|  |  |
| --- | --- |
| 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 in DYS Residential Programs** |

### *This Protocol establishes the guidelines and procedures that all Department of Youth Services (DYS) state and provider staff must follow when medically isolating confirmed or suspected cases of COVID-19, consistent with the Centers for Disease Control (CDC) Recommendations for Quarantine in high-risk congregate settings found at*

[*https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html*](https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html)*; the CDC’s* [*Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities | CDC*](file:///C%3A%5CUsers%5Ccareardon%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5CIBPN73SD%5CGuidance%20on%20Management%20of%20Coronavirus%20Disease%202019%20%28COVID-19%29%20in%20Correctional%20and%20Detention%20Facilities%20%7C%20CDC)*; EOHHS COVID-19 Public Health Guidance and Directives, found at* [*https://www.mass.gov/info-details/covid-19-public-health-guidance-and-directives*](https://www.mass.gov/info-details/covid-19-public-health-guidance-and-directives)*; EOHHS’ COVID-19 Guidance for Residential and Congregate Care Programs* [*Congregate Care COVID19 Guidance.docx | Mass.gov*](https://www.mass.gov/doc/residential-and-congregate-care-programs-guidance)*; and the Massachusetts Department of Public Health (MDPH) Considerations for Caring for COVID-19 Recovered Residents* [*COVID-19 Public Health Guidance and Directives | Mass.gov*](https://www.mass.gov/info-details/covid-19-public-health-guidance-and-directives)*. MDPH Public Health Advisory Regarding COVID-19 Testing found at* [*https://www.mass.gov/advisory/public-health-advisory-regarding-covid-19-testing*](https://www.mass.gov/advisory/public-health-advisory-regarding-covid-19-testing)*. DYS reserves the right to revoke or modify this Protocol at any time, if it determines the public health and/or safety of youth and staff are at risk, or to comply with state and federal guidance.*

**As soon as a youth develops symptoms of COVID-19 or tests positive for SARS-CoV-2 they are to be given a surgical face mask (if not already wearing one and if it can be worn safely), immediately, placed under medical isolation in a separate environment from other youth, and medically evaluated. For any youth who has developed symptoms of COVID-19 or who tests positive for SARS-Co-V-2, staff must**

* **Keep the youth’s movement outside the medical isolation space to an absolute minimum by**
	+ Providing medical care to youth inside the medical isolation space.
	+ Serving meals to youth inside the medical isolation space.
	+ Excluding the youth from all in person group activities.
	+ Making arrangements for effective communication access and access to virtual individual and group counseling, activities and education.
	+ Dedicating a bathroom for the exclusive use by the isolated youth. If not possible, the bathroom is to be used by one youth at a time. The youth is to be masked en route between their room and the bathroom. and the bathroom must be disinfected after each use.
* **Ensure that the youth is always wearing a face mask when outside of the medical isolation space, and whenever staff enters the space.**
* Provide clean masks as needed. Masks should be changed at least daily, and when visibly soiled or wet. **Avoid sharing any items between youths.** After a youth uses an item, clean thoroughly as outlined below.

**Programs are to make every possible effort to place suspected and confirmed COVID-19 cases under medical isolation. Each isolated youth should be assigned their own living space and bathroom, where possible.** Cohorting should only be practiced if there are no other available options.

**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 DYS suicide prevention measures.

**If cohorting is necessary, the cohort of youth in medical isolation is to consist only of youth who are laboratory confirmed COVID-19 cases. Do not cohort confirmed cases with suspected cases or close contacts under quarantine. Also,**

* Unless no other options exist, do not place COVID-19 cases with youth who have an undiagnosed respiratory infection; and
* Ensure that cohorted cases wear face masks properly at all times and eat separately.

**In order of preference, youth with confirmed COVID-19 and placed in medical isolation should be housed:**

* Separately, in single rooms with solid walls (i.e., not bars) and solid doors that close fully.
* Separately, in single rooms with solid walls but without solid doors.
* As a cohort, in a large, well-ventilated room with solid walls and a solid door that closes fully. Employ social distancing strategies related to housing.
* As a cohort, in a large, well-ventilated room with solid walls but without a solid door. Employ social distancing strategies related to housing.
* As a cohort, in multi-person rooms without solid walls or solid doors Employ social distancing strategies related to housing.
* Safely transfer youth to another facility with available medical isolation capacity in one of the above arrangements (NOTE—Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)

**Youth with SUSPECTED COVID-19 are to be medically isolated separately from those with confirmed infection. If the first two options above for medical isolation are not feasible for suspected cases, please consult with the program’s Health Services team to discuss appropriate alternatives.**

**If the number of confirmed cases exceeds the number of individual medical isolation spaces available in the facility, be especially mindful of cases who are at higher risk of severe illness from COVID-19.** Ideally, they should not be cohorted with other COVID- positive youth. If cohorting is unavoidable, make all possible accommodations to prevent transmission of other infectious diseases to the higher-risk youth. (For example, allocate more space for a higher-risk youth within a shared medical isolation space.)

Persons at higher risk include youths of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See CDC’s website for a complete list and check regularly for updates as more data become available to inform this issue.

