

	<i>Commonwealth of Massachusetts</i>
	<i>Executive Office of Health and Human Services</i>
	Department of Youth Services
	COVID-19 Protocol for Quarantining New Intakes – draft with additional guidance for residential operations 9/9//2020

This Protocol establishes the guidelines and procedures that all Department of Youth Services (DYS) state and provider staff must follow when Quarantining New Intakes, consistent with the Centers for Disease Control (CDC)’s Guidance on Management of COVID-19 and EOHHS’ COVID-19 Guidance for DHS Residential settings and Congregate Care Programs. DHS reserves the right to revoke or modify this Protocol at any time, if it determines that the public health and/or safety of youth and staff are at risk, or to comply with state and federal guidance.

Definitions

Close contact of a COVID-19 case— In the context of COVID-19, a “close contact” is defined as living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes, or has been in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic or in the 48 hours prior to illness onset . Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient).

Cohorting—Cohorting refers to the practice of isolating multiple laboratory-confirmed COVID-19 cases together as a group or quarantining close contacts of a case together as a group. Ideally, cases should be isolated individually, and close contacts should be quarantined individually; however, some programs may not have enough separate individual rooms to do so and must consider cohorting as an alternative.

Confirmed vs. Suspected COVID-19 case—A confirmed case has received a positive result from a COVID-19 laboratory test, with or without symptoms. A suspected case shows symptoms of COVID-19 but either has not been tested or is awaiting test results. If test results are positive, a suspected case becomes a confirmed case.

Quarantine—Quarantine refers to the practice of keeping individuals separate from other youth who have had close contact with a COVID-19 case to determine whether they develop symptoms of the disease. Quarantine for COVID-19 should last for a period of 14 days If symptoms develop during the 14-day period, the youth is to be placed under [medical isolation](#) and evaluated for

COVID-19. If symptoms do not develop, movement restrictions can be lifted, and the youth may return to the general population in the program.

Symptoms- Symptoms of COVID-19 include fever, cough, and shortness of breath. Like other respiratory infections, COVID-19 can vary in severity from mild to severe. When severe, pneumonia, respiratory failure, and death are possible. COVID-19 is a novel disease, therefore the full range of signs and symptoms, the clinical course of the disease, and the youth and populations most at risk for disease and complications are not yet fully understood.

DYS residential programs are required to implement a practice of quarantining all new intakes for 14 days before allowing them to join and interact with other youth in the program setting. This protocol is a precautionary measure because their exposure to COVID-19 is unknown.

Youth undergoing routine intake quarantine are to be kept separate from any youth quarantined due to exposure to a COVID-19 case.

Residential Programs must make every possible effort to individually quarantine cases of confirmed COVID-19, and close contacts of individuals with confirmed, or suspected COVID-19. [Cohorting](#) multiple quarantined close contacts could transmit COVID-19 from those who are infected to those who are uninfected. Cohorting should only be practiced if there are no other available options.

Residential Programs must not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started.

Residential Programs are instructed to ensure the following practices are followed when quarantining youth, either as routine intakes or as a possible close contact:

- **Quarantined youth's movement outside the quarantine space is kept to an absolute minimum.**
 - Provide medical evaluation and care inside or near the quarantine space when possible.
 - Serve meals inside the quarantine space.
 - Exclude the quarantined youth from all group activities.
 - Assign the quarantined youth a dedicated bathroom when possible.

- **Quarantined youth must wear face masks, as source control, under the following circumstances**
 - If cohorted, quarantined youth must always wear face masks to prevent transmission from infected to uninfected individuals.
 - Quarantined youth must wear a face mask if they must leave the quarantine space for any reason.
 - Quarantined youth in individual space must wear a face mask whenever another individual enters the quarantine space.

- Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a mask or a cloth face covering.
- **Staff supervising asymptomatic youth under [routine intake quarantine](#) (with no known exposure to a COVID-19 case) must wear a face mask.**
- **Staff assignments to quarantine spaces should remain as consistent as possible, and these staff should limit their movements to other parts of the program space.** These staff must wear recommended PPE as appropriate for their level of contact with the youth under quarantine (see [PPE](#) section below) and should limit their own movement between different parts of the facility.
 - If staff must serve multiple areas of the program setting, they must ensure that they change PPE when leaving the quarantine space. If PPE supplies necessitate reuse, ensure that staff move only from areas of low to high exposure risk while wearing the same PPE, to prevent cross-contamination.
- **Quarantined youth should be monitored for COVID-19 symptoms twice per day, including temperature checks.**
 - If a youth develops symptoms, they should be moved to medical isolation immediately and further evaluated.
- **Temperature checks will be conducted using the following safety precautions:**
 - Perform hand hygiene
 - Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gown/coveralls, and a single pair of disposable gloves
 - Check youth's temperature
 - If performing a temperature check on several youth, put on a clean pair of gloves before taking the temperature of each youth and thoroughly clean the thermometer between each check. If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check.
 - Use a non-contact infrared thermometer when possible because they do not touch the body, the risk of cross- infection is low and probe covers do not need to be disinfected or thrown away, unless they come in contact with the skin.
 - Remove and discard PPE
 - Perform hand hygiene
- **If a youth who is part of a quarantined cohort becomes symptomatic:**
 - **If the youth is tested for COVID-19 and tests positive:** the 14-day quarantine clock for the remainder of the cohort must be reset to 0.

