if the adult or their caretaker refuses to cooperate with the worker in carrying out the evaluation, amid concerns over exposure/sickness from COVID-19 and it can't be confirmed?**

In instances where the adult or their caretaker refuses to cooperate with the worker in carrying out the evaluation, amid concerns over exposure/sickness from COVID-19 and it can't be confirmed, the filing of an interference petition may be necessary. The worker should do the following:

- Explain that you have a legal responsibility to evaluate reports of abuse, neglect, and exploitation. In addition, explain the agency's statutory responsibility to evaluate the report that the adult is disabled and in need of protective services and that the evaluation will continue.
- Document the efforts made to try to obtain cooperation and the reasons given for refusing to cooperate.
- If refusal continues, complete the Administrative Search and Inspection Warrant.

**When face-to-face visits are going to be attempted, what strategies should counties use to mitigate the risk of contagion to staff and families?**

Counties and staff should consider the following:

- Temporarily adding questions to the intake protocol about whether anyone in the household has been diagnosed with COVID-19, has symptoms of COVID-19, or has known exposure to COVID-19.
- Calling the family to arrange visits whenever the call is not inconsistent with the adult's safety, inquiring about COVID-19 diagnosis, symptoms or exposure, and planning ahead on how the visit will be conducted.
- When it is not possible to call ahead, asking the adult/family at the door about COVID-19 diagnosis, symptoms, or known exposure.
- Taking steps to maintain social distance during visits. In some cases, this may mean meeting outside, meeting on the other side of a glass door, or meeting at an alternate location that allows observation and interaction safely.
- Communicating with the county health department prior to an initial visit.
- Using personal protective equipment appropriate to the situation. Normal procedure includes wearing gloves when you have contact with someone's skin directly or contact with contaminated surfaces and should be followed. See additional guidance: <https://files.nc.gov/ncdhhs/documents/files/covid-19/NC-Interim-Guidance-for-PPE-in-Non-Medical-Setting.pdf>
- If an Adult Home Specialist (AHS) is initiating a Complaint and there is also an APS evaluation that needs to be initiated, the AHS should also initiate the APS evaluation.

**What alternative strategies to face-to-face (F2F) visits can counties use, and should they consider to assure safety and promote well-being?**

- Counties should consider whether a video conferencing option is available, feasible and consistent with maintaining adult safety.
- When a video conferencing option is not available, counties can consider whether a telephone contact is consistent with maintaining adult safety.
- Counties should consider whether other persons in or close to the adult's household can provide reliable and accurate information about the adult's safety. In making this determination, counties may want to consider the number of people who can provide information, their access to accurate information, and their motivation to share accurate information with the county.

**What are some F2F APS visits that could be done virtually?**

- Follow up visits in the APS evaluation stage with the adult when there are no credible concerns for the adult's safety
- Follow up visits in the APS mobilization of services stage with the adult when there are no credible concerns for the adult's safety

**What are some ways of limiting the number of F2F contacts needed?**

- Ask questions about the adult's needs at Intake so that relief can be provided at initiation such as providing food assistance if that is a concern
- Preplan initiation so that all relevant information can be addressed at first home visit  
This includes the following:
  - Conducting any relevant background checks prior to initiation including reviewing the APS history
  - Consider the adult's service needs and referrals needed
  - Contact any collaterals on the report or known to the agency prior to initiation so that there are no surprises
  - The APS worker should coordinate with the Adult Home Specialist (AHS) whenever achievable. This includes sharing any collateral facility information or direct client contact. This will help to limit the number of county staff in a facility thus preventing an unintentional spread of the COVID-19.
- Take consent forms that may be needed