



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Guidelines for COVID-19 Testing of Children and Young People in the Care of Tusla

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Version 1.1

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1.0 Introduction

Tusla – Child and Family Agency is working closely with our HSE colleagues to help stop the spread of COVID-19. The HSE provides regular updates on their website that give up to date information on the evolving situation. As additional information emerges, these guidelines will be updated, as required.

In order to control the spread of COVID-19, it is imperative that we follow the guidelines for proper hand and environmental hygiene and cough etiquette. These are the first line of defence to this virus. A copy of these guidelines should be made available and displayed in in all relevant work locations.

2.0 Legislation/ National Policy

- Health Act 1947
- Incident Management Policy, 2016
- Child Care Act, 1991.

3.0 Purpose of Guidance

The purpose of this guidance is to provide social care staff, social work staff and foster carers with clear direction in responding to the needs of children in foster care/ pre- adoptive foster care, and residential care when they present with symptoms of the COVID-19 virus.

In this document the term ‘foster care’ refers to:

- Foster Care General (statutory and private)
- Foster Care Relative (statutory and private)
- Pre-Adoptive Foster Care

4.0 Procedure

4.1 Children and Young People in Foster Care, Relative Foster Care and Pre-adoptive Foster Care.

4.1.1 It is essential that social workers ensure that foster carers, relative foster carers, and pre adoptive foster carers are aware of a child/young person’s care status, which includes:

- Care order
- Voluntary consent for admission to care
- Interim care order
- Emergency care order
- Voluntary consent for admission to care for the purpose of adoption, Section V1.

4.1.2 If there are any changes to their care status during the COVID-19 pandemic foster carers must be notified immediately.

Role of the Foster Carer

- 4.1.3 In circumstances where a child and/or young person in foster care services is displaying physical symptoms of COVID-19, the foster carer(s) should follow the public health advices as set out on www.hse.ie.
- 4.1.4 If the foster carer(s) receive medical advice that a child/young person in foster care has to be tested for the COVID-19, the foster carer (s) should follow the advice and guidance as instructed by the medical authorities.
- 4.1.5 Under no circumstances should anyone travel to a GP's surgery or an Accident and Emergency department unless medically advised to do so.
- 4.1.6 The foster carer(s) must inform the child/young person's social worker(s) at the earliest possible time who will then inform the child's parents/ legal guardian. The foster carer(s) should also inform their own fostering link social worker.
- 4.1.7 If any member of a foster family household has tested positive for the virus or has been advised to self-isolate then all members of that household should follow the public health advices as set out on www.hse.ie. In these circumstances, it is important that the foster carers ensure that the child/young person's social worker and the fostering link worker are kept fully updated.

Role of the Social Worker

- 4.1.8 Social workers should notify their line management structure of these instances.
- 4.1.9 Where consent is required for medical treatment where the child and/or young person is in voluntary care (including for the purpose of adoption) or subject to an Interim Care Order under the Child Care Act 1991, every reasonable effort should be made by the social worker to seek parental consent. However, the overriding concern must be the child's best interests, their health and safety and public health and there should be no undue delay.
- 4.1.10 In the event of contact being made with parents/legal guardians and consent is provided; the social worker will keep the parent/legal guardian fully updated on the child/young person's health, social and physical circumstances.
- 4.1.11 In circumstances where consent is not forthcoming, the social worker, in consultation with their line management and principal social worker, should make contact with the Office of Legal Services to seek advice.
- 4.1.12 If an Emergency Care Order is being sought by Tusla, consideration should be given at this time to requesting the District Court judge to give directions regarding the medical examination, treatment or assessment of the child(ren).
- 4.1.13 Where a Full Care Order (section 18 of the Child Care Act 1991) is in place, Tusla can consent to any necessary medical treatment, examination or assessment.
- 4.1.14 In accordance with the requirement of Tusla's Incident Management Policy, all confirmed cases should be reported on the National Incident Report Form (NIRF) and recorded on the National Incident Management System, Section K; Bio- Hazards (NIMS).
- 4.1.15 In accordance with the requirement of Tusla's Incident Management Policy, all cases where parents / legal guardians are refusing consent, this should be reported on the National Incident Report Form (NIRF) and recorded on the National Incident Management System (NIMS). This facilitates the tracking of such incidents from a national perspective. The reporting arrangements are to be agreed between residential care and social work staff.

