



Special considerations on the separation of children and of adults who rely on a caregiver  
(older persons, persons with disabilities, with serious medical condition or mental health concerns)  
from their caregiver due to Corona Virus Disease COVID 19 in quarantine, isolation or hospital

*Protection Working Group \_ April 2020*

## Summary

- **Family unity is critical.** Children and adults who need a caregiver should not be separated from their caregiver for the full period of quarantine, isolation or hospitalization.
- **Decisions on separation should only be taken by health professionals for critical health reasons, or by the family** taking into consideration the opinion of the child or adult who needs care and the best interest of the child.
- **Remember that families are best placed to make decisions about appropriate care arrangements.** Trained humanitarian staff, community members and outreach volunteers, can support individuals and families to make informed decisions by informing them about the options available and the consequences of those options
- **If situations of separation arise between the caregiver and child/adult who needs care;**
  - The caregiver and/or child or adult who needs care should select another caregiver in the household, or a trusted temporary caregiver to accompany the child/adult who needs care.
  - Where no trusted temporary caregiver is available, the Rapid Response Team should make a referral to the relevant case management agency in line with below guidance.
- **In situations where those isolated (caregiver and/or adult who needs care) have other children to care for;**
  - The caregiver and/or adult who needs care should select another caregiver in the household, or a trusted temporary caregiver for the children for the full period of isolation.
  - Where no trusted temporary caregiver is available, the Rapid Response Team should make a referral to the relevant case management agency in line with below guidance for Children Scenario 2.
- **A caretaker should be identified by the caregiver and child/adult who needs care to provide for their daily access to essential services and assistance during quarantine or isolation.** This is not required when in hospital.
- **Health, Water and Protection staff** must work together to provide a holistic package of trainings to Rapid Response Teams, and to caregivers and caretakers to allow them to carry out these functions.



## Introduction

This guidance complements and expands on the *Inter-Agency Guidance on Home Quarantine & Isolation in Overcrowded Settings*<sup>1</sup> to ensure that special consideration is given for children and adults who usually have a caregiver (older person, persons with disabilities, and persons with serious medical condition or mental health concerns) during quarantine, isolation or hospitalization<sup>2</sup>. Measures must be taken to prevent separation from their caregivers, and to ensure that when separation cannot be avoided, special arrangements are in place to prevent neglect, exploitation, abuse or any other form of harm.

This guidance applies to all nationality groups in Informal Settlements (IS), Collective Shelters (CS), and urban settings.

This guidance has been designed to:

1. **Guide all actors involved in isolation decisions and process, especially health responders, security forces and communities to key considerations for potential situations of family separation** including what they should consider and when to involve case management agencies.
2. **Guide child protection, SGBV, and protection case management agencies on steps to consider if children, caregivers, or adults who need a caregiver are at risk of separation due to isolation or quarantine measures.**

Key considerations are outlined for children including unaccompanied children and children headed households, breastfed babies, and adults who usually need a caregiver (this may be older persons, persons with disabilities, serious medical condition or mental health concerns).<sup>3</sup>

## Terminology

In the event that a child or adult is affected by COVID-19 it is important to note that there may be 3 situations which can happen as a standalone or in a sequential manner (eg from isolation to hospitalization). These 3 situations are:

1. **Quarantine:** separates healthy individuals, who may have been exposed to the virus, from the rest of the population, with the objective of monitoring symptoms and early case identification<sup>4</sup>.
2. **Isolation:** separates infected persons (confirmed cases) from those who are not infected (suspected/non suspected cases) in order to prevent spread or contamination.<sup>5</sup>
3. **Hospitalization:** admission to a health care facility for treatment

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<sup>1</sup> Guidance on Home Isolation in Overcrowded Settings

<sup>2</sup> Guidance on Home Isolation in Overcrowded Settings

<sup>3</sup> Page 3, Guidance on Home Isolation in Overcrowded Settings

<sup>4</sup> Page 3, Guidance on Home Isolation in Overcrowded Settings

<sup>5</sup> Page 3, Guidance on Home Isolation in Overcrowded Settings



For these 3 scenarios it is key to agree to the **following key terminology**:

**Caregiver:** is a person who provides direct care for (children, older persons, chronically ill or person with disability). This can be a parent or any adult person who by law or custom, is responsible for doing so<sup>6</sup>.

