

Department of Early Education and Care
Health and Safety Policy for Licensed and Approved Temporary Emergency Residential Sites

|  |
| --- |
| **TEMPORARY POLICY** |
| Effective Date: April 16, 2020**Updated: June 12, 2020** | **Field Operations – Residential** |

**Summary of Updates**

**June 7, 2020: Removed thermometer checks as a screening technique due to concerns about their reliability.**

**June 12, 2020: Clarified that screening and ongoing monitoring must be conducted on all staff and residents, including when they return after leaving the premises.**

# 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 temporarily 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. Through this policy, EEC seeks to outline the required health and safety policies and procedures for preventing and responding to the spread of the 2019 novel coronavirus (COVID-19). The following requirements apply to all licensed residential programs and Approved Temporary Emergency Residential Sites for the duration of the Executive Order.

# 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 shields are all examples of PPE. Full PPE is the wearing of all PPE equipment at once for maximum protection from exposure.

**Symptomatic** – Showing symptoms of disease or illness. In the case of COVID-19, symptoms include fever, cough, sore throat, difficulty breathing, new loss of smell/taste, new nasal congestion, and new muscle aches.

**Asymptomatic –** Showing no symptoms of disease or illness.

# General Health and Safety Requirements for all Staff and Residents

* [Social distance](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html) by staying at least 6 feet apart from others at all times.
* Wear a mask or [cloth face covering](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) at all times when around others, whenever social distancing cannot be maintained. (See additional guidance below.)
* [Wash hands](https://www.cdc.gov/handwashing/when-how-handwashing.html) frequently with soap and water for at least 20 seconds. Wash hands before eating, after going to the bathroom (or changing diapers), coughing, or sneezing. If unable to wash, use alcohol-based hand sanitizers with at least 60% ethanol or 70% isopropanol.
* Avoid touching eyes, nose, and mouth.
* Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands). Immediately throw the tissue in the trash and wash hands thoroughly.
* Stay away from people who are sick.
* Stay home [when you feel sick](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html).
* Provide COVID-19 infection prevention supplies in common areas, such as soap, alcohol-based hand sanitizers that contain at least 60% ethanol or 70% isopropanol, tissues, trash baskets, and, if possible, masks or cloth face coverings that are washed or discarded after each use.

# Screening Protocols

Programs shall have procedures in place to *screen all staff daily* in accordance with the screening protocol outlined below, prior to entry into the residential space and before beginning a shift. Staff must 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.

Additionally, all licensed approved residential sites shall perform screening assessments **for all new residents upon admission and any residents or staff that are permitted to leave the facility prior to re-entry.** Screening must take place outside of the residential space (i.e. lobby area) and before beginning the intake process (if new resident), 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:** When necessary due to the age or ability of the resident, programs must 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?
		- Chills/shaking?
		- Cough?
		- Sore throat?
		- Shortness of breath or difficulty breathing?
		- Headache?
		- Fatigue?
		- New loss of smell/taste?
		- New muscle aches or pain?
		- Gastrointestinal symptoms like nausea, vomiting, or diarrhea?
	+ In the past 14 days, have you had close contact[[1]](#footnote-1) with a person known to be infected with the novel coronavirus (COVID-19) or with COVID19-like symptoms?

## Procedures for a resident who has had close contact with someone who has been diagnosed with COVID-19, but has no COVID-19 symptoms:

* 1. **Mask.** The exposed individual must be given a mask or other face covering to wear immediately, including while being transported to a private room for quarantine. Individuals in quarantine must wear a face mask or cloth face covering including whenever around other people and/or moving through shared space, and at all times when maintaining social distancing is not possible. If the resident is not able to wear a facemask (for example, because it causes trouble breathing), other individuals must wear a mask when in the same room as the resident.
	2. **Quarantine.** Non-symptomatic individuals who were exposed to a symptomatic or infected person must remain separate from others at all times and in quarantine for 14 days. Individuals in quarantine must be monitored for symptoms, including fever, at least two times per day for the full duration of quarantine (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 remains asymptomatic and/or tests negative for COVID-19, they must remain in quarantine and continue to monitor for the full 14 days.**
	3. **Communication**. All COVID-19 exposures associated with a residential or congregate care program shall be reported to the respective funding and regulatory agencies. If the exposed resident subsequently develops symptoms and/or tests positive for COVID-19, they must remain isolated and the program must 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.
	4. **Additional information on quarantine for exposed individuals**:
		+ Ensure that staff wear masks at all times.
		+ Programs unable to quarantine residents in private rooms must designate a separate area for non-symptomatic residents who were exposed to a symptomatic or infected person to self-quarantine for 14 days.
		+ Staff shall avoid entering residents’ rooms or living quarters unless it is necessary. Virtual communications and check-ins (phone or video chat) shall be used, as appropriate.

