



# COVID-19 GUIDANCE FOR **INTERIM CARE CENTRES**

Updated April 2020

# COVID-19 GUIDANCE FOR INTERIM CARE CENTRES

## INTRODUCTION

It is anticipated that the number of children in need of temporary care from caregivers outside their family will increase during this pandemic – this may be due to abandonment, caregivers falling ill or dying. The following guidance is for Save the Children staff and partners **already running Interim Care Centres (ICCs)** during the Covid-19 pandemic.

Interim care is defined as care arranged for a child on a temporary basis of up to 12 weeks. The placement may be formal or informal with relatives, foster carers or in residential care such as an Interim Care Centre (ICC).

This guidance covers all children in need of emergency interim care during the Covid-19 pandemic, this includes: 1) children who are not suspected of being sick, 2) children in need of quarantine and 3) children in need of isolation. Specific provisions for each category are discussed below. The guidance will be reviewed every 6 months.

*If you are considering **establishing an Interim Care Centre or any form of interim care provision** in response to COVID-19, please contact the co-leads of the Safe and Appropriate Care Taskgroup ([Rebecca Smith](#) or [Geoffrey Oyat](#)) or your Child Protection Backstop for further support, guidance, and considerations.*

*This will include:*

- *exploring methods to prevent family separation*
- *exploring other family-based care options*
- *ensuring adequate staffing and resourcing of the ICC*
- *providing relevant training materials*
- *creating a risk matrix and risk mitigation measures*

**Interim Care Centres should only be established in exceptional circumstances** and in conjunction with:

- *key programming to prevent family separation*
- *medium- and long-term family-based alternative care options*
- *coordination with local authorities and health officials*
- *a clear exit strategy*

**Do NOT create new physical structures unless there is NO other option.** If there is no other option and a new ICC is established, it is highly recommended that ICCs be within or near health centres and hospitals.

## OVERARCHING CONSIDERATIONS

- The running of the ICC should follow national alternative care guidance, global guidance (such as the [UN Guidelines for the Alternative Care of Children](#); [Alternative Care in Emergencies Toolkit](#)) and health guidance on mitigating the spread of the virus.
- ICCs should be established for a specific purpose and where possible for a pre-determined/ specific period, with a well-articulated exit strategy.
- ICCs should be used as a last resort for the shortest amount of time possible.<sup>1</sup>
- Children currently in institutional care who can return home or move to family based alternative care should be encouraged to do so safely and with child protection support.
- Where possible, kinship care should be identified and supported as an alternative to ICCs, considering the need to prevent further transmission to vulnerable caregivers.
- Contingency planning is required to maintain standards of care if staff become ill.
- Children and staff need access to information and provisions to help prevent transmission.

<sup>1</sup> For information on the risks and Save the Children's position on institutional care, please see the policy brief: [Institutional Care: The Last Resort](#) and the Policy Brief on [Protection and Care for Unaccompanied and Separated Children in Emergencies](#).

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- Clear and well-established referral pathways need to be discussed with health teams to support referrals of children in the ICC.

This guidance is intended to be used alongside in-country and/or national health and interim care/residential care or childcare institutional policies, standards and procedures, as well as the [UN Guidelines for Alternative Care of Children](#), [Child Safe Programming and Safeguarding in Interim Care Centres](#), the [Alternative Care in Emergencies \(ACE\) Toolkit](#), [COVID 19 Alternative Care Technical Note & Key Approaches Annex to Technical Note on COVID-19 and Care](#); [COVID 19 Child Protection Case Management Guidance](#).