**Temporary caregiver** will refer to a trusted adult member of the community who is identified by the caregiver and the child/adult who needs care, to provide temporary interim care<sup>7</sup> for the child/adult who needs care inside the isolation or quarantine unit. A temporary caregiver will only be appointed where a caregiver unavailable.

**Caretaker:** is a trusted adult member of the community who is identified by the caregiver of the child/adult who needs care or by the child/adult who needs care themselves to take care of them during their quarantine and isolation. A caretaker is not in isolation or quarantine with those infected but provides their daily support from outside of the isolation or quarantine unit.

**In all situations of quarantine and isolation a caretaker will need to be designated by the caregiver and the child/adult who needs care** to visit them, and to provide for their essential needs including water, food, and medication. Caretakers will be immediate or extended family members or a known member of the community. The caretaker will need to exercise the appropriate protective measures as instructed by health staff.<sup>8</sup> In instances where a trusted family or community member cannot be identified a referral will be made by the Rapid Response Team to the relevant Child Protection or Protection Case Management agency to identify a caretaker from existing networks of community members, volunteers or focal points who are willing and able to support. In situations of hospitalization, a caretaker will not be required because the hospital will provide for the essential needs of the caregiver and child/adult in need of care for the full period in hospital.

**In all situations a child/ adult who needs care will need to have a caregiver with them inside the quarantine, isolation unit and in hospital.** Where a caregiver is not available, a *temporary caregiver* can be appointed by the child/adult who needs care. In instances where no trusted family or community member can be identified, a referral will be made by the Rapid Response Team to the relevant Child Protection or Protection Case Management agency to identify a temporary caregiver from existing networks of community members, volunteers or focal points who are willing and able to support. It is strongly recommended that for females especially for adolescent girls the temporary caregiver be a female, and that for adults with disability or mental health concern that the temporary caregiver knows the adult and their disability, mental health concern or disease.

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<sup>6</sup> UNHCR, Guidelines on Determining Best Interests of the Child, 2008

<sup>7</sup> <https://bettercarenetwork.org/library/principles-of-good-care-practices/temporary-or-interim-care>

<sup>8</sup> Guidance on Home Isolation in Overcrowded Settings



## On the decision to separate

**Children and adults who need a caregiver, should not be separated from their caregiver for the full period of isolation, quarantine or hospitalization, unless otherwise decided by the family and based on the principle of best interest, or as directed by a medical professional for critical health reasons.**

Family unity is critical. Children under the age of 18 or adults in need of care require continuity of care during their quarantine, isolation or hospitalization. This is especially important to prevent further distress and reduce risk of maltreatment. Decision on separation should be taken based on medical consideration, taking into consideration the opinion of the child or adult who needs care and the caregiver and the best interest of the child.

Situations where separation may be requested encompass:

- **If the caregiver is unable to be isolated or hospitalized with the infected child or adult who needs care and/or the infected child or adult who needs care does not have a caregiver available.** This may be relevant for unaccompanied and/or child headed household, in instances where the caregiver is an older person or with a pre-existing health condition themselves, or where the caregiver chooses to care for other children or members of the household not in isolation.
- **If the caregiver decides to be isolated with the infected child or the adult who needs care, and/or if the adult who needs care, also have other children who are not infected and there are is no one else to take care of them**
- **Where a caregiver requires quarantine, isolation or hospitalization**

**Families are best placed to make decisions about appropriate care arrangements.** Trained humanitarian staff, community members and outreach volunteers, can support individuals and families to make informed decisions by informing them about the options available and the consequences of those options.

## On specific consideration when the caregiver is placed with the child/adult who needs care in isolation.

- The caregiver will have so stay in quarantine, isolation, or hospitalization for the whole period of time and will not be replaced by another one.<sup>9</sup> Trained humanitarian staff can support the family, caregiver and child/adult who needs care to make informed decision about their care arrangement by informing them about the available options and the consequences of their decisions prior to going into quarantine, isolation or hospital.
- A caretaker will support the caregiver and child/adult who needs care to access essential services including food, water, medication and protection services during their quarantine and isolation. Their essential needs will be met by the hospital for situations of hospitalization.