## Procedures for a resident who is COVID-19 positive and/or has symptoms of COVID-19 and is presumed to be COVID-19 positive:

* 1. **Mask.** The symptomatic resident(s) must be given a mask or other face covering to wear right away, including while being transported to an assigned room to isolate. Masks must be worn when around others and at all times whenever maintaining social distancing is not possible. If the sick or symptomatic resident is not able to wear a facemask (for example, because it causes trouble breathing), other individuals must wear a mask when in the same room as the resident.
	2. **Isolation.** 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 residents in the home or facility. Individuals in isolation must remain separate from others at times. For new residents, a private room close to the screening area (ideally with a separate bathroom) must be used for isolation to avoid having the symptomatic individual travel through the residential space. Whenever possible, isolation must take place in a separate bedroom with a designated bathroom where the resident can recover in without sharing immediate space with others.
		+ **Isolation may be discontinued when all of the following conditions are met:**
			- **At least 10 days have passed since symptoms first appeared, and**
			- **At least 3 days (72 hours) have passed since presence of fever without the use of fever-reducing medications; and**
			- **Improvement in respiratory symptoms (e.g., cough, shortness of breath).**
			- For immunocompromised individuals: a testing strategy in additionto symptoms-based strategy is recommended, if feasible. Isolation can be discontinued when the above requirements are met AND the individual has had 2 negative COVID-19 tests at least 24 hours apart.
	3. **Communication.** All confirmed or presumptive COVID-19 cases associated with a residential or congregate care program shall be reported to the respective funding and regulatory agencies. Programs must 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, communications required, 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.
		+ Work with the Board of Health to notify anyone who may have been exposed to symptomatic residents. The program will need to identify all staff members and residents that may have come into close contact with the sick/symptomatic 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.
		+ All confirmed COVID-19 cases associated with a residential or congregate care program shall be reported daily to the respective funding and regulatory agencies.
	4. **Additional information on isolation of symptomatic individuals:**
		+ Ensure that staff who are in contact with sick or symptomatic individuals wear **full PPE.**
		+ Staff shall avoid entering residents’ rooms or living quarters unless it is necessary. Virtual communications and check-ins (phone or video chat) shall be used, as appropriate**.**
		+ 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.
		+ Meals must be delivered to isolated residents. When meal delivery is not possible, meal times must 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.) must be used to promote compliance with separation areas.
		+ Programs must ensure that a mechanism is in place for isolated residents to request assistance, when needed.

## Procedures for a resident who is confirmed through testing to be COVID-19 positive but asymptomatic:

* 1. **Mask.** The asymptomatic resident(s) must be given a mask or other face covering to wear right away, including while being transported to an assigned room to self-isolate. Masks must be worn when around others and at all times whenever maintain social distancing is not possible. If the symptomatic resident is not able to wear a facemask (for example, because it causes trouble breathing), other individuals must wear a mask when in the same room as the resident.
	2. **Isolation**. Whenever possible, isolation must take place in a separate bedroom with a designated bathroom where the asymptomatic resident can isolate without sharing immediate space with others. Individuals in isolation must remain separate from others at all times.
		+ **Isolation may be discontinued when at least 10 days have passed from the date of the positive test, as long as the individual remains asymptomatic. For example, if the individual was tested on April 1, isolation may be discontinued on or after April 11, if the individual remains asymptomatic.**
		+ For immunocompromised individuals: a testing strategy in addition to time-based strategy is recommended if feasible. Isolation can be discontinued when the above requirements are met AND the individual has had 2 negative COVID-19 tests at least 24 hours apart.
	3. **Communication.** All confirmed COVID-19 cases associated with a residential or congregate care program shall be reported to the respective funding and regulatory agencies. Programs must 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 for asymptomatic youth, 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.
		+ Work with the Board of Health to notify anyone who may have been exposed to COVID-19 positive residents. The program will need to identify all staff members and residents that may have come into close contact with the COVID-19 positive but asymptomatic individual so that these contacts can be placed under quarantine. In addition, anyone who had contact with the COVID-19 positive 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.
		+ All confirmed COVID-19 cases associated with a residential or congregate care program shall be reported daily to the respective funding and regulatory agencies.