If a child/young person who is in the care of Tusla is tested for the virus or has to self-isolate as per public health advice, the social worker is responsible for ensuring that the child's parents/ legal guardians are fully informed.

Consent for Young People aged 16 Years and Over

- 4.1.15 If the young person is over the age of 16 years and has legal authority to provide consent to their own medical treatment and has sought advice or treatment in relation to suspected COVID-19 and the foster carer(s) is/are aware of this information they must inform the social worker.
- 4.1.16 If a young person aged 16 years and over is refusing to seek medical advice, and it is the view of the foster carers(s) that they are presenting with symptoms of COVID-19, the foster carer(s) must advise the social worker immediately.
- 4.1.17 Where there are concerns about a young person's capacity to give consent, the social worker in consultation with their line management and principal social worker (PSW), should make contact with the Office of Legal Services to seek advice.

4.2 Children and Young People in Children's Residential Services/ Special Care

In this document the term 'residential care' refers to all residential centres including private providers and voluntary services.

- 4.2.1 It is essential that social workers ensure that the residential care staff are aware of the child/young person's care status as listed above in 4.1.1.
- 4.2.2 In circumstances where a child and/or young person in residential care is displaying physical symptoms of COVID-19, staff shall follow the advices as set out on www.hse.ie.

Under no circumstances should anyone travel to a GP's surgery or an Accident and Emergency department unless medically advised to do so.

Role of Residential Staff

- 4.2.3 If the residential care staff receive medical advice that a child/young person in residential care has to be tested for COVID-19, they should follow the advice and guidance as instructed by the medical authorities.
- 4.2.4 The residential staff shall inform the child/young person's social worker(s), at the earliest possible time, who will then inform the child's parents/ legal guardian.
- 4.2.5 Where consent is required for medical treatment where the child and/or young person is in voluntary care or subject to an Interim Care Order, under the Child Care Act 1991, every reasonable effort should be made by the social worker to seek parental consent. However, the overriding concern must be the child's best interests, their health and safety and public health and there should be no undue delay.
- 4.2.6 In the event of contact being made with parents/ legal guardians and parental consent is provided, the social worker will keep the parent/legal guardian

- fully updated on the child/young person's health, social and physical circumstances.
- 4.2.7 In circumstances where consent is not forthcoming, the social worker in consultation with their line management and principal social worker (PSW), should make contact with the Office of Legal Services to seek advice. Residential staff will be kept informed (***please refer to appendix A; Medical Consent Form for Children in Residential Care***).
 - 4.2.8 Where a Full Care Order (section 18 of the Child Care Act 1991) is in place, Tusla can consent to any necessary medical treatment, examination or assessment. This will be done by the social worker.
 - 4.2.9 If any child and/or staff member of the in residential centre has tested positive for COVID-19, or has been advised to self-isolate then the management of the residential centre should follow the advices as set out on www.hse.ie and make the appropriate decisions.
 - 4.2.10 It is important that the residential staff ensure that the child/young person's social worker is kept fully updated and advised of all developments.
 - 4.2.11 If a child/young person who is in residential care is tested for COVID-19 or has to self-isolate as per public health advice, the social worker and the residential staff are responsible for ensuring that the child's parents/ legal guardians are fully updated on the child/young person's health.
 - 4.2.12 In accordance with the requirement of Tusla's Incident Management Policy, all confirmed cases should be reported on the National Incident Report Form, Section K; Bio- Hazards (NIRF) and recorded on the National Incident Management System, (NIMS).
 - 4.2.13 In accordance with the requirement of Tusla's Incident Management Policy, all cases where parents / legal guardians are refusing consent and court direction is sought should be reported on the National Incident Report Form, Section L; Dangerous Occurrence (NIRF) and recorded on the National Incident Management System (NIMS). This facilitates the tracking of such incidents from a national perspective. The Reporting arrangements are to be agreed between residential care and social work staff.