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<sup>9</sup> Guidance for caregiver support should align with training materials being developed for caregivers and caretakers which includes who and how caretakers are identified, how their additional needs would be met, and who will monitor the quality of support given.



On specific consideration when the caregiver and the child/adult who needs care are separated - identification of alternative care arrangement.

## Children

### For cases of children with confirmed COVID-19:

It is important that the child have continuity of care and be isolated with their caregiver/parents together for the full period of isolation<sup>10</sup> and in line with national guidance.

#### (Scenario 1)

- **If the caregiver is unable to be isolated or hospitalized with the child and/or the child does not have a caregiver available** (this may be relevant for unaccompanied and/or child headed household, and in instances where the caregiver is an older person or with a pre-existing health condition).
  - a. **The caregiver and/or child should select another caregiver in the household, or where not possible, a trusted temporary caregiver (preferably a family member) for the child** while they are in isolation. For adolescent girls, it is preferable that the sex of the caregiver is a female.
    - i. In these circumstances, steps should be taken to allow family members to visit their children (at place of isolation) to give them food and talk to them as appropriate (ie. through medical staff).<sup>11</sup>
  - b. **Where no caregiver is present, the Rapid Response Team will make a referral to the relevant child protection case management agency** to identify a *temporary caregiver*, and maintain close follow up with the child as appropriate. In instances of hospitalization, case management staff should inform health staff where a temporary caregiver has been identified. A caretaker should be designated to support the child and temporary caregiver in quarantine and isolation as appropriate (ie. through medical staff). In instances of hospitalization, no caretaker will be required as the hospital will provide for essential service needs.
    - i. For Unaccompanied Children and/or Child Headed Household the relevant child protection agency should work to obtain approval from the General Prosecutor.

#### (Scenario 2)

- **If the caregiver who needs to be isolated with his/her child, has other children who are not infected**
  - a. **The caregiver should select another caregiver in the household, or where not possible, a trusted temporary caregiver (preferably a family member or close neighbor) for the children.** The

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<sup>10</sup> Guidance on Home Isolation in Overcrowding Settings

<sup>11</sup> Guidance on Home Isolation in Overcrowded Settings



caregiver in isolation will need to understand they will not be able to see their other children for the full period of isolation.

- b. **Where no trusted temporary caregiver is available for the other children, the Rapid Response Team should refer to the relevant Child Protection Case Management Agency, who should support spontaneous and informal kinship and community-based care solutions as a first option as stipulated in the *Child Protection Case Management Guidelines for Alternative Care Arrangements*<sup>12</sup>. Only where the relevant Child Protection Case Management agency is unable to find a temporary interim care arrangement for the child/children should they get involved.** These temporary arrangements should be with the children's extended family or in their community.
  - i. Referrals should be made to SCI, Himaya and IRC where they are present. (Annex 1)
  - ii. Where these NGO are not present, refer to another agency through the referral pathway<sup>13</sup> (Annex 1). That agency should reach out to SCI, Himaya and IRC to request support on alternative care arrangements.
- c. **In most cases, judicial pathways do not need to be utilized** as these care solutions are temporary and not related to specific protection concerns.
- d. **Hosting families should be linked by child protection case management agencies to available services and assistance** by community focal points and case management agencies (hygiene kit, food assistance etc).

Where a caregiver requires isolation or hospitalization and has children follow the steps for **scenario 2**.

**Note that in the case of breastfeeding mothers<sup>14</sup>:**

- Breastfed babies should continue to be breastfed-however please refer to latest CDC<sup>15</sup>, WHO and UNICEF guidance as this may change.
- For symptomatic mothers well enough to breastfeed, this includes wearing a mask when near a child (including during feeding), washing hands before and after contact with the child (including feeding), and cleaning/disinfecting contaminated surfaces – as should be done in all cases where anyone with confirmed or suspected COVID-19 interacts with others, including children.
- If a mother is too ill, she should be encouraged to express milk, where possible, and give it to the child via a clean cup and/or spoon – whilst following the same infection prevention methods.

