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| SEAL_Revised, Brighter Letters_crop_compressed | **Commonwealth of Massachusetts** |
| ***Executive Office of Health and Human Services*** |
| **Department of Youth Services** |
| **Central Office Residential Program Monitoring Summary**  **Youth Routine Wellness Check-In During COVID19**  **April 17, 2020** |

Please refer to this protocol when assessing a youth for COVID19 symptoms. In residential settings it is the expectation of the Department of Youth Services that each location will conduct an assessment of youth daily and several times a day. This protocol does not apply to youth who are in medical isolation or in quarantine because of exposure to COVID-19 case. The youth in medical isolation should comply with the requirements outlined in the DYS COVID-19 protocol on medical isolation. The youth in quarantine should comply with the DYS COVID-19 protocols for quarantining close contacts or new intakes.

Routine check-ins shall occur before each youth enters their room for bedtime and before each youth comes out of their space for morning routine or shift change. Each morning after the wellness check staff should offer a face mask to each youth. Staff should encourage youth to wear a face mask and practice social distancing when they are out of their room and in common areas. Youth should use and re-use the mask throughout the day according to the DYS Protocol for mask use and re-use. In the event that the mask becomes visibly soiled, saturated or damaged, a new mask must be obtained.

Staff must complete the Youth Wellness Check-In which shall be documented in the Operation Log. To ensure a youth is properly assessed the following steps must take place:

1. The supervisor or designee will ensure that they are wearing the approved personal protection equipment that includes gloves and a mask.
2. The staff conducting the assessment will ask the following questions:
3. Does the youth have any respiratory issues that are making it uncomfortable or difficult to breathe?
4. Do they have a fever, the sweats, body aches or the chills?
5. Do they have a cough or sore throat?
6. Does the staff assessing the youth notice any changes in overall health?
7. After the youth wellness check-ins have been completed the results will be documented in the Operation Log.

***e.g., Noted 7:10 am the******following youth were screened for COVID19 as part of the Youth Wellness Check-In. Youth CM, AB, SK, NC, MK, and HPB were all assessed by Staff BA and reported no symptoms.*** (Please include initials of staff documenting the information at the end of this entry)

In the event a youth is either reporting or exhibiting above mentioned symptoms, the staff should immediately notify the health services staff assigned to their program. After business hours the staff should contact the regional on-call health services. This information must be recorded in the Operation Log.

***e.g., Noted 7:18 am the following youth is/are (insert client initials) reporting that they have (insert symptoms). The Medical Unit (Health Care Professional’s Name) and Program Director (Name) were notified by supervisor AG.***

1. All staff must remind and encourage youth to self-assess throughout the day and to immediately report any respiratory or cold like symptoms which may also include chills, or body aches or a change in how they physically feel.