## QUICK GUIDE TO CARE DURING COVID-19

Scenario	Recommendation
<b>If the caregiver and child are both symptomatic</b>	Isolate together
<b>If the caregiver is symptomatic, and the child is asymptomatic</b>	<p>Ultimately this needs to be informed by national health guidance as well as the child's best interest. Overall, it is recommended that the child stay with the family and isolate together where possible.</p> <p>Some children may be able to go to immediate or extended families, but others will need some form of alternative care because extended family and communities:</p> <ul style="list-style-type: none"><li>• feel unable to care for them or reject them</li><li>• have underlying health conditions within the family that make them unable to provide care until after quarantine for fear of infection</li><li>• there is no extended family member available to care for them.</li></ul> <p>In these cases, keep the child in the ICC and maintain contact with the family member as we explore other durable solutions or until the caregiver recovers.</p>
<b>If the child is placed with a family (kinship care or foster care) and needs to quarantine.</b>	<p>In this case, the family that will receive the child should be informed that they cannot know if the child has COVID-19 and that the child is not considered to be sick, but that having had contact with the person with the disease they should be quarantined and therefore the family that accepts the child should also follow the quarantine for the established time.</p> <p>In this case the child and other family members should follow standard precautions such as frequent hand washing, avoiding touching the face, nose, eyes or mouth and respiratory hygiene.</p> <p>The family should be advised to monitor symptoms of illness in children and adults so that if they start out with symptoms of illness, they can be tested to confirm the diagnosis and, depending on the severity of the illness, treatment can be given.</p>
<b>Child is placed in the ICC</b>	Where possible, ensure regular contact is maintained with the caregiver. Do not move a child to another location without first informing/requesting permission from their primary caregiver if they are ill.
<b>Child has lost caregiver due to illness, is not symptomatic and has not had contact with</b>	Identify medium to long term family-based care arrangements for the child.

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anyone who is for over 14 days	
Children identified within communities (for example, by the Child Protection Committees) who are orphans, child-headed households or alone with no kinship carer available or willing to look after them.	If children are asymptomatic, they should be referred to alternative care options preferably family-based care.

## PROFILE OF CHILDREN EXPECTED IN THE INTERIM CARE CENTRES

The following guidance includes considerations for children currently in ICCs as well as children who may require emergency overnight care if:

1. caregivers go into quarantine/medical care and urgent child-care is needed until family-based care is available or the caregiver is released from in-patient care
2. caregiver(s) died, and the child requires interim care until family-based care can be identified
3. the child is abandoned
4. the child does not have adults to care for them (ex. they are lost or unaccompanied)
5. the child is at significant immediate risk of harm in their family or other setting or their safety has rapidly diminished and they are at increased risk in their current care arrangement (ex. child at risk of honour killing or severe child abuse)

Children may be in the ICC for several hours to several weeks – depending on their individual circumstances. Efforts should be made to minimise the length of stay so that a child is only there for the absolute minimum time required. It is not anticipated that any child will stay in the ICC, due to Covid-19 for longer than 3-4 weeks while their caregiver recovers, or an alternative family-based care solution is found.

## GUIDING PRINCIPLES & SPECIAL CONSIDERATIONS

- **The Best Interests of the Child:** The child's best interest, in line with public health and alternative care best practices, will serve as the primary and decisive guideline regarding decisions around a child's placement, care, and support.
- **Preventing Family Separation:** Unless it is explicitly in the best interests of the child, every effort should be made to avoid the separation of a child from his/her family. This includes supporting a child and family to remain with a caregiver unless the caregiver is admitted for in-patient treatment and there are no other appropriate caregivers (see table above).
- **Prioritising Family-based Care:** An ICC is considered the option of last resort for children. Family-based care should be prioritised and, if not available at the time of a child's placement should be actively pursued from the first day of placement. See [COVID 19 Alternative Care Technical Note](#) for further information.
  - Wherever possible, non-physical contact between separated children and their families should be facilitated (ex. via visits over the phone, across the fence), even when it may not be possible for the child to return home.
  - A child may want to bring a reminder from home with them, please consult health teams to see if the item can be safely sanitized (as this may carry the virus) and kept with the child.

