Guideline for care of children at risk or infected with COVID-19 to prevent family separation

While number of COVID infected in Thailand is increasing, which include children and their care takers, results in direct impact on the child's health and safety. Measures taken for reducing transmission, may increase risks of and vulnerability to gender-based violence, violence at home, and negative coping measures such as child marriage and child labour.[2] These measures may also increase the likelihood of children being separated from their families – which negatively affects both physical and psychological wellbeing of these children.

While it is important to strictly use disease prevention and control measures and to ensure that the patients receives close care, extra considerations are required for infected children. The measures need to consider psychosocial aspect, together with physical needs, family separation, lost of parents or caretakers or friends or neighbors. Under this circumstance, children are taken away from their familiar environment that support their emotional stability, which could worsen the psychological impact on children. The decision for care arrangement will need to consider safety of COVID-infected, together with other impacts to the child.

This document provides interim guidance for child protection and health actors in the context of quarantine and isolation measures to mitigate related child protection risks, minimize family separation and promote family unity and social cohesion.

WHO recommends that laboratory confirmed and suspected COVID-19 cases be isolated to contain virus transmission. While all confirmed cases of severe COVID-19 illness are recommended to be isolated in a designated facility, this may not be possible or advisable for cases of mild or moderate COVID due to capacity limitations (space, health workers, supplies etc.) and the burden on health care systems. In addition, isolation of individuals with mild or moderate illness is also not always advisable because of protection considerations for children and other vulnerable individuals.[7] These considerations also apply to quarantine of unconfirmed but suspected COVID or individuals who have had known contacts with confirmed COVID cases. [7]

UNICEF guideline on "Children, Isolation and Quarantine: Preventing Family Separation and Other Child Protection Considerations during the COVID-19 Pandemic" highlights that When implementing quarantine and isolation policies, ***authorities should take steps that minimize family separation and promote family unity***.

The decision of location should be made on a case-by-case basis and will depend on the clinical presentation, requirement for supportive care, potential risk factors for severe disease, and conditions at home, including the presence of vulnerable persons in the household. Policies and individual decisions should allow home-based quarantine or isolation of children and caregivers based on a holistic assessment in which the ***child's best interests is a primary consideration***. The decision to separate a child from his or her caregiver when applying any specific containment or care measures should be based not only on medical factors such as possible outcomes of infection for the child or caregiver, but also on the possible consequences of family separation on the child.

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The location of isolation will depend on the holistic assessment conducted with an ***aim to keep children together with their caregivers wherever possible, and to identify an alternate healthy family member as caregiver, or someone who is familiar to the child and his or her family where it is not possible***. Factors to consider include medical, familial, and psychosocial factors such as the patient's clinical condition, medical risk factors, home environment, as well as high-risk individuals at home. The decision should take into account the availability and safety of suitable kinship, child-specific,[9] or other family-based alternative care that is nurturing and familiar to the child (in case that the child cannot be cared for within the family).

Actions to Promote Family Unity if a Child is Admitted to a Hospital or Field Hospital

Although allowing children to be isolated, quarantined or be treated for COVID-19 at home would help children in term of adaptation and reduce negative consequences, but since there is currently no policy for isolated at home, there are things that need to be considered when a child must be admitted to a hospital or field hospital. Additional steps that can be taken to promote family unity and contact.

1. If a child must be isolated, quarantined, or treated in a facility rather than at home, all efforts should be made to allow a caregiver or other adult family member who is familiar to the child to accompany the child.

2. If a child is removed for isolation, quarantine, or treatment, he or she should be transferred to a location that is as close as possible to the family. But if the child must be transferred alone to a facility that is far away from the families' places of residence, appropriate temporary accommodation should be available for caregivers whose children have been admitted.

3. Before separating the child from his or her family, all the child's details and those of their family must be documented (see section D. 6, above) and without exception, must be transferred with the child anytime she or he is moved to a new location. The child's family should receive regular (daily if possible) updates on the child's condition and whereabouts.

4. Unless it is a medical or other emergency, health actors or other authorities implementing public health measures should contact child protection actors before separating a child from his or her family to support appropriate care and contact arrangements during separation, and take any other actions that may be required under law, such as notifying the court in the case of non-consent of the parent.

5. Upon admission of a separated or unaccompanied child, the health actor must immediately act consistent with standard operating procedures including by referring the child to the child protection focal point in the facility for documentation and case management (refer to Guideline for Child Protection Case Management during COVID-19), including where necessary, immediate initiation of active tracing of the child's family.

6. Any isolation, quarantine, or treatment center that anticipates hosting children, particularly those without caregivers, must identify and train sufficient care staff or other volunteers so that children can be safe, protected and receive appropriate responsive care and stimulation. Arrangements should be appropriate based on the age of the children involved, and the capacity of health and child protection actors and care staff. Arrangements should comply with relevant national legal frameworks or where there are none, with an established policy including child safeguarding.

7. Child protection actors or care staff assigned to isolation, quarantine or treatment centers should be provided with information and training on global and national guidance on how to protect themselves and others from infection, and the role of personal protective equipment needed to minimize their risk, as well as access to such equipment.

8. Consistent with established mechanisms, a means of communication between children and their families should be provided and should be free of charge. Communication should be as often as possible, and frequency should be agreed upon between the family and caseworker.

9. To address the mental health and psychosocial and other effects of the disease and related containment measures, including quarantine or isolation, facilities should develop and provide access to mental health and psychosocial support services,[22] education, and other stimulating and nurturing support for children and caregivers consistent with their ages and abilities.

