The Commonwealth of Massachusetts
Department of Early Education and Care

TEMPORARY POLICY	
Health and Safety Policy for Licensed and Approved Temporary Emergency Residential Sites	**Field Operations – Residential and Placement**
Effective Date: April 16, 2020	

Policy Statement

In order for the Massachusetts Department of Early Education and Care (EEC) to continue to provide the flexibility needed during the State of Emergency, Governor Baker issued an Executive Order on April 16, 2020 allowing EEC to create emergency residential programs that address the needs of the children and youth being served at child/adolescent residential programs for effective measures to prevent the spread of COVID-19. This Executive Order also permits EEC, in consultation with the Department of Public Health, to change regulatory requirements for existing residential and congregate care providers to ensure that programs operate under protocols that prevent the spread of COVID-19 while maintaining the health and safety of children and staff

To support residential care providers in delivering these critical services and continuing to meet the needs of youth in residential and congregate care settings, EEC is setting forth this temporary policy. The following information should be used by Residential Program administrators and staff seeking guidance on appropriate health and safety policies and procedures for preventing and responding to the spread of the 2019 novel coronavirus (COVID-19) in all licensed and approved residential and congregate settings.

DEFINITIONS

Fever - temperature over 100.0°F
Isolation - the separation or restriction of activities of an ill person with symptoms or with a confirmed diagnosis of a contagious disease from those who are well.
Quarantine - the separation or restriction of movement of well persons who might have been exposed to a communicable disease while determining if they become ill.
PPE- "Personal Protective Equipment" or PPE is equipment used to minimize exposure to hazards that cause serious illness or injury. Gloves, masks, gowns, and face shield are all examples of PPE.

Screening Protocols for New Residents to a Licensed or Approved Temporary Emergency Residential Site

All licensed approved residential sites shall perform screening assessments and temperature checks for all new residents upon admission. Screening should take place outside of the residential space (i.e. lobby area) and before beginning the intake process, in order to identify and immediately isolate individuals with symptoms. Programs may also use the Daily Screening Protocol for Licensed and Approved Residential Programs attached to this document.

- **Verbal screening protocol for new residents:**

When necessary due to the age or ability of the resident, programs should obtain answers to screening questions about a new resident from the referring agency.

  - Today or in the past 24 hours, have you had any of the following symptoms?

        - Fever, felt feverish, or had chills?
        - Cough?
        - Sore throat?
        - Difficulty breathing?
        - Gastrointestinal symptoms (diarrhea, nausea, vomiting)?
        - New nasal congestion or new runny nose
        - New loss of smell
        - New muscle aches
    - In the past 14 days, have you had close contact[1] with a person known to be infected with the novel coronavirus (COVID-19)?

- **Temperature screening protocol for new residents:**

Staff performing temperature checks should follow these steps to safely screen new residents.

1. Perform hand hygiene.
2. Put on PPE, if available, including gloves, mask, gown, and eye protection.
3. Check individual's temperature. **If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check, in accordance with CDC recommendations for infection control.**
4. Remove and discard gloves and other PPE in accordance with CDC guidance.
5. Perform hand hygiene.

If a new resident has been around someone who has been diagnosed with COVID-19, but has no COVID-19 symptoms:

- The exposed individual should be given a mask or other face covering to wear immediately, including while being transported to a private room for quarantine.
    - Individuals in quarantine should wear a face mask or cloth face covering, if available, including whenever around other people and/or moving through shared space. If the resident is not able to wear a facemask (for example, because it causes trouble breathing), other individuals should wear a mask when in the same room as the resident.
    - Ensure that staff who have direct contact with the exposed individual wear masks or cloth face coverings, if available.
- Designate a separate area for non-symptomatic residents who were exposed to a symptomatic or infected person or assign the resident to a private room to self-quarantine for 14 days.
- Individuals in quarantine should be monitored for symptoms, including fever, at least two times per day for 14 days.
- Individuals in quarantine who have not developed symptoms and are not considered a high risk for transmission of the virus may return to the building once the 14-day quarantine period has ended.
- If the exposed resident subsequently develops symptoms and/or tests positive for COVID-19, consult the Local Board of Health to review the risk assessment and assess whether the current residential setting is appropriate for continued care or an alternative