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- In-country protocols are needed to ensure that health workers (and other authorities, where relevant) identify and refer children in need of alternative care immediately when patients are admitted.
- **Do No Harm:** Use ICCs as a last resort option and for the shortest amount of time possible and do everything possible to minimise risks to the child during this time.
  - Wherever possible, non-physical contact between separated children and their families should be facilitated (ex. via visits over the phone, across the fence), even when it may not be possible for the child to return home.
  - A child may want to bring a reminder from home with them, please consult health teams to see if the item can be safely sanitized (as this may carry the virus) and kept with the child.
  - In-country protocols are needed to ensure that health workers (and other authorities, where relevant) identify and refer children in need of some form of alternative care when patients are admitted
  - A Child Safeguarding Policy<sup>2</sup> and procedures must be in place and all staff/volunteers/people coming into contact with children should be trained and have signed the policy.
  - A clear safeguarding reporting line should be established, including reporting to someone beyond the centre (police, social worker etc). A CSG focal point should be appointed and his/her name and phone number should be available and visible to all- for example, a poster on the notice board at the main entrance.
  - Safeguarding protocols should be explained to parents, community leaders and children themselves.
  - There should be a clear complaints/reporting mechanism set for the centres and made known to children which they can use at all times to report abuse or suspected abuse cases.
  - In coordination with the health team ensure there are guidelines on how to maintain health and safety in the centre that all staff will be trained on.
  - Establish relationships and referral mechanisms for health providers should a child become symptomatic.

## CRITERIA FOR ESTABLISHING AN INTERIM CARE CENTRE

Prior to establishing an Interim Care Centre, consider:

- **Legal regulatory framework** regarding the establishment or use of an ICC – in some context a certificate of accreditation is necessary, in others approval from the camp management, etc. If establishing an ICC is typically not permitted in the context, but exceptions are being made considering Covid-19, it is recommended to get written approval from authorities.
- **Pre-existing health facilities for children** who need to be under observation or receive urgent medical care.
  - If health facilities do have isolation units for children, it is strongly recommended that Child Protection actors engage with the health facility to promote child-friendly approaches and encourage safe contact be maintained with the primary caregiver.

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<sup>2</sup> For more information on child safeguarding in ICCs, please see the [Child Safe Programming and Safeguarding in Interim Care Centres](#)



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- If there is a new structure created, this must be a safe<sup>3</sup> temporary structure or be able to be changed into another use following the crisis.<sup>4</sup>
- In collaboration with the health teams, ensure the mitigation and preventative supplies (i.e. hygiene and sanitation facilities and materials and personal protective equipment) are made available in the structure/ building.
- Whether **existing buildings or structures, including those used for childcare** could be repurposed for use as an Interim Care Centre. We highly recommend using existing buildings or structures instead of establishing something new.
- **Negotiating and agreeing with the community** in the vicinity of the proposed ICC so that they understand the need for it and are comfortable with the proximity of the facility.
- **Possible risks to children**, conducting a risk assessment and identifying mitigating measures.
- **The running costs** for a minimum of 6 months. This does not necessarily mean that the ICC needs to run for the entire 6 months but allows for adequate resources to transition or time to identify further funding as needed.
- **Child-friendly feedback mechanisms**

*Note: If a partner or the government is being utilized ensure they are a **credible child protection agency** operational in the area and already implementing case management, family tracing and/or alternative care. If not, consider how to improve and/or supplement their child protection capabilities.*

## CATEGORIES OF CHILDREN

Interim Care Centres need to have the capacity to care for **three categories of children** in a minimum of three separate spaces with their own facilities (i.e. cooking and hygiene) to prevent the spread of the disease.

Category	Description	Example	Required PPE
<b>NOTE: An ICC placement is only relevant for children without appropriate care at home. The primary factor is not the degree of illness, but the lack of care.</b>			
<b>Children in Isolation without appropriate care</b>  <i>It is recommended to group children who have a similar time period of isolation left together.</i>  <i>For example, if a new child enters the ICC and other children are on day 10 of their isolation, do not put the new child with the children currently under</i>	Children who are symptomatic or confirmed to be sick. Isolation is used to keep these children separate to prevent the spread of infection or contamination.  Isolation should be for 14 days (or as directed by Health officials in country). If the child is not symptomatic, they can move to the space with other	A child whose parent has gone to hospital, and the child has tested positive for Covid-19 or displays symptoms upon arrival (i.e. fever, cough).	For children in <b>isolation</b> the use of masks, gloves and gowns is recommended when in contact with the child and his/her environment.

