|  |  |
| --- | --- |
| SEAL_v2008-07_web%20large | **Commonwealth of Massachusetts** |
| ***Executive Office of Health and Human Services*** |
| **Department of Youth Services** |
| **Protocol for Medical Isolation of Confirmed or Suspected COVID-19 Cases** |

Based on CDC Guidance on Management of COVID-19 in Correctional and Detention Facilities and EOHHS COVID-19 Guidance for Residential and Congregate Care Programs

**Definitions**

**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.

**Medical Isolation—**Medical isolation refers to confining a confirmed or suspected COVID-19 case (ideally to a separate single room with solid walls and a solid door that closes), to prevent contact with others and to reduce the risk of transmission. Medical isolation ends when the youth meets pre-established clinical and/or testing criteria for release from isolation, in consultation with clinical providers and public health officials. In this context, isolation does NOT refer to punitive isolation for behavioral infractions within the custodial setting. Staff are encouraged to use the term “medical isolation” to avoid confusion.

**Symptoms-** Symptoms of COVID-19include 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.

**As soon as a youth develops symptoms of COVID-19, they should wear a face mask (if it does not restrict breathing) and be placed immediately under medical isolation in a separate environment from other youth.**

* **Keep the youth’s movement outside the medical isolation space to an absolute minimum.**
	+ Provide medical care to youth inside the medical isolation space.
	+ Serve meals to youth inside the medical isolation space.
	+ Exclude the youth from all group activities.
	+ Make considerations for effective communication access.
	+ Assign the isolated youth a dedicated bathroom when possible.
* **Ensure that the youth is wearing a face mask at all times when outside of the medical isolation space, and whenever staff enters.** Provide clean masks as needed. Masks should be changed at least daily, and when visibly soiled or wet. Facemasks may include cloth face coverings only if approved PPE is not available.
* **Each isolated youth should be assigned their own separate room space and bathroom where possible.**
* **Youth under medical isolation should be in separate single rooms with solid walls and solid doors that close fully.**
* In the event of concerns relative to self-harm, programs will refer to agency suicide prevention measures.
* **Avoid sharing any items between youths.** After a youth uses an item, clean thoroughly as outlined below.
* **Staff should be designated to monitor these youth exclusively where possible.** These staff should wear recommended PPE as appropriate for their level of contact with the youth under medical isolation and should limit their own movement between different parts of the program to the extent possible.
* **Ask the individual about symptoms of COVID-19** (fever, cough, difficulty breathing). Other symptoms could include: chills, sore throat, nasal congestion, runny nose, loss of taste or smell, headache, muscle aches, abdominal pain, vomiting, and diarrhea.
* **If Health Services staff are not available to the program, use the online symptoms checker at** [buoy.com/mass](http://www.buoy.com/mass)**, to quickly screen for symptoms with the resident.**
* Takes 2-3 minutes to complete online screening questions using a phone, tablet, or computer.
* If symptoms require a medical consultation, free telemedicine services are available through [buoy.com/mass](http://www.buoy.com/mass) to all individuals served by MassHealth.
* If the individual requires immediate medical care, call 911 for an ambulance and inform EMS of the individual’s symptoms and concern for COVID-19.
* **If Health Services staff are not available to the program, and a resident shows symptoms of illness, contact the individual’s PCP so the resident can receive COVID-19 testing.**

Testing sites are available by appointment. [Here is the list of testing sites across the state](https://www.mass.gov/doc/ma-covid-19-testing-sites/download)

* **Provide youth under medical isolation with tissues and, if permissible, a lined no-touch trash receptacle.** Instruct them to:
	+ **Cover** their mouth and nose with a tissue when they cough or sneeze
	+ **Dispose** of used tissues immediately in the lined trash receptacle
	+ **Wash hands** immediately with soap and water for at least 20 seconds. If soap and water are not available, clean hands with an alcohol-based hand sanitizer that

 contains at least 60% alcohol (where security concerns permit). Ensure that hand washing supplies are continually restocked.

* **Maintain medical isolation until all the following criteria have been met. Monitor the** [**Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities | CDC**](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html) **for updates to these criteria.**
* **If the individual requires care that prevents maintaining isolation protocol and physical distance, the staff should follow the** [**CDC’s infection control guidance for healthcare personnel**](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html)**.**
* **For youth who will be tested to determine if they are still contagious:**
	+ The youth has been free from fever for at least 72 hours without the use of fever-reducing medications **AND**
	+ The youth’s other symptoms have improved (e.g., cough, shortness of breath) **AND**
	+ The youth has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart.
* **For youth who will NOT be tested to determine if they are still contagious:**
	+ The youth has been free from fever for at least 72 hours without the use of fever-reducing medications **AND**
	+ The youth’s other symptoms have improved (e.g., cough, shortness of breath) **AND**
	+ At least 7 days have passed since the first symptoms appeared.
* **For youth who had a confirmed positive COVID-19 test but never showed symptoms:**
* At least 7 days have passed since the date of the youth’s first positive COVID-19 test **AND**
* The youth has had no subsequent illness.
* **Restrict youth from leaving the program while under medical isolation, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns.**
* If a youth who is a COVID-19 case is released from custody during their medical isolation period, contact public health to arrange for safe transport and continuation of necessary medical care and medical isolation as part of release planning.