**If the ideal choice does not exist in a program setting, use the next best alternative, in consultation with DYS Healthcare staff.**

**There should be exclusive assignment of staff who are designated to support and monitor medically isolated youths, where possible.** These staff must [follow the most recent guidelines issued by DPH](https://www.mass.gov/info-details/personal-protective-equipment-ppe-during-covid-19) that align with the CDC as it relates to PPE usage. Staff are to wear recommended PPE as appropriate for their level of contact with the youth under medical isolation and are to limit their own movement between different parts of the program or building to the extent possible.

If staff must serve multiple areas of the program, ensure that they change PPE when leaving the isolation space. If a shortage of PPE supplies necessitates reuse, ensure that staff move only from areas of low to high exposure risk while wearing the same PPE, to prevent cross-contamination.

**Staff are to communicate regularly with isolated youth about the duration and purpose of their medical isolation period. Staff are to ask the youth 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.

**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.

**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. Transfer may occur in consultation with the Director of Health Services and must be approved by the Deputy Commissioner for Operations.**

* If a youth who is a COVID-19 case is released from custody during their medical isolation period, contact DYS Health Services to arrange for safe transport and continuation of necessary medical care and medical isolation as part of release planning.

**Refer to DYS Guidance for Transportation During Covid-19 to ensure that transport vehicles are thoroughly cleaned after carrying a confirmed or suspected COVID-19 case.**

**Youth under medical isolation are to receive regular virtual or in person visits from medical staff and have access to mental health and educational services.**

**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 is to be put in place to safely transfer the youth to another program or local hospital.

Healthcare staff are to follow the MDPH COVID-19 Guidance for Health Care Providers (https://www.mass.gov/doc/covid-19-guidance-for-all-health-care-organizations-and-providers).

# DYS healthcare staff evaluating and providing care for confirmed or suspected COVID-19 cases are to follow the CDC Ending Isolation and Precautions for People with COVID-19: Interim Guidance for healthcare personnel (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>) and monitor the guidance website regularly for updates to these recommendations.

**Healthcare staff are to evaluate youths with respiratory symptoms or contact with a COVID-19 case in a separate room, with the door closed if possible, while wearing PPE according to the MDPH guidance on** [**personal protective equipment (PPE)**](https://www.mass.gov/doc/updated-comprehensive-personal-protective-equipment/download)

 **and ensuring that the youth is wearing a face mask.**

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

# **DYS Healthcare staff should assess if the residential setting is appropriate for care.**

* **Youths with confirmed COVID-19 who had symptoms**and were placed in medical isolation may discontinue isolation under the following conditions:
* At least 7 days\* have passed since symptom onset; **and,**
* At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; **and,**
* Other symptoms have improved OR resolved; **and,**
* The youth received a negative COVID-19 viral test (i.e., BinaxNOW test) on Day 7 or later. **If the BinaxNOW test is positive, then the youth is to remain on isolation precautions until after day 10.**

\*A limited number of persons with severe illness may produce replication-competent virus beyond 10 days, that may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consultation with infection control experts. See [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance).](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)

* **Youths infected with SARS-CoV-2 who never develop COVID-19 symptoms**may discontinue medical isolation and other precautions 7 days after the date of their first positive test for SARS-CoV-2 RNA, ifthe youth received a negative COVID-19 viral test (i.e., BinaxNOW test) on Day 7 or later. **If the BinaxNOW test is positive, then the youth is to remain on isolation precautions until after day 10.**

**DYS residential programs serving a youth with a confirmed case of COVID-19 are to follow the reporting and notification requirements set forth in the DYS Protocol on Reporting and Notification of Confirmed Cases of COVID-19 in DYS Residential Programs.**

**The program is to have a plan in place to safely transfer youth 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, use a language line or provide a trained interpreter whenever possible.**

**Meals are to be provided to isolated youth in their rooms.** Youth under medical isolation are to throw disposable food service items in the trash in their room. Non-disposable food service items are to be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items are to clean their hands after removing gloves.

# **Laundry from youth with COVID-19 can be washed with other youths’ laundry.**

* Individuals handling laundry from quarantined youth are to 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:**

* Youth under medical isolation can make and receive the same level of phone calls and participate in virtual visits. While a youth is in isolation the program is strongly encouraged to allow additional phone calls and virtual visits to support the young person during a stressful time. Programs are to 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 isolating. 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 in medical isolation:**

**Education:**

* 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 isolation status.

# **Clinical:**

* 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 are to 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 isolation 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:**

* Youth must be provided with activities consistent with protocols for isolation status. All programs are encouraged to provide disposable individual single person or virtual games and activity kits for youth under isolation as described in the updated Recreational Protocol for residential settings.
* 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 are to be provided to the youth on a wheeled cart to their quarantine space if there are enough supplies at the location.
* Youth must be allowed to go outside daily for individual activity time according to program procedure, weather permitting.

**Personal Protective Equipment (PPE)**

Staff and youth must [follow the most recent guidelines issued by DPH](https://www.mass.gov/info-details/personal-protective-equipment-ppe-during-covid-19) that align with the CDC as it relates to PPE usage.

**Cleaning Spaces where Youth with COVID-19 Spend Time**

Cleaning and disinfection of all areas must be conducted according with [CDC guidance.](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)

**Definitions:**

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>