<sup>3</sup> For more information on key considerations for safe construction, see [Construction and Child Safeguarding](#)

<sup>4</sup> For more information on child safeguarding in ICCs, please see the [Child Safe Programming and Safeguarding in Interim Care Centres](#)

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<i>isolation as this will need to restart their isolation time.</i>	children who are not suspected of being sick.		
<b>Children in Quarantine without appropriate care</b>	Children who are not symptomatic but may have been exposed to Covid-19.  This is used to monitor their symptoms and ensure early detection of cases.	A child who has come to the ICC because their caregiver was hospitalised, but the child is not symptomatic.	For children in <b>quarantine</b> , standard prevention measures such as frequent hand washing, physical separation of 1.5 meters, respiratory etiquette are needed.
<b>Children not suspected of being sick without appropriate care</b>	Children who may be in the ICC for reasons not related to health concerns (i.e. abuse or lost caregivers for a reason other than Covid-19).	A child who was in the ICC prior to the outbreak or a child who needs to be separated from their usual caregiver due to a rapidly deteriorating protection situation.	For all other children, standard prevention measures such as frequent hand washing, physical separation of 1.5 meters, respiratory etiquette are needed

## ELIGIBILITY

An Interim Care Centre can serve all children aged 0-17. The ICC needs to have facilities to accommodate older and younger children separately (unless they are in sibling groups, in which case consider options to keep them together).

If a significant number of caregivers are quarantined or in medical care, the ICC may reach capacity, and admission will need to be prioritised. These decisions need to be approved by the Child Protection Technical Advisor.

In this event, the following should be used to prioritize those who stay in the ICC:

- Children who have a direct threat to their lives.
- Children under 10, however family care would be prioritised for children under age 3.
- Adolescent girls
- Children who have experienced or at risk of sexual violence, trafficking/exploitation
- Underage mothers (including pregnant girls)<sup>5</sup>
- Children with disabilities (mental and physical)<sup>6</sup>

This prioritization will need to be decided considering contextual risks and available care options for other children (i.e. it is generally considered easier to identify foster families for younger children or negotiating/advocating to keep sibling groups together). The age or gender of a child should never be the sole factor to refuse a child in the ICC but needs to be understood considering available options and cultural norms.

<sup>5</sup> There are several protocols and [guidelines](#) for the care of victims of SGBV survivors, which should continue to be strengthened despite the contingency of COVID-19. In the case of adolescent pregnancies, the protocol to be followed would be the same as for pregnant patients, considering that it is a high-risk pregnancy due to age, and to carry out the corresponding case management to rule out a case of GBV.

<sup>6</sup> Caring for children with disabilities requires additional staff capacity. For more information, see [Repository of resources on disability inclusion and COVID-19](#).

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## PROCEDURES UPON ARRIVAL<sup>7</sup>

- Upon entering the centre, each child should wash their hands and face.
- Upon entering the centre, each child will have their temperature checked and asked if they have any symptoms.
- As the virus can remain on surfaces for a certain time, it is recommended to consult health staff regarding what items can come with the child from outside.<sup>8</sup> It is recommended that toys be provided in the centre in line with health guidance.
- All children in the ICC should have a dedicated case worker responsible for documenting information and developing and implementing a case plan.
- In parallel, there will be active tracing of the child's family to facilitate family reunification immediately once the quarantine period is over (or before if the family is willing and able to look after the child) or determine another alternative care option, with kinship and foster care as the priority options.

## STAFFING

The following posts are considered critical in running an Interim Care Centre:

Role	Responsibilities
<b>Technical Specialist</b>	Either in Case Management, Alternative Care or general Child Protection. This person has overall responsibility for operating the ICC in line with the guidelines and supervising the staff
<b>Social Workers</b>	Provide case management to the children within the ICC, psychosocial support to the children and facilitating links/communication with the family.
<b>Nurse</b> <i>This could be either full or part time.</i>	To screen new children entering the ICC. To monitor and document twice daily the condition of each child and support referrals to health professionals.
<b>Caregivers</b>	To provide day-to-day care for the children. They help children with feeding, bathing and dressing. They maintain hygiene, provide psychosocial support, routine, play, and alert medical staff of any signs/symptoms.
<b>Administrative Officer</b>	For data collection and reporting
<b>Cooks</b>	To source and provide nutritious food in line with local customs
<b>Security Guards</b>	To ensure visitors are screened and keep a record log
<b>Cleaners</b>	To ensure the ICC meets hygiene standards

## STAFFING CONSIDERATIONS

- **Recruitment**
  - All staff working in the ICC should have prior experience working with children and have community-based references.