**Medical Care of COVID-19 Cases**

* **Programs should ensure that youth receive medical evaluation and treatment at the first signs of COVID-19 symptoms.**

If the program is not able to provide such evaluation and treatment, a plan should be in place to safely transfer the individual to another program or local hospital.

* **Staff evaluating and providing care for confirmed or suspected COVID-19 cases should follow the CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) and monitor the guidance website regularly for updates to these recommendations.**
* **Healthcare staff should evaluate persons with respiratory symptoms or contact with a COVID-19 case in a separate room, with the door closed if possible, while wearing recommended PPE and ensuring that the suspected case is wearing a face mask.**

If possible, the youth should be evaluated in their room, rather than having them walk to the medical unit.

* **Healthcare providers are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).**
* **DYS residential program serving a youth with a confirmed case of COVID-19 should follow the reporting and notification requirements according to the DYS Protocol on Reporting and Notification of Confirmed Cases of COVID-19 in DYS Residential Programs.**
* **Programs should determine PPE needs** in accordance with CDC guidelines and [DPH guidelines and priorities for PPE use](https://www.mass.gov/doc/ma-covid-19-ppe-guidelines-and-priorities-32220/download), depending on the setting and the type of care being administered.
* In staff secure settings where isolation protocol and physical distance can be maintained, programs should follow guidance for the care of individuals at homes and community facilities, including [CDC guidance for caring for someone at home](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html).
* If an individual requires care which prevents maintaining isolation protocol and physical distance, programs should follow the [CDC’s infection control guidance for healthcare personnel](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html).
* **The program should have a plan in place to safely transfer persons with severe illness from COVID-19 to a local hospital if they require care beyond what the program is able to provide.**
* **When evaluating and treating persons with symptoms of COVID-19 who do not speak English, using a language line or provide a trained interpreter when possible.**

**Cleaning Spaces where COVID-19 Cases Spent Time**

**Thoroughly clean and disinfect all areas where the confirmed or suspected COVID-19 case spent time. Note—these protocols apply to suspected cases as well as confirmed cases, to ensure adequate disinfection in the event that the suspected case does, in fact, have COVID-19.**

* Close off areas used by the infected youth. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest air exchange conditions, before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.
* Clean and disinfect all areas (e.g., youth rooms, bathrooms, and common areas) used by the infected youth, focusing especially on frequently touched surfaces.

**Hard (non-porous) surface cleaning and disinfection**

* If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
* For disinfection, most common EPA-registered household disinfectants should be effective. Choose cleaning products based on security requirements within the program.
* Consult a list of products that are EPA-approved for use against the virus that causes COVID-19. Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
* Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer’s instructions for application and proper ventilation, and check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:

5 tablespoons (1/3rd cup) bleach per gallon of water or

4 teaspoons bleach per quart of water

* **Soft (porous) surface cleaning and disinfection**
* For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
* If the items can be laundered, launder items in accordance with the manufacturer’s instructions using the warmest appropriate water setting for the items and then dry items completely.
* Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 and are suitable for porous surfaces.
* **Electronics cleaning and disinfection**
* For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
* Follow the manufacturer’s instructions for all cleaning and disinfection products.
* Consider use of wipeable covers for electronics.
* If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.
* **Ensure that staff and youth performing cleaning wear recommended PPE.** (See PPE section below.)

## **Cleaning while a youth is receiving care**

There are additional deep clean considerations when a youth with a confirmed or presumed positive case of COVID-19 is being cared for within the facility.

* + In a program where an ill youth is being housed in isolation, focus on cleaning and disinfecting common areas where staff and any other person providing services may come into contact with ill youth.
	+ Reduce cleaning and disinfection of bedrooms and bathrooms used by the ill youth to an **as needed** level to reduce contact.
	+ If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by an ill youth. If this is not possible, staff should wait as long as practical after use by an ill youth to clean and disinfect the high-touch surfaces.
	+ In areas where ill youth have visited or used, continue cleaning and disinfection as provided in this guidance
* **Food service items.** Cases under medical isolation should throw disposable food service items in the trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Youth handling used food service items should clean their hands after removing gloves.
* **Laundry from COVID-19 cases can be washed with other youths’ laundry.**
1. Youth handling laundry from COVID-19 cases should wear disposable gloves, discard after each use, and clean their hands after.
2. Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
3. 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.
4. Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.
* **Consult cleaning recommendations above to ensure that transport vehicles are thoroughly cleaned after carrying a confirmed or suspected COVID-19 case.**

| **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 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 |
| 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) |  | 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 youth |  | 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](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 |
| 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 |

\* A program should quarantine all new intakes (without symptoms or known exposure to a COVID-19 case) before integrating into the program’s general population.
\*\* 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. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.