Consent for Young People over the age of 16 Years

- 4.2.13 If the young person is over the age of 16 years and has legal authority to provide consent to their own medical treatment and has sought advice or treatment in relation to suspected COVID-19 and the residential staff are aware of this information they must inform the social worker.
- 4.2.14 If a young person aged 16 years and over is refusing to seek medical advice, and are presenting with the symptoms of COVID-19, the residential staff must advise the social worker immediately.
- 4.2.15 Where there are concerns about a young person's capacity to give consent, the social worker shall discuss this with their line manager and legal advice should be sought.

4.3 Children and Young People in Care (regardless of their care status or care placement) where the Medical Advice is that Testing is Required for COVID-19 and the Child/Young Person Refuses to Consent

This guidance is based on legal advice received by Tusla in circumstances where a young person in care, who was potentially displaying symptoms of COVID-19, refused to consent to testing. Please be advised that this guidance may be further updated. This also applies when the medical advice is that the child/young person needs to self-isolate. This may involve the assistance and support of other professionals (i.e. the Guardian ad Litem and/or family members).

- 4.3.1 As the child/young person is in the care of Tusla, we are obliged to act in their best interests. Therefore, every reasonable effort should be made by the social worker and those caring for the child/young person to seek their consent for COVID - 19 testing.
- 4.3.2 In the event of a child refusing to provide consent to COVID-19 testing, self-isolation or any other medical advices and all efforts to support the child/young person have been exhausted the residential staff/ foster carer(s) must immediately notify the social worker. All Incidents of children refusing consent must be notified to the area manager by the principal social worker (PSW).
- 4.3.3 In accordance with the requirement of Tusla's Incident Management Policy and the requirement for notification on public health grounds, all cases of refusal should be reported on the National Incident Report Form (NIRF); Section L; Dangerous Occurrence and recorded on the National Incident Management System (NIMS).
- 4.3.4 It is important that all support and assistance should be provided by Tusla staff and its agents to the child/young person and our HSE colleagues.
- 4.3.5 If, following consultation with the child/ young person's GP, there is a view that the child/ young person presents as a risk to public safety the following steps must be taken;
 - The matter must be notified by the principal social worker (PSW) to the area manager
 - The area manager must make a decision to notify the HSE where appropriate
 - Notifications will be communicated by the area manager to the chief officer over the relevant Community Health Organisation.
 - Following the public health advice from the HSE a notification may be made to An Garda Siochana.

A decision to notify a young person to the HSE should be made if it deemed essential and in the best interests of public health. These decisions will require agreement/ approval from the area manager.

- 4.3.6 In the event that An Garda Siochana have been notified as per public health advice and they indicate that they will not be taking any actions then the allocated social worker will inform their line manager and notify the area manager via the principal social worker (PSW).
- 4.3.7 In accordance with the requirement of Tusla's Incident Management Policy, all cases of refusal should be reported on the National Incident Report Form, Section L; Dangerous Occurrence(NIRF) and recorded on the National Incident Management System (NIMS).
- 4.3.8 The service director will liaise with the Tusla Office of Legal Services to ascertain and agree what actions are required.

Appendix A: Consent Form for Testing during the Period of COVID 19: Residential Care

This form is to be completed by the child's social worker and/ or birth parents/legal guardians to ensure medical consent ("**Consent**") is received and documented for any COVID-19 testing on a child in residential care.

It should be completed for:

- All new admissions as part of the admissions process
- Current young people in residential care, (including private, statutory, voluntary centres).

