|  |  |
| --- | --- |
| 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)’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 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.*

**Definitions**

**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 youth with suspected COVID-19 is **not** recommended due to the high risk of transmission from infected to uninfected individuals. See the Medical Isolation section below for specific details about ways to implement cohorting to minimize the risk of disease spread and adverse health outcomes.

**Medical isolation** – Medical isolation refers to separating someone with confirmed or suspected COVID-19 infection (ideally to a separate single room with solid walls and a solid door that closes) to prevent their contact with others to reduce the risk of transmission. Medical isolation ends when the youth meets pre-established criteria for release from isolation, in consultation with health care providers and public health officials. In this context, isolation does NOT refer to punitive isolation for behavioral infractions within the custodial setting, a practice that is prohibited by statute, regulation and policy. Staff are encouraged to use the term “medical isolation” to avoid confusion.

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

**As soon as a youth develops symptoms of COVID-19 or tests positive for SARS-CoV-2 they should 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.

Assigning the isolated youth a dedicated bathroom when possible. If not possible, they should use bathroom one at a time, youth should be masked en route, and post-use disinfection conducted after each use.

* **Ensure that the youth is always wearing a face mask 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. **Avoid sharing any items between youths.** After a youth uses an item, clean thoroughly as outlined below.

**Facilities should make every possible effort to place suspected and confirmed COVID-19 cases under medical isolation individually. 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 agency suicide prevention measures.

**If cohorting is necessary, only youth who are laboratory confirmed COVID-19 cases should be placed under medical isolation as a cohort. 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 at all times and eat separately.

**In order of preference, youth under medical isolation with confirmed COVID-19 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 should 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 ideal choice does not exist in a program setting, use the next best alternative, in consultation with Health Services staff.**

**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.

**Staff should be designated to monitor medically isolated youths exclusively where possible.** These staff should wear recommended PPE (see Table 1) 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 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 should communicate regularly with isolated youth about the duration and purpose of their medical isolation period.**

**Staff should 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.

**If the youth 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)**.**

**Youth under medical isolation should 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 should be in place to safely transfer the youth 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 youths 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 office.

**Healthcare providers are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).**

**Maintain medical isolation at least until CDC criteria for discontinuing home-based isolation 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.**

* **Youths with COVID-19 who had symptoms**and were placed in medical isolation may discontinue isolation under the following conditions:
* At least 10 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

\*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 isolation and other precautions 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

**DYS residential programs 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.**

**The program should 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, using a language line or providing a trained interpreter whenever possible.**

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

**Ensure that staff and youth performing cleaning wear recommended PPE** (See Table 1 below).

**Thoroughly and frequently**[**clean and disinfect**](https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html)**all areas where youth with confirmed or suspected COVID-19 spend time.**

* After a youth has been medically isolated for COVID-19, close off areas that they have used prior to isolation. 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 ([consult CDC Guidelines for Environmental Infection Control in Health-Care Facilities for wait time based on different ventilation conditions](https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1)) before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.
* Clean and disinfect all areas (e.g., rooms, bathrooms, and common areas) used by the infected youth, focusing especially on frequently touched surfaces.
* Clean and disinfect areas used by infected youth on an ongoing basis during medical isolation.

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

* If surfaces are soiled, they should be cleaned using a detergent or soap and water prior to disinfection.
* Consult [the list of products that are EPA-approved for use against the virus that causes COVID-19external icon](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2). Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
* If EPA-approved disinfectants are not available, diluted household bleach solutions can be used if appropriate for the surface. Unexpired household bleach will be effective against coronaviruses when properly diluted.
	+ - Use bleach containing 5.25%–8.25% sodium hypochlorite. Do not use a bleach product if the percentage is not in this range or is not specified.
		- Follow the manufacturer’s application instructions for the surface, ensuring a contact time of at least 1 minute.
		- Ensure proper ventilation during and after application.
		- Check to ensure the product is not past its expiration date.
		- Never mix household bleach with ammonia or any other cleanser. This can cause fumes that may be very dangerous to breathe in.
* Prepare a bleach solution by mixing:
	+ - 5 tablespoons (1/3rd cup) of 5.25%–8.25% bleach per gallon of room temperature water

OR

* + - 4 teaspoons of 5.25%–8.25% bleach per quart of room temperature water
* Bleach solutions will be effective for disinfection up to 24 hours.
* Alcohol solutions with at least 70% alcohol may also be used.

**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-19external icon](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) 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.

**Book cleaning**

* Clean the book cover with a disinfectant wipe
* Quarantine the book for 48h prior to use by another youth

Additional information on cleaning and disinfection of communal facilities can be found on [CDC’s website](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html).

**Food service items.** Youths 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 following food safety requirements. Individuals handling used food service items should clean their hands immediately after removing gloves.

[**Laundry from individuals with COVID-19**](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html)**can be washed with other’s laundry.**

* Individuals handling laundry from those with COVID-19 should wear a mask, disposable gloves, and a gown, discard after each use, and clean their hands immediately after.
* Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air. Ensure that individuals performing cleaning wear recommended PPE (see Table 1 below).
* 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. If permissible, consider using a bag liner that is either disposable or can be laundered.

**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.**

 **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.