- **If the youth is tested for COVID-19 and tests negative:** the 14-day quarantine clock for this youth and the remainder of the cohort does not need to be reset. This youth can return from medical isolation to the quarantined cohort for the remainder of the quarantine period.
 - **If the youth is not tested for COVID-19:** the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
- **Restrict quarantined youth from leaving the program (including transfers to other programs) during the 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security or behavioral health needs.**
- Quarantined youth should receive regular visits from DYS medical staff and have regular access to clinical services.
- Program Staff should communicate regularly with quarantined youth about the duration and purpose of quarantine. **Quarantined youth will be released from quarantine restrictions if they have not developed symptoms during the 14-day quarantine period.**
- **Meals should be provided to quarantined youth in their quarantine spaces.** Youth under quarantine should throw disposable food service items in the trash. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.
- If individual rooms are used for quarantined youth their doors will remain ajar and unlocked during waking hours.
- **Laundry from quarantined youth can be washed with other youths' laundry.**
 - Individuals handling laundry from quarantined youth should wear disposable gloves, discard after each use, and clean their hands after.
 - Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
 - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
 - Clean and disinfect clothes hampers according to guidance above for surfaces. Consider using a bag liner that is either disposable or can be laundered if safe to do so.

Phone calls:

- Quarantined youth can make and receive the same level of phone calls and participate in virtual visits. While a youth is in quarantine the program is strongly encouraged to allow additional phone calls and virtual visits to support the young person during a stressful time. Programs should use resources such as program cell phones, I-pads and laptops to allow for calls, face time or virtual visits through other approved means to be used in the space where the youth is quarantining. Proper cleaning and sanitizing protocols must be followed prior and after use of such devices.

Below is additional guidance regarding continuation of services for youth on quarantine status:**Education:**

- Quarantined youth must be provided the required level of schoolwork by the contracted teaching staff and may continue virtual education where possible in the space designated to them during their quarantine status.

Clinical:

- Quarantined youth must be provided with individual clinical services and check- ins at minimum twice daily by clinicians and documented in the Clinical notes section of JJEMS. Clinicians should be equipped with PPE and maintain social distancing during their contacts with young people. Clinicians will remain at the open doorway of the youth's quarantine space and visible to program staff. The length of check in is determined by the individual needs of the youth and the clinician's assessment.

Indoor and Outdoor Recreation and Leisure Activities:

- Quarantined youth must be provided with activities consistent with protocols for quarantine status. All programs are encouraged to provide disposable games and activity kits for youth on quarantine status as described in the updated Recreational Protocol for residential settings.
- Quarantined youth are to be allowed to play video games as appropriate recreational time outside of other regularly scheduled programming such as education work, clinical check ins, meals and sleeping hours), provided all disinfecting protocols are followed before and after playing the games. All gaming systems should be provided to the youth on a wheeled cart to their quarantine space should there be enough supplies at the location.

- Quarantined youth must be allowed to go outside daily for individual activity time according to program procedure, weather permitting

Table 1.

Classification of Individual Wearing PPE	N95 respirator	Face mask	Eye Protection	Gloves	Gown/Coveralls
Youth					
Asymptomatic youth (under quarantine as a new intake or close contact of a COVID-19 case)	Apply face masks for source control				
Youth who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19		X			
Youth handling laundry or used food service items from a COVID-19 case or case contact		X		X	X
Youth cleaning areas where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X
Staff					
Staff having direct contact with asymptomatic youth under quarantine as close contacts of a COVID-19 case (but not performing temperature checks or providing medical care)		Face mask, eye protection, and gloves as local supply and scope of duties allow.			
Staff performing temperature checks on any group of people (staff, visitors, or youth), or providing medical care to asymptomatic quarantined person		X	X	X	X
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see CDC infection control guidelines)	X*		X	X	X
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see CDC infection control guidelines)	X		X	X	X

Classification of Individual Wearing PPE	N95 respirator	Face mask	Eye Protection	Gloves	Gown/Coveralls
Staff handling laundry or used food service items from a COVID-19 case or case contact				X	X
Staff cleaning an area where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X

* A NIOSH-approved N95 is preferred. However, based on local and regional situational analysis of PPE supplies, face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. Available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.

*All Residential Programs must follow the DYS Involuntary Room Confinement Policy 03.03.01.(a) as required.