<sup>7</sup> Further recommendations for welcoming children into the ICC, please see ICC SOPs.

<sup>8</sup> It is recommended to restrict outside objects coming into the centre with the child, especially stuffed animals as they are more difficult to clean and disinfect but do consider what can be done to provide the child with comfort safety upon entry.



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- Consider **Do No Harm** criteria for the selection of staff – for example considering if the staff member has a chronic condition or has a high-risk family member. Please discuss these concerns with the staff and mitigation options.
- In preparation for staff getting sick and/or an increase in the number of children requiring urgent overnight care, additional standby caregivers/guards should be identified and trained. These staff should be paid an incentive to remain on standby should they be needed.
- The gender of the caregivers should be taken into consideration, following local customs and ensuring that there is always at least one female staff member on site.
- Staff must sign a safeguarding commitment to protect children and report any cases of suspected abuse/neglect.
- **Staff to child ratios**
  - At all times the staff/ child ratio should be kept to a standard that ensures appropriate care, support and protection to children.
  - Each caregiver may care for a maximum of eight children. In addition:<sup>9</sup>
    - Out of the total number of eight children, there should be a maximum of five children under the age of eight.
    - Of these five children a maximum of three should be under the age of five.
    - There may be no more than one child under the age of one
  - Note that caregivers will need to be dedicated to one of the three living spaces, and therefore more caregivers may be needed.
- **Shifts**
  - Shifts should be no more than 8 hours. It is recommended to have longer and fewer shifts to reduce the amount of coming and going from the ICC.
- **Infection Prevention and Control Measures**
  - It is important that caregivers working in these centres follow the IPC measures inside the ICC to prevent transmission of the disease in their homes.
  - It is recommended that all staff members wear different shoes while at the workplace and change them at the exit and wash their hands. When they arrive home, they should remove their work clothes at the entrance preferably and place them in a plastic bag and if possible take a shower but, if that is not possible, thoroughly wash their hands and face with soap and water.
  - Provide staff that will interact with children with PPE
    - For children in **quarantine**, standard prevention measures such as frequent hand washing, physical separation of 1.5 meters, respiratory etiquette are needed
    - For children in **isolation** the use of masks, gloves and gowns is recommended when in contact with the patient and his/her environment

**NOTE:** Adequate supervision and debriefing of all staff working in ICC's should be in place to address issues of safe practice, quality of work and stress management.

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<sup>9</sup> Interagency Working Group on Unaccompanied and Separated Children (2013) [Alternative Care in Emergencies Toolkit](#).

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## CAPACITY BUILDING

In addition to standard child protection trainings, the following training should be provided:

Level of Importance	Topic
<b>Critical Trainings</b> to be provided before engaging with children	<ul style="list-style-type: none"><li>• First aid training and evacuation plans in the event of fire, flooding or damage</li><li>• Child safeguarding</li><li>• Psychosocial First Aid I (tailored to Covid-19)</li><li>• Structured recreational programming specific to this crisis (play encouraged as part of encouraging healthy coping, with no contact activities)</li><li>• Communicating about Covid-19 in a child-sensitive way</li><li>• How to monitor for symptoms and the actions to take to activate chain of response in event child becomes symptomatic (including protocols for cleaning all affected areas, obtaining medical help and isolating the child)</li><li>• Use of Personal Protective Equipment (when needed for handling symptomatic children or in daily child bathing activities) and general protective measures to keep safe on the job</li><li>• Working with children with disabilities</li></ul>
<b>Follow-up Trainings</b> to be provided within the first 2 months	<ul style="list-style-type: none"><li>• Psychosocial First Aid II (tailored to Covid-19)</li><li>• Responding to children with challenging behaviour including the suicide protocols</li><li>• Child development and reactions to stress</li></ul>