[1] Close contact is defined as being within 6 feet of an individual who has tested positive for COVID-19 for more than 10 minutes while that person was symptomatic, starting 48 hours before their symptoms began until their isolation period ends. Close contact which occurred **prior** to the development of symptoms is **not** considered to be an exposure.

appropriate place is needed, as determined by the funding agency to ensure the safety of the resident.

If a new resident has symptoms of COVID-19 (including fever, cough, shortness of breath):

1. The symptomatic individual should be given a mask or other face covering to wear immediately, including while being transported to an assigned room.
    - Symptomatic individuals should wear a face mask or cloth face covering, whenever possible and at all times when around other people.
    - If the resident is not able to wear a facemask (for example, because it causes trouble breathing), other individuals should wear a mask when in the same room as the resident.
    - Ensure that staff who have direct contact with the symptomatic individual wear PPE, including at minimum masks and gloves, if available.
2. Isolate the individual in a private room close to the screening area (ideally with a separate bathroom) should be used for isolation to avoid having the symptomatic individual travel through the residential space. Whenever possible, isolation should take place in a separate bedroom where the resident can recover in without sharing immediate space with others.
3. Notify the local board of health. Board of health officials will assist programs in determining appropriate next steps, including guidance on medical care, isolation protocols, communication, and cleaning/disinfecting. When applicable, Board of Health officials will review the risk assessment and assess whether the current residential setting is appropriate for continued care or an alternative appropriate place is needed, as determined by the funding agency to ensure the safety of all residents.

Isolation may be discontinued when both of the following conditions are met:

- At least 3 days (72 hours) have passed since presence of fever without the use of fever-reducing medications ***and*** respiratory symptoms have improved (e.g., cough, shortness of breath); **AND**
- At least 7 days have passed since symptoms first appeared.

<u>Screening Protocols – Current Staff and Residents in Licensed and Approved Residential Sites</u>

Programs shall have procedures in place to *screen all staff daily* in accordance with the screening protocol outlined above, prior to entry into the residential space and before beginning a shift. Staff should be prepared and instructed on how to assess all residents regularly (multiple times each day) for symptoms of acute respiratory illness including cold or flu symptoms, feeling feverish or alternating sweats and chills, new cough, or difficulty breathing. Remind residents and staff to self-assess and to report any new respiratory symptoms.

<u>When a resident or staff becomes symptomatic:</u>

1. The symptomatic individual should be given a mask or other face covering to wear right away, including while being transported to an assigned room.
    - Symptomatic individuals should wear a face mask or cloth face covering, whenever possible and at all times when around other people.
    - If the resident is not able to wear a facemask (for example, because it causes trouble breathing), other individuals should wear a mask when in the same room as the resident.
    - Ensure that staff who have direct contact with the symptomatic individual wear PPE, including at minimum masks and gloves, if available.

2. Immediately move residents who present with fever and respiratory symptoms into their assigned room or to a separate sick area or room that is isolated from the rest of the facility. Whenever possible, isolation should take place in a separate bedroom where the resident can recover in without sharing immediate space with others. A designated restroom should also be identified and reserved for use by symptomatic residents only, when possible.
    - In the event of concerns relative to self-harm, programs will refer to agency suicide prevention measures.
    - Post signs outside all isolation areas/rooms for staff and residents to properly identify these areas to reduce the risk of exposure to non-symptomatic individuals.
    - Meal times should be staggered to ensure that symptomatic residents are able to eat meals separately from residents without symptoms. Portable screens (or other ways to form partitions – linens, etc.) should be used to promote compliance with separation areas.
3. Notify the local board of health. Board of health officials will assist programs in determining appropriate next steps, including guidance on medical care, isolation protocols, communication, and cleaning/disinfecting. When applicable, Board of Health officials will review the risk assessment and assess whether the current residential setting is appropriate for continued care or an alternative appropriate place is needed, as determined by the funding agency to ensure the safety of all residents.
4. Notify anyone who may have had close contact with symptomatic residents and/or staff. If a staff member or resident has been identified as being ill with COVID-19 symptoms (whether they have been confirmed to have COVID-19 or symptomatic but not confirmed), the program will need to identify all staff members and residents that may have come into close contact with the sick individual so that these contacts can be placed under quarantine. In addition, anyone who had contact with the ill individual's body fluids and/or secretions (such as were coughed on/sneezed on, shared utensils or saliva or provided care to the ill individual without wearing protective equipment) needs to be in quarantine.