## When there has been an exposure in the program:

1. **Mask.** All residents and staff must wear a mask or cloth face covering at all times whenever maintaining social distancing is not possible, including whenever they leave their room, are around other people and/or moving through shared space, and whenever they leave the premises. If a resident or staff member is not able to wear a facemask (for example, because it causes trouble breathing, because it restricts the ability to communicate for people relying on lip- reading, or the resident has a behavioral health diagnosis or cognitive impairment and cannot wear a face covering safely), other individuals must wear a mask when in the same room as the resident or staff member.
2. **Quarantine.** A separate area must be designated for non-symptomatic residents who were exposed to a symptomatic or infected person. Whenever possible, exposed residents must be sent to their own private room to self-quarantine for 14 days. A designated restroom must also be identified and reserved for use by quarantined residents only, when possible. Individuals in quarantine must be monitored for symptoms, including fever, at least two times per day for 14 days.
* **Residents in quarantine *who have not developed symptoms* and are not considered a high risk for transmission of the virus may discontinue separation once the 14-day quarantine period has ended.**
* **If the exposed resident remains asymptomatic and tests negative for COVID-19, they must remain in quarantine and continue to monitor for the full 14 days.**
1. **Communication.** All COVID-19 exposures associated with a residential or congregate care program shall be reported to the respective funding and regulatory agencies. If any exposed residents or staff subsequently develop symptoms and/or test 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 and isolation or an alternative appropriate place is needed, as determined by the funding agency to ensure the safety of the residents and staff. Work with the Board of Health to notify anyone who may have been exposed to COVID-19 positive residents or staff. Anyone identified as possibly exposed based on the local board of health’s assessment, must 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 ill staff member or resident regardless of their symptoms or whether they have been tested for COVID-19.

**Non-Symptomatic but High-Risk Residents** - When possible, a separate area for non-symptomatic residents who are also high-risk (chronic medical problem, pregnant) must 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**.**

## When a staff member becomes symptomatic:

* If a staff member develops COVID-19 symptoms while at work in the residential program, they must cease all direct resident care activities right away or as soon as an adequate replacement is secured, inform their supervisor, and be sent home immediately to isolate.
* Information on any residents or staff who had contact with the ill staff member during the time the ill staff member had symptoms and 2 days prior to symptoms must be compiled.
* Symptomatic staff must be encouraged to contact their primary care physician for guidance and to follow [CDC guidelines for what to do if you become sick](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fif-you-are-sick%2Fcaring-for-yourself-at-home.html). Staff must self-isolate at home.
* Programs must notify their respective funding and regulatory agencies and the local Board of Health in accordance with the guidelines above.
* **Isolation may be discontinued and the staff member may be permitted to return to work when all of the following conditions are met:**
	+ - At least 10 days have passed since symptoms first appeared, **and**
		- At least 3 days (72 hours) have passed since presence of fever **without** the use of fever-reducing medications; **and**
		- Improvement in respiratory symptoms (e.g., cough, shortness of breath).
		- For immunocompromised staff who are symptomatic: Please see above re: resident testing strategy/symptomatic.

## When a staff member tests positive for COVID-19, but is asymptomatic:

* If an asymptomatic staff member is tested following an exposure, they must remain in self-quarantine for at least 14 days and continue to monitor for symptoms. If the staff member remains asymptomatic, they may be permitted to return to work only once they have completed the full 14 days of quarantine. For immunocompromised staff who are asymptomatic: Please see above re: resident testing strategy/asymptomatic.
* Programs must notify their respective funding and regulatory agencies and the local Board of Health in accordance with the communications guidelines above.