**Adults who rely on a caregiver (some older persons, persons with disabilities, serious medical condition or mental health concern)**

**For confirmed COVID-19 cases of adults who require a caregiver:**

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<sup>12</sup> <https://resourcecentre.savethechildren.net/library/alternative-care-emergencies-ace-toolkit>

<sup>13</sup> You can access the child protection referral pathway through the Inter-Sector Service Mapping at <https://v4.activityinfo.org/>

<sup>14</sup> Please refer to: <https://www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know>

<sup>15</sup> Please refer to: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html>



### (Scenario 1)

- **If the caregiver is unable to go into isolation with the adult who needs care and/or there is no other caregiver available** (this may be relevant in instances where the caregiver does not want to go, or is an older person or has a pre-existing health condition, or where the caregiver decides to care for other family members such as children in quarantine)
  1. **The caregiver and/or the adult who needs care should identify another caregiver in the household, or where not present, identify a trusted temporary caregiver who can care for the adult.** In case the adult lacks capacity to select the *temporary caregiver* (due to disability, mental health issue or disease) their caregiver should be involved in the selection process.
  2. **If a trusted temporary caregiver cannot be identified by the caregiver or adult who needs care, to provide their care in isolation, the Rapid Response Team should make a referral to the relevant Protection Case Management agency to designate a *temporary caregiver*<sup>16</sup> and to maintain close follow up with the case as appropriate (ie, through medical staff). In instances of hospitalization, case management staff should inform health staff where a temporary caregiver has been identified. In instances of hospitalization, no caretaker will be required as the hospital will provide for essential service needs.**
    1. In these circumstances, steps should be taken to ensure continued and regular communication with family members to visit at place of quarantine, isolation or in hospital to talk to them and identify any care needs, while taking the necessary precautions (ie. through medical staff).<sup>17</sup>

### (Scenario 2)

- **If the caregiver and/or infected adult who needs care has other children who are not infected** and the caregiver decides to provide care for the adult in isolation
  - **The caregiver and/or adult who needs care should select another caregiver in the household, or where not present, a trusted temporary caregiver (preferably a family member) should be selected to care for the children** for the full period of isolation. The caregiver in isolation will need to understand they will not be able to see their other children for full period of isolation.
  - **If a temporary caregiver for the children during this time cannot be identified** please refer to the above section on children scenario 2.

Where a caregiver of an adult who needs care, requires isolation or hospitalization please refer to this section in scenario 1.

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<sup>16</sup> It is preferred that the temporary caregiver, especially when caring for a person with disability or mental health concern receives proper training and/or has previous experience supporting these conditions

<sup>17</sup> Guidance on Home Isolation in Overcrowded Settings



Individuals with severe symptoms and those at risk of developing severe symptoms from COVID-19 (older people, or with pre-existing conditions such as hypertension, diabetes, respiratory disease, epilepsy, cancers) should ideally receive further guidance and suggested measures from health care professionals based on updated WHO and MoPH recommendations (incl. COVID 9 drop box<sup>18</sup>).

## Training of caregivers and caretakers

- **All Caregivers, Temporary Caregivers & Caretakers** should be trained by health, water and protection humanitarian staff on hygiene control and prevention measures, inclusion guidelines and referral pathways for services and assistance prior to isolation<sup>19</sup>.
- It is important to equip **caregivers and temporary caregivers** with techniques for home care to manage symptoms, and to manage stress and anxiety for the person in their care and themselves while in quarantine, isolation or hospital. They should also have reference to ensuring all persons have access to water to wash hands and feet and to keep well nourished.
- **For temporary caregivers** unfamiliar with the child or adult's disability, or mental health concern they must receive rapid training on inclusion, and how to care for the disability or mental health concern by a health professional or protection case worker prior to quarantine or isolation.

**Please refer to the Lebanon Service Mapping for referral pathways on child protection, protection, SGBV and health.** This can be found on Activity Info <https://v4.activityinfo.org/>

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<sup>18</sup> [COVID 19 Drop box](#)

<sup>19</sup> [Guidance on Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts](#)