Isolation may be discontinued when both of the following conditions are met:

- At least 3 days (72 hours) have passed since presence of fever without the use of fever-reducing medications ***and*** respiratory symptoms have improved (e.g., cough, shortness of breath); **AND**
- At least 7 days have passed since symptoms first appeared.

<u>When there has been an exposure in the program:</u>

- Notify the local board of health. Board of health officials will assist programs in determining appropriate next steps, including guidance on medical care, quarantine protocols, communication and notification to potentially infected individuals, and cleaning/disinfecting.
    - Anyone identified as possibly exposed based on the local board of health's assessment, should be informed and will need to self-quarantine (stay home/in residence and away from other people) for 14 days following the last day that they had contact with the positive staff member or resident regardless of their symptoms or whether they have been tested for COVID-19.

- The exposed individual should be given a mask or other face covering to wear immediately, including while being transported to a private room for quarantine.
- A separate area should be designated for non-symptomatic residents who were exposed to a symptomatic or infected person. Whenever possible, the exposed resident should be sent to a private room to self-quarantine for 14 days. A designated restroom should also be identified and reserved for use by quarantined residents only, when possible.
    - Individuals in quarantine should wear a face mask or cloth face covering, if available, including whenever around other people and/or moving through shared space. If the resident is not able to wear a facemask (for example, because it causes trouble breathing), other individuals should wear a mask when in the same room as the resident.
    - Ensure that staff who have direct contact with the exposed individual wear masks or cloth face coverings, if available.
  - Residents in quarantine should be monitored for symptoms, including fever, at least two times per day for 14 days.
  - **Individuals in quarantine who have not developed symptoms and are not considered a high risk for transmission of the virus may return to the building once the 14-day quarantine period has ended.**
    - If the exposed resident or staff member subsequently develops symptoms and/or tests positive for COVID-19, consult the Local Board of Health to review the risk assessment and assess whether the current residential setting is appropriate for continued care or an alternative appropriate place is needed, as determined by the funding agency to ensure the safety of the resident.

Non-Symptomatic but High-Risk Residents - When possible, a separate area for non-symptomatic residents who are also high-risk (chronic medical problem, pregnant) should be designated. This area would be separate from low-risk non-symptomatic, non-symptomatic quarantine, and symptomatic residents. Consider placing high-risk residents in separate rooms or shared rooms with fewer roommates**.**

If you identify any resident or staff member with severe symptoms, call 911. Before transfer to a medical facility, notify the transfer team and medical facility if the resident is suspected to have COVID-19. Severe symptoms include:

- Extreme difficulty breathing (not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion, or inability to arouse
- New seizure or seizures that won't stop

Face Coverings

COVID-19 is primarily spread through droplets in the air. Maintaining physical distance from others is critical to avoid droplets that are formed when a person sneezes, coughs, yells, etc. Based on new guidance, all individuals who are not able to abide by strict physical distancing protocols should follow the CDC and DPH guidance and wear cloth face coverings when possible, especially in areas where there may be a concern of significant community-based transmission. In programs where facemasks are

available but only in limited supply, the CDC offers guidance on the extended use of facemasks and the limited re-use of facemasks. In programs where facemasks are not available, staff and residents might use homemade masks (e.g., bandana, scarf); however, homemade masks are not considered PPE and should only be used with caution, since their capability to protect against infection is unknown. When wearing a cloth mask, it should:

- Fit snugly but comfortably against the side of the face;
- Be secured with ties or ear loops;
- Include multiple layers of fabric;
- Allow for breathing without restriction; and
- Be able to be laundered and machine dried without damage or change to shape.

