



PLACEMENT GUIDELINES

Cathedral Home Intake Protocol COVID-19 | 2020

1

AT REFERRAL

Referring worker must attest that the client has not been exposed to COVID-19 or symptomatic in the last 14 days.

2

NOTIFICATION OF PLACEMENT DATE

- Referring worker will again need to attest that the client has not been exposed to COVID-19 or experiencing symptoms in the last 14 days
- 3 days prior to placement CHC will check-in with worker to ask if the client has any new symptoms
- If transportation company is being used, referring worker will provide CHC with the transportation company's COVID-19 response protocols
- CHC recommends that the client wears a face mask during their transport

3

ARRIVAL

Upon arrival client will stay in their vehicle and call **(307)721-1530**. Staff will answer questions of the visitors and clients at this time. Cathedral Home currently has a visitor restriction policy in place. Visitors will be required to stay in their vehicles and will not be allowed on campus.

4

CATHEDRAL HOME'S PROTOCOL

Cathedral Home has hygiene and routine sanitizing in place to prevent the spread of COVID-19. All clients must adhere to all CHC's protocol.



1

AT INTAKE

Client will go straight to Hays Healthcare

- Client will be provided a mask if they are not wearing one
- Client will wash hands upon entry
- Comprehensive healthcare screening will take place
- Staff will practice hygiene and infection control when inventorying the client's possessions

2

DURING FIRST 14 DAYS

We will complete the following safety precautions and monitoring:

- Client will be monitored for symptoms and temperature taken daily
- Client should wear a cloth face mask
- Maintain hygiene and infection control practices

3

RESPONSE PLAN

For youth with known COVID-19 exposure but no symptoms & youth with COVID-19 symptoms but no confirmed diagnosis.

- Client will wear a surgical face mask
- Client will be isolated to a bedroom and have their own bathroom
- Staff performing temperature checks and other medical care should wear full PPE
- Our agency nurse will determine if client should be tested and if a positive test occurs CHC will implement our isolation protocols



Regarding: _____
(CLIENT NAME)

As guardian/referring worker/representative (please circle your role), I can attest that the youth named above has not been in close contact with a COVID-19 positive case and has not had any new symptoms consistent with COVID-19, 14 days prior to placement at Cathedral Home for Children.

As guardian/referring worker/representative (please circle your role), I am aware that the youth named above will be asked to wear a mask during transport to Cathedral Home for Children and for the first 14 days of placement at Cathedral Home for Children.

By signing this document, I acknowledge I have read and understand the current COVID-19 protocols for CHC and I have informed the above named youth of these protocols.

Signature

Date

Printed Name

Title