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| SEAL_v2008-07_web%20large | **Commonwealth of Massachusetts** |
| ***Executive Office of Health and Human Services*** |
| **Department of Youth Services** |
| **COVID-19 Protocol for Quarantining New Intakes** |
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Protocol is 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**

**Close contact of a COVID-19 case—**In the context of COVID-19, an individual is considered a close contact if they a) have been within approximately 6 feet of a COVID-19 case for a prolonged period of time or b) have had direct contact with infectious secretions from a COVID-19 case (e.g., have been coughed on). Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient).

**Cohorting—**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 programs may not have enough separate individual rooms to do so and must consider cohorting as an alternative.

**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.

**Quarantine—**Quarantine refers to the practice of confining individuals who have had close contact with a COVID-19 case to determine whether they develop symptoms of the disease. Quarantine for COVID-19 should last for a period of 14 days. Ideally, each quarantined youth would be quarantined in a separate single room with solid walls and a solid door that closes. If symptoms develop during the 14-day period, the youth should be placed under medical isolation and evaluated for COVID-19. If symptoms do not develop, movement restrictions can be lifted, and the youth may return to the general population in the program.

**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.

**DYS residential programs should implement a practice of quarantining all new intakes for 14 days before moving them to the program’s general population as a precautionary measure because their exposure to COVID-19 case is unknown.**

Under this scenario, youth undergoing routine intake quarantine should be kept separate from any youth quarantined due to exposure to a COVID-19 case.

* **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.

Asymptomatic youth under routine intake quarantine (with no known exposure to a COVID-19 case) do not need to wear face masks.

* + Staff supervising asymptomatic youth under routine intake quarantine (with no known exposure to a COVID-19 case) should wear a face mask.
* **Quarantined youth should be monitored for COVID-19 symptoms twice per day, including temperature checks.**
	+ If a youth develops symptoms, they 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), 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. Since 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 becomes symptomatic:**
* **If the youth is tested for COVID-19 and tests positive:** the 14-day 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 14-day 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 14-day 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 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.**
* **Quarantined youth may be released from quarantine restrictions if they have not developed symptoms during the 14-day quarantine period.**
* **Meals should be provided to quarantined youth in their quarantine spaces.** 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.
* **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.

| **Classification of Individual Wearing PPE** | **N95 respirator** | **Face mask** | **Eye Protection** | **Gloves** | **Gown/ Coveralls** |
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| **Youth** |
| Asymptomatic youth (under quarantine as close contacts of a COVID-19 case\*) | Apply face masks for source control as feasiblebased on local supply, especially if housed as a cohort |
| 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 person |  | 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 programs’s general population, face masks are not necessary.
\*\* 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.