Legal Status

- Where the child and/or young person is in voluntary care or subject to an Interim Care Order under the Child Care Act 1991, Consent is required for testing and therefore every reasonable effort should be made by the social worker to seek parental consent. However, the overriding concern must be the child's best interests, their health and safety and public health and there should be no undue delay.
- If an Emergency Care Order is being sought by Tusla, consideration should be given at this time to requesting the District Court judge to give directions regarding the medical examination, treatment or assessment of the child(ren).
- Where a Full Care Order (section 18 of the Child Care Act 1991) is in place, Tusla can Consent to any necessary medical treatment, examination or assessment.

Advisory Note:

In the current situation face to face meetings are not taking place, only in exceptional circumstances, and therefore seeking written consent from birth parents/ legal guardians may not always be possible. However, the following methods should be considered when seeking Consent:

- Ascertain if electronic methods for obtaining Consent can be used.
- Postal (by registered post) including a stamped addressed envelope for return ideally by registered post.
- If access or contact visits are taking place Consent can be obtained during the visit.

When the above options have been explored and are not viable options for birth parents/ legal guardians verbal consent should be considered.

The social worker should make contact with the birth parents/ legal guardians to seek verbal Consent for medical treatment. A clear record should be maintained of this conversation and maintained on the care record. It should also be noted why written Consent could not be sought.

The social worker should ensure that:

- The birth parent(s)/ legal guardian has received sufficient information about the nature, purpose, benefit of the test and risk, if any; they should also be advised that the test was recommended by a medical professional.
- Is voluntarily giving their Consent i.e. not under pressure from any family member or friend to give their consent.
- Is competent to make the decision i.e. that they understand in broad terms the nature of the test, has sufficient understanding of the benefits and risks, understands the relevance of the decision and is able to retain this knowledge. It is assumed that adults generally have capacity to make healthcare decisions, unless the contrary has been shown.

If there are any concerns in relation to the capacity of the birth parents/ legal guardians to provide Consent, either written or verbal the social worker must contact Office of Legal Services.

The social worker with the residential care staff can decide on a case by case basis who is best placed to seek Consent.

In circumstances where Consent is not forthcoming, the social worker, in consultation with their line management and principal social worker (PSW) should make contact with the Office of Legal Services to seek advice.

This document does not apply to young people over the age of 16 years as they have the legal authority to provide Consent.

All Consent forms should be retained on the care records in line with Data Protection requirements.



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Medical Consent Form
Voluntary Care, Interim Care Order, Emergency Care
Order
Residential Care

I hereby provide **medical consent** to have my child named hereunder who is in my custody admitted to care by the Child & Family Agency (hereinafter called “The Agency”), under Section 4, Section 13 and Section 17 of the Child Care Act 1991 tested for COVID- 19 in the event of that this required.

I undertake to co-operate fully with the Agency in the best interest of the child. In the event that I am not happy with any change of circumstance or any event I will notify the social worker.

Name of Parents/Legal Guardian:

Relationship to Child:

Family Home Address:

CHILD TO WHOM MEDICAL CONSENT RELATES

Surname	Forename	Gender	Date of Birth	Current Address	

Signed: _____ **Date:** __/__/____.
Parent/ Legal Guardian

Signed: _____ **Date:** __/__/____.
Parent/ Legal Guardian

Signed: _____ **Date:** __/__/____.
Social Worker



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**Medical Consent Form
Care Order
Residential Care**

I hereby provide **medical consent** to have the child in care named hereunder who is in the care of the Child & Family Agency (hereinafter called “The Agency”), under Section 18 of the Child Care Act 1991 tested for COVID -19 in the event of that this required.

Name of Social Worker:

Relationship to Child:

Address of Social Work Office:

CHILD TO WHOM MEDICAL CONSENT RELATES

Surname	Forename	Gender	Date of Birth	Current Address	

Signed: _____ **Date:** __/__/____.
Social Worker

Signed: _____ **Date:** __/__/____.
Team Leader Social Worker

Approved by Tusla Crisis Management Team – COVID-19