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|  | ***Commonwealth of Massachusetts*** |
| ***Executive Office of Health and Human Services*** |
| **Department of Youth Services** |
| **COVID-19 Protocol for Quarantining New Intakes 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 quarantining new intakes, 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.*

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 routine intake quarantine.

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.

An exception to the new intake quarantine protocol may be made in the following situation:

* Youths who had COVID-19 in the last 90 days (from day of symptom onset or day of first positive test if asymptomatic).

**Any youth who develops symptoms of COVID-19 during the intake quarantine period will be immediately placed in medical isolation and evaluated by Healthcare staff and considered a suspect COVID-19 case.**

Based on review of current CDC and MDPH guidance, there are two options for testing and quarantine of asymptomatic routine intakes to a DYS residential program.

* BinaxNOW testing at intake
	+ If positive, youth will immediately be placed in medical isolation and evaluated by Healthcare staff.
	+ If negative, one of two following options for quarantine:
* Quarantine for 10 days with daily symptom monitoring, mask use out of room, no in-person contacts with other youth, and ideally contact only with designated staff and the use of a designated bathroom.

OR

* Quarantine as outlined above
* Test youth with BinaxNOW rapid test on Day 5
	+ If positive, youth will be placed in medical isolation and evaluated by Healthcare staff.
	+ If negative, youth remains in quarantine
* Quarantine could end after Day 7 if the youth is administered a BinaxNOW rapid test on Day 7 and has **negative** results; if the youth has complied with and agrees to continue the preventive measures below through intake Day 10; and if no symptoms have been reported during daily monitoring.

Youths can discontinue routine intake quarantine **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 intake Day 10; and,
* Youth and program staff (and family if indicated) are counseled regarding the need to adhere strictly through intake Day 10 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.

# 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 10-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:**

* **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 are to be monitored for COVID-19 symptoms twice per day, including temperature checks, and youth with symptoms of COVID-19 are to 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 10-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.
* **Quarantined youth is to be monitored for COVID-19 symptoms at least once per day, including temperature checks.**
	+ If a youth develops symptoms, Healthcare staff are to 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 is to 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 status.**
* Quarantined youth should receive regular virtual or in person visits from DYS Healthcare 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 are to throw disposable food service items in the trash. 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.
* **If individual rooms are used for quarantined youth, their doors will remain ajar and unlocked during waking hours. Youth must 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 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:

* 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 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 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 and brought 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.

**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.

**Definitions:**

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