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| SEAL_v2008-07_web%20large | **Commonwealth of Massachusetts** |
| ***Executive Office of Health and Human Services*** |
| **Department of Youth Services** |
| **Protocol for Quarantining Close Contacts of COVID-19 Cases in DYS Residential Programs** |
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*This Protocol establishes the guidelines and procedures that all Department of Youth Services (DYS) state and provider staff must follow when Quarantining Close Contacts, consistent with the Centers for Disease Control (CDC)’s Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, EOHHS’ COVID-19 Guidance for Residential and Congregate Care Programs,* *Massachusetts COVID-19 COMMAND CENTER Guidance on Exposure & Return to Work and Massachusetts Department of Public Health (MDPH) Information and Guidance for Persons in Quarantine due to COVID-19. DYS 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.*

**If a youth is identified as a close contact of a COVID-19 case (whether the case is another youth, staff member, or visitor) and has no symptoms (such as fever, shortness of breath, dry cough, loss of taste or smell), the youth should be placed under quarantine immediately and tested for COVID-19.**

Youths who had COVID-19 in the last 90 days (from day of symptom onset or day of first positive test if asymptomatic), AND youths who are fully vaccinated (received either two doses of the Moderna or Pfizer COVID-19 vaccines or a single dose of the Janssen COVID-19 vaccine at least 14 days ago) and are asymptomatic, are not required to quarantine following an exposure.

Quarantined youth who become symptomatic pending a test result should be immediately placed in medical isolation and undergo evaluation by Health Services.

An asymptomatic close contact who becomes symptomatic or tests positive for COVID-19 should be placed in medical isolation and undergo evaluation by Health Services (See Medical Isolation Guidance).

Based on review of current CDC and MDPH guidance, there are two options for **close contact quarantine** for youth in residential DYS settings:

* Quarantine for 14 days with daily symptom monitoring, mask use out of room, no in person contact with other youth, and ideally with designated staff and bathroom.
* Quarantine could end before Day 14 and after Day 10 if a molecular diagnostic test (e.g., polymerase chain reaction (PCR)) obtained on Day 7 or later has **negative** results; the youth has complied with and contracts to continue the preventive measures below through 14 days from their last exposure, and if no symptoms have been reported during daily monitoring.

Youths can discontinue contact quarantine earlier than 14 days only if the following criteria for preventive measures are also met:

* No clinical evidence of COVID-19 has been elicited by daily symptom monitoringduring the entirety of quarantine up to the time at which quarantine is discontinued; and,
* The youth has allowed and agrees to continue to comply with daily symptom monitoring through quarantine Day 14; and,
* Youth and program staff (and Family if indicated) are counseled regarding the need to adhere strictly through quarantine Day 14 to all recommended mitigation strategies, including correct and consistent mask use, social distancing, hand and cough hygiene, environmental cleaning and disinfection and self-monitoring for symptoms of COVID-19 illness, and agree to continue. They should be advised that if any symptoms develop, the youth should immediately self-isolate and notify staff.

Testing for the purpose of earlier discontinuation of quarantine should be considered only if it will have no impact on Health Services diagnostic testing. Testing of persons seeking evaluation for infection must be prioritized.

**Quarantine option to be determined and decided by Health Services based on individual risk assessment, as well as their knowledge of the program, facility and region test positivity and staff surveillance positivity rates, and judgment of youth and staff adherence to mitigation measures days 1-10.**

If a youth is quarantined due to contact with someone with suspected COVID-19 who is subsequently tested and that staff person receives a negative result, and COVID is ruled out, they can be released from quarantine while continuing to wear a face mask.

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

* **Keep a quarantined youth’s movement outside the quarantine space 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. In not, they should use bathroom one at a time, wearing a mask, with appropriate disinfection immediately after use.
* **Programs** **should make every possible effort to quarantine close contacts of COVID-19 cases individually.** Cohorting multiple quarantined close contacts of a COVID-19 case 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.
* If cohorting of close contacts under quarantine is absolutely necessary, all youth should be monitored for COVID-19 symptoms twice per day, including temperature checks, and youth with symptoms of COVID-19 should be placed under medical isolation immediately.
* If an entire program is under quarantine due to contact with a COVID-19 confirmed case from the same program, the entire program may need to be treated as a cohort and quarantine in place.
* If at all possible, do not add more youth to an existing quarantine cohort after the 14-day quarantine clock has started.
* **If the number of quarantined youths exceeds the number of individual quarantine spaces available in the program, be especially mindful of those who are at higher risk of severe illness from COVID-19.** The higher risk youth should not be cohorted with other quarantined youth. If cohorting is unavoidable, make all possible accommodations to reduce exposure risk for the higher-risk youth.
* **In order of preference, multiple quarantined youth should be placed:**
	+ Separately, in single rooms with solid walls and solid doors that close fully
	+ As a cohort, in a large, well-ventilated room with solid walls, a solid door that closes fully, and at least 6 feet of personal space assigned to each youth in all directions
	+ As a cohort, in the youth’s regularly assigned program but with no movement outside the program (if an entire program has been exposed). Employ social distancing strategies to maintain at least 6 feet of space between youth.
	+ Safely transfer to another program with capacity to quarantine in one of the above arrangements.