## PROCEDURES UPON DEPARTURE

### At departure

- A child should not leave the ICC without approval from the Technical Specialist.
- Social Workers are responsible for exit documentation which includes signature of the parent/caregiver of the child or alternative caregiver if being placed in alternative care and health care professional if the child is moved to a medical facility
- When leaving, the child should be allowed to take their personal belonging including the ones given to him/her during his/her stay.
- Where possible the Technical Specialist should work with the child to prepare them for exit and where they will go after leaving the centre.
- If there are any concerns about the child's welfare, a case worker or the Technical Specialist should follow up with the child and caregivers.
- The child and family should know who to contact if they have any additional problems or concerns.

## INTERIM CARE CENTRE COVID-19 CHECKLIST

### Hygiene

- Cleaners will be asked to sanitize according to a checklist on a daily basis. For further guidance, see information from the [Center for Disease Control](#).
  - For all surfaces, first wash with detergent and water and then disinfect with a dilution of 1,000 parts per million of available chlorine.
  - The following two links provide guidance on how to clean and disinfect the centres, it is important to note that training should be given to the cleaning staff on CPI measures, dilution of chlorine solutions, and how to use them.

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- [Covid-19: Cleaning in non-healthcare settings; Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease \(2019\)](#)

- Staff and children must wash hands with water and soap for at least 20 seconds when they come in from outside, before and after handling food and after using the bathroom.
- It is recommended that each child has his/her own “kit” (glasses, silverware, dishes, etc.) marked with their name and only used by them.
- Wash dishes, utensils, with water and soap before and after preparing each food item.
- Rinse fresh fruits and vegetables under clean drinking water, including those with skins that are not eaten.

## WASH

- **Latrines:** 1 latrine per 10 children that are gender segregated (minimum 3 latrines, if 1 or 2 are needing disinfection at one time)
- **Hand washing:** at all latrines and 1 hand washing per 10 children in eating areas
- **Water:** consider what is needed for food preparation, bathing, type of latrines, laundry and cleaning. Ensure at least 3 days storage at the facility
- **Laundry area:** consideration for an area of washing and drying
- **Disinfection:** chlorine or antibacterial wash must be available for cleaning of the facilities. As well, a sprayer must be available for the twice daily cleaning of the whole compound.
- **Hygiene kits / materials:** basic hygiene materials for each child (e.g. bars of soap, bathing towel, toothbrush/toothpaste, shampoo)
- Clear and efficient **systems for waste management** (excreta and vomit)
- **Waste management:** pit incinerator and refuse pits for disposal.

*NOTE: Ensure materials are safely stored away, to ensure children don't access harmful chemicals*

## Health

- Infection is likely to spread quickly within any residential care settings.
- Have established relationships with local health centres and procedures for referring a child who is symptomatic. Ensure caregivers are trained on this.
- While in the ICC, staff will observe and monitor the children closely for the development of symptoms. In the case of mild illness, it is likely that the children will stay in the ICC (in isolation) and only cases with complications or severity will be referred.
- Health centres should also be identified where patients can be referred in case of gender-based violence and where pregnant girls can be treated if they have pregnancy complications.
- Immediately refer all children with serious injury or severe illness for further medical treatment.
- Referrals for medical treatment outside the ICC should be accompanied by a caregiver and case worker.

## Additional Logistical Considerations

- Ensure there is enough space between the beds/sleeping areas of each child (seek medical advice)
- It is recommended to discuss a list of toys with health care workers balancing the need to not spread infection with children's need for comfort and familiarity. Generally, it is recommended to have plastic toys and books over soft toys due to the challenges in cleaning and disinfecting soft toys.<sup>10</sup>

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<sup>10</sup> For additional information on [Infection Prevention and Control Considerations for Alternate Care Sites](#), please see guidance from the CDC. Please note that this is geared towards medical professionals and should be reviewed in conjunction with the in-country health team.

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## Child Protection Case Management Response: COVID-19 – Cox Bazar