10. Health actors should be trained on Psychological First Aid, basic MHPSS provision and recognition of signs of distress, and use of referral pathways.

Actions to Promote Family Unity if a Primary Caregiver is be Admitted to a Facility

1. Before separating the child from his or her family, all the child's details and those of their family must be documented (see section D. 6, above).

2. If an ill caregiver being admitted is accompanied by a child, information about the child and his or her family should be gathered at the point of admission and child protection staff should be immediately notified and assigned to the case. In consultation with the caregiver and the child, authorities should make necessary care arrangements to identify and transfer any children to the care of a responsible trusted adult who has been identified by the caregiver. Details regarding the handover of child, including when, where and to whom the handover was made (including contact details) should be documented.

3. If an adult is admitted to a facility alone, inquiry should be made about the presence of children at home and if any, their location and the care arrangements in place. If alone, child protection staff should be immediately notified and assigned to check in on children, monitor their safety, health and wellbeing, make necessary care arrangements, and report back to the caregiver.

4. Children whose caregivers are undergoing treatment should be informed about where their caregivers are and, if appropriate, their caregiver's health status. Where possible, contact should be maintained (see section E.9 above).

Alternative Care for children that cannot be cared by the main caretaker (due to infected), including

1. The child should be quarantined within a household (nearby where possible), under the care of an extended family member or a trusted family friend who is at low-risk of poor health outcomes if infected, who has been identified by the caregiver, and who is willing and able to temporarily care for the child while maintaining the child in quarantine.

2. Only if there is no other alternative should the child be placed into temporary alternative care, preferably family-based rather than facility-based quarantine, with a caregiver who is at low risk of poor health outcomes and who is able to provide nurturing, responsive care for the child. Efforts should be made to place children in alternative care families who are as close as possible to the child's place of

residence or to the place where the caregiver is being treated. For more information on alternative care measures, please refer to: Protection of Children during the COVID-19 Pandemic: Children and Alternative Care Immediate Response Measures and COVID-19 Guidance for Interim Care Centers.

3. If separated, wherever possible and consistent with the child's best interests, contact between the child and his or her family should be maintained regularly (daily is ideal) and reunification should be as swift as possible. Communication means (e.g. mobile phone cards) should be made available, where feasible.

4. Where a caregiver is separated from his or her child due to movement restrictions, authorities should swiftly issue documents that grant permission for any travel necessary to facilitate reunification or establishment of arrangements for the safe care of the child.

Some countries have policies that allow COVID infected people to be isolated in their homes, including cases of infected children, since several studies have shown a lower risk of children developing severe symptoms or critical illness from COVID-19 infection compared to adults. Home based care should be considered as a policy option since this will allow children to stay within their familiar environment, with a caregiver who can provide nurture and support. The child should be cared for by one dedicated family member, while Isolated persons should stay in a separate room from other family members at home. World Health Organization has provided detailed advice on home based care for COVID-19 patients with mild symptoms. Caregivers should be advised on how to monitor their health and the health of their children, with a channel to communicate with health workers about health condition during home care. Wherever possible, a public health worker in the community should be available to periodically monitor the symptoms of quarantined or isolated patients at home. This includes determining whether the caregiver can continue to care for the child or not.

Guidelines from countries such as Canada, the United States, and Australia show that children infected with COVID-19 can be cared for at home by the primary caregiver with proper protection measures for primary caregivers in place to prevent the transmission to other household members. According to the Ontario Department of Health's "How To Care For A Child Who Needs To Self-Isolate", it is possible for the primary caregiver to continue supporting the child to maintain the relationship through talking, hugging, and spending time together.

How To Care For A Child Who Needs To Self-Isolate, by the Ontario Ministry of Health, Canada.

• A parent or caregiver should continue to provide ongoing support and care for the child, including supervison to keep younger children safe in the home.

• Provide hugs and cuddles, but avoid direct contact with saliva or body fluids (e.g., avoid kisses).

• Talk to the child about any questions, worries or fears they may have.

• Find activities the child enjoys and is able to do independently, if they are able (e.g., crafts, puzzles, connect with family and friends online).

• Spend more time in a private outdoor space at home, if available (e.g., backyard or balcony).

Who should care for the child

• People who are at greater risk of serious illness from COVID-19 (e.g., older adults, people with some chronic health issues) should avoid caring for the child if another caregiver is available.

• Having one parent or caregiver care for the child, if practical, can reduce the risk of COVID-19 spread to other household members.

If the child has COVID-19, the local public health unit will decide how long household members need to self-isolate. This may be for additional time after the child's last day of self-isolation (e.g., for caregivers of the child with COVID-19).

Wear masks

• Masks should be well-fitted and cover the nose and mouth.

• Children must be at least 2 years old to wear a mask, and able to remove it.

• Give the child mask breaks where 2 metres distance from others can be maintained, if possible.

• Others in the same room should also wear a mask.

• Masks do not need to be worn when sleeping.

• If the child has COVID-19, the caregiver can wear a mask and eye protection (e.g., face shield or goggles).

Other ways to reduce risk of spread

• Clean hands and regularly touched items often (e.g., toilets, sink tap handles, doorknobs).

• The child who is self-isolating and their caregiver should limit contact with other household members as much as possible. This is particularly important if the child has COVID-19.

• If possible, have separate meal times, and use a separate sleep, play area, and bathroom.

• If more than one person in the home has COVID-19, they can isolate together.

• In shared sleeping spaces, keep beds or mattresses at least 2 metres apart.

• Ensure rooms the child is using have good air flow (e.g., open windows if weather permits and if safe to do so).

• Limit sharing common household items and clean and disinfect between use.