(NOTE—Transfer should be avoided due to the potential to introduce infection to another program; proceed only if no other options are available.)

# Quarantined youth must wear surgical 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 who, within the scope of their duties, have close contact with quarantined youth should wear recommended PPE**.
* **Quarantined youth should be monitored for COVID-19 symptoms at least once per day, including temperature checks.**
	+ If a youth develops symptoms, health services should be notified, the youth should be moved to medical isolation immediately and further evaluated.
* **The following is a protocol to safely check a youth’s temperature:**
	+ 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), 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. Because non-contact infrared thermometers do not touch any body surfaces, 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 (as opposed to individual in-room quarantine) becomes symptomatic, the youth should be moved to medical isolation immediately and further evaluated by health services:**
	+ **If the youth is tested for COVID-19 and tests positive:** the 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 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 secondary to youth refusal:** the 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 quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns The youth and receiving organization or family should be educated about the close contact history, and time and measures remaining on quarantine.**
* Quarantined youth should receive regular virtual or in person 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 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. Youth will need to wear a mask when staff enter or are within 6 feet, even if staff is using appropriate PPE.**

# 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, iPads 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. Check-ins are to be 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 individual single person or virtual 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.

# Definitions:

**Close contact of a COVID-19 case—** Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period\* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

*\* Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define “close contact;” however, 15 cumulative minutes of exposure at 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors).*  *The definition of close contact does not change if the infected individual is wearing a facemask or cloth face covering.*

**Confirmed vs. suspected COVID-19** – A person has **confirmed COVID-19** when they have received a positive result from a COVID-19 laboratory test, but they may or may not have symptoms. According to MDPH, to evaluate individuals for current infection, a molecular diagnostic test to detect the presence of the virus by polymerase chain reaction (PCR) or other nucleic acid amplification methodology is the gold standard and is the preferred test type.

A person has **suspected COVID-19** if they show symptoms of COVID-19 but either have not been tested or are awaiting test results. If their test result is positive, suspected COVID-19 is reclassified as confirmed COVID-19.

**Cohorting—** In this protocol cohorting refers to the practice of isolating multiple laboratory-confirmed COVID-19 cases together as a group or quarantining close contacts of a particular case together as a group. Ideally, cases should be isolated individually, and close contacts should be quarantined individually. However, some facilities do not have enough individual rooms to do so and must consider cohorting as an alternative. While cohorting of confirmed cases of COVID-19 is acceptable, cohorting of individuals with suspected COVID-19 is **not** recommended due to the high risk of transmission from infected to uninfected individuals.

**Quarantine** – Quarantine refers to the practice of separating individuals who have had close contact with someone with COVID-19 to determine whether they develop symptoms or test positive for the disease. Quarantine reduces the risk of transmission if an individual is later found to have COVID-19. Quarantine for COVID-19 should last for 14 days after the exposure has ended. Ideally, each quarantined individual should be housed in a single room with solid walls and a solid door that closes. If symptoms develop during the 14-day period, and/or a quarantined individual receives a positive viral test result for SARS-CoV-2, the individual should be placed under medical isolation and evaluated by a healthcare professional. If symptoms do not develop during the 14-day period and the individual does not receive a positive viral test result for SARS-CoV-2, quarantine restrictions can be lifted. (NOTE: New arrivals from the community are subject to “routine intake quarantine,” in which individuals newly incarcerated/detained are housed separately or as a group for 14 days before being integrated into general housing. This type of quarantine is conducted to prevent introduction of SARS-CoV-2 from incoming individuals whose exposure status is unknown, rather than in response to a known exposure to someone infected with SARS-CoV-2.) (See separate DYS Guidance on New Intakes))

**Social distancing** – Social distancing is the practice of increasing the space between individuals and decreasing their frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic). Social distancing strategies can be applied on an individual level (e.g., avoiding physical contact), a group level (e.g., canceling group activities where individuals would be in close contact), and an operational level (e.g., rearranging chairs in the dining hall to increase distance between them). Social distancing is vital for the prevention of respiratory diseases such as COVID-19, especially because people who have been infected with SARS-CoV-2 but do not have symptoms can still spread the infection.

**Symptoms-** Symptoms of COVID-19 include fever, cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste/smell, and less commonly nausea, vomiting, and diarrhea. 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.

**Table 1.**

| **Classification of Individual Wearing PPE** | **N95 respirator** | **Face mask** | **Eye Protection** | **Gloves** | **Gown/ Coveralls** |
| --- | --- | --- | --- | --- | --- |
| **Youth** |
| Asymptomatic youth (under quarantine as close contacts of a COVID-19 case\*) | Apply surgical 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](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html) 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) |  | Wear surgical face mask. Use 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 |  |
| Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see [CDC infection control guidelines](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)) | 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](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)) | X |  | X | X | X |
| Staff handling laundry or used food service items from a COVID-19 case or case contact |  |  X |  | 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](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html) for more details. | X | X |

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

\*\*This is a CDC guidance, but the youth in DYS Residential Programs DO NOT perform these cleaning activities.

\*\*\*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.