When putting on and taking off a mask, do not touch the front of it. Only handle the ties or ear straps, and wash the cloth mask regularly. Wash hands or use hand sanitizer after touching the mask.

Cleaning, Disinfecting, and Sanitizing

- Areas used by sick residents or staff should be closed off for use immediately. Programs are encouraged to wait as long as possible (preferably 24 hours) before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area.
- To ensure effective cleaning and disinfecting, always clean surfaces with soap and water first, then disinfect using a diluted bleach solution, alcohol solution with at least 70% alcohol, or an EPA-approved household disinfectant[2]. Cleaning first will allow the disinfecting product to work as intended to destroy germs on the surface.
- While cleaning and disinfecting, staff should try to wear gloves as much as possible. After cleaning and disinfecting, immediately wash hands for at least 20 seconds, whether gloves were worn or not.
- Perform the program's routine cleaning, sanitizing, and disinfecting practices, paying extra attention to frequently touched objects and surfaces, including doorknobs, bathrooms and sinks, keyboards, and bannisters.
- Launder soft and/or porous items as appropriate and in accordance with manufacturer's directions, preferably in the warmest temperature practical. Always dry items completely before returning them to the program space.

[2] Environmental cleaning should be done with EPA-approved healthcare disinfectant consistent with recommended wet contact time. If EPA-registered disinfectant is not available, you may make your own disinfectant by mixing 1 tablespoon of 2% chlorine bleach solution in 1 quart of water. If an EPA-registered disinfectant is not available, use chlorine bleach solution (approximately 4 teaspoons of bleach in 1 quart of water or 5 tablespoons (1/3 cup) bleach per gallon of water). Prepare the bleach solution daily or as needed.

Daily Screening Protocol for Licensed and Approved Residential Sites

Instructions: *Residential programs should use this tool to screen new entrants upon arrival and prior to entry into the residential space. The questions below should also be used to screen staff daily prior to entry into the facility and for ongoing monitoring of residents.*

Does the individual have any of the following symptoms?	**Yes**	**No**
A temperature above 100.0°F?		
Cough?		
Shortness of breath?		
Sore throat?		
Gastrointestinal symptoms (diarrhea, nausea, vomiting)?		
New nasal congestion or new runny nose?		
New loss of smell?		
New muscle aches?		
Any other sign of illness? (while other illnesses may not be COVID-19, they may facilitate transmission of the virus)		
Has the individual or anyone in the individual's household had contact with someone in the previous 14 days with a confirmed or presumptive diagnosis of COVID-19 or someone who is ill with a respiratory illness?		
Has the individual or anyone in the individual's household travelled internationally in the past 14 days to countries with widespread, sustained community transmission?		

If ALL of the above are NO, the individual may proceed with regular intake and room assignment.

If ANY of the above are YES, the individual should be immediately moved to a separate, single room and the guidelines for either isolation or quarantine should be followed, as appropriate.

Residential programs should be strictly enforcing the guidelines below with regard to staff re-entry and acceptance of visitors into the facility:

• If the individual has a fever, cough or shortness of breath and HAS NOT been around anyone who has been diagnosed with COVID-19, the staff member/visitor should stay home from the facility and away from others until at least 72 hours after the fever is gone (with no fever-reducing medications) and symptoms get better.

• If the individual HAS had close contact to someone with COVID-19, but is not currently sick, the staff member/visitor should stay home from the facility and away from others for at least 14 days. Individuals should continue to monitor themselves for fever, cough, and shortness of breath during the 14 days after the last day of contact with the person sick with COVID-19.