



*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 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) Guidance on Testing of Persons with Suspect 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.*

**During the COVID-19 pandemic DYS residential programs are required to quarantine all new intakes in their own rooms before allowing them to interact with other youth in the program and facility, in order to prevent the virus from entering from the community. Continuously asymptomatic youth must complete one of two quarantine options.**

**Health Services leadership for the region or program will weekly review regional test positivity; staff surveillance positivity in the program, facility and region; and evaluate the risk in the youth's home or arrest community, if available, to determine whether the shorter option below is feasible if youth and staff are consistently following recommended quarantine procedures and mitigation measures. Any youth who develops symptoms of COVID-19 during the intake quarantine period will be immediately placed in medical isolation and evaluated by Health Services and considered a COVID-19 suspect.**

This quarantine protocol is a precautionary measure to protect the new youth, other youth and the staff, because a new intake's exposure to COVID-19 is unknown as community spread is occurring, especially when test positivity and hospitalization and death rates indicate a surge.

Based on recent CDC/MDPH guidance, there are two options for routine intake quarantine:

- Quarantine for 14 days; no testing required unless the youth becomes symptomatic.

- If Health Services determines it is feasible to shorten the quarantine time based on location, local epidemiology and adherence to mitigating behaviors, Routine Intake Quarantine could end before Day 14, and after Day 10 (i.e. discharge Day 11) **if** a molecular diagnostic test (e.g., polymerase chain reaction (PCR)) obtained on Day 7 or later returns **negative** results, and if no symptoms have been reported during daily monitoring since intake.

Youths can discontinue routine intake quarantine early time **only** if the following criteria are also met:

- No clinical evidence of COVID-19 has been elicited by daily symptom monitoring during 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.
- The youth has no exposures to confirmed or suspect COVID-19 persons after entering routine intake quarantine.

Testing for the purpose of earlier discontinuation of quarantine should be considered only if it will have no impact on facility or regional diagnostic testing by Health Services, 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.**

**Youth undergoing routine intake quarantine must be placed separately from any youth quarantined due to exposure to a COVID-19 case.**

**Residential programs must make every possible effort to individually quarantine routine intakes in single rooms.**

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. If not, they should use bathroom one at a time, wearing a mask, with appropriate disinfection after use.
  - Assign the isolated youth a dedicated bathroom when possible. In not, they should use bathroom one at a time, youth should be masked en route, and post-use disinfection conducted after each use.
  
- 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 their room for any reason.
  - Quarantined youth in an individual space must wear a face mask whenever another individual enters their room
  
- 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 must wear a surgical face mask at all times.
  
- 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 Table 1) 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 at least once per day, including temperature checks.
  - If a youth develops symptoms during the 14 days after arrival, Health Services should be notified, and the youth should be moved to medical isolation immediately and evaluated medically.

- 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**, 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: the quarantine clock for the remainder of the cohort must be reset to 0.
  
- Restrict quarantined youth from leaving the program or unit (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 or behavioral health needs.
- 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, usually their room. 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 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**—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. Cohorting of individuals with suspected COVID 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 placed 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: Some facilities may also choose to implement a “routine intake quarantine,” in which individuals newly incarcerated/detained are placed 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.)

**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.**

<b>Classification of Individual Wearing PPE</b>	<b>N95 respirator</b>	<b>Face mask</b>	<b>Eye Protection</b>	<b>Gloves</b>	<b>Gown/Coveralls</b>
<b>Youth</b>					
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 <a href="#">CDC guidelines</a> for more details.			X	X
<b>Staff</b>					
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 <a href="#">CDC infection control guidelines</a> )	X***		X	X	X
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see <a href="#">CDC infection control guidelines</a> )	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-	Additional PPE may be needed based			X	X



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19 case has spent time	on the product label. See <a href="#">CDC guidelines</a> for more details.				

\*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.