# Strategies to Mitigate Staffing Shortages in Residential Programs

In the event that a staffing shortage threatens to compromise the safety, supervision, and care of residents, a contingency plan to mitigate staffing shortages must be implemented, including maintaining a registry of substitute and emergency back-up personnel. In accordance with [CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html), this plan may include conditions for asymptomatic staff who have been exposed to an individual with confirmed or presumptive COVID-19 to remain at work or return to work, including the following:

* The staff member must be screened each day before entering the program space to confirm absence of symptoms and exposure.
* The staff member must wear a face mask *at all times*.
* The staff member must be restricted from working with any individual in a high risk category for at least 14 days after the date of exposure, including those who are immunocompromised or pregnant.
* If the staff member develops COVID-19 symptoms while at work, they must cease resident care activities, inform their supervisor, and be sent home to self-isolate.
* Programs must notify their respective funding and regulatory agencies and the local Board of Health in accordance with the communications guidelines above.
* **Isolation may be discontinued and symptomatic staff may return to work only when the following symptom-based conditions are met:**
	+ - At least 10 days have passed since symptoms first appeared**; and**
		- At least 3 days (72 hours) have passed since presence of fever **without** the use of fever-reducing medications; **and**
		- Improvement in respiratory symptoms (e.g., cough, shortness of breath).
		- For immunocompromised staff who are asymptomatic: Please see above re: resident testing strategy/asymptomatic.

**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

# Masks and 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 must follow the [CDC](https://urldefense.proofpoint.com/v2/url?u=http-3A__r20.rs6.net_tn.jsp-3Ff-3D001z7akKoUkFkjwHMqLjeNEUoJEhvJx8v2hRZXv3RbPMQExQXPaUUthtUavEwKDVwQJtRI2slwnZtAM3t9yH4aOpPZTJICmwRES6ntMGjns6nW6QXLh7wkJEyPyv-5FbHKqWpH5c3MxD2SiwYUnpf795fUP6hkU1CMquufue9NAP4-2D-5FeeExDbT4wvesdV8eM4Zfv8IDRq39Toci2IMGUykLjMIyPOE0GKYemkf5m9yp-5F0wK0-3D-26c-3DmHGGARc1AGaR6t-5FmhCvC3XIOO-2DpMUGSD68IUSxPR7yffIqGerfOPnw-3D-3D-26ch-3DohK574VzS-5FCIrPoJEdG1xW8jItfyRODx2PN9FdEv20xoIu-2DrZmRxww-3D-3D&d=DwMFaQ&c=lDF7oMaPKXpkYvev9V-fVahWL0QWnGCCAfCDz1Bns_w&r=txkCrvn0DgfMRC_KukpuXLCycE1WTI1ct2FEtPWJiig&m=ixx2HhzsuAap5wXTvZhYfl0_TKEGK-_U-Sgfn8erg4k&s=XbBoO6MRhfQObIAoPhwpzbXt6bLuo9fq_6xrrOMdVb8&e=) and DPH guidance and wear masks or [cloth face coverings](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) when social distancing cannot be maintained, including all residents, staff, and anyone entering the residential program. Facemasks shall be provided to all staff and residents, and must be worn while they are in the residential home or facility at all times whenit is safe for the individual to wear a mask and maintaining social distancing of at least 6 feet from others is not possible. In programs where facemasks are available only in limited supply, the [CDC offers guidance](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html) on the extended use of facemasks and the limited re-use of facemasks.

Exceptions for wearing face masks include situations that may inhibit an individual from wearing a face mask safely. These may include, but are not limited to:

* Children under the age of 2 years;
* Individuals who have difficulty breathing with the face covering or who are unconscious, incapacitated, or otherwise unable to remove the cover without assistance;
* Individuals with severe cognitive or respiratory impairments that may have a hard time tolerating a face mask;
* Individuals where the only option for a face covering presents a potential choking or strangulation hazard;
* Individuals who cannot breathe safely with a face covering, including those who require supplemental oxygen to breathe;
* Individuals who, due to a behavioral health diagnosis or an intellectual impairment, are unable to wear a face covering safely; and
* Individuals who need to communicate with people who rely upon lip-reading.

Ensure that all staff and residents know how to put on, use/wear, and take masks off correctly. 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. Individuals shall be careful not to touch their eyes, nose, and mouth when removing their face covering and wash hands immediately after removing the mask.

In programs where facemasks are not available, staff and residents might use homemade cloth masks (e.g., bandana, scarf); however, as cloth masks are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing, they do not provide adequate protection for others if a staff member or resident has symptoms compatible with COVID-19 and are recommended only when PPE is not available.

When wearing a cloth mask, it must:

* 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.

***The use of a mask or face covering does not replace important social distancing measures. All residents and staff must continue to maintain at least 6 feet of distance from each other whenever possible; wash hands regularly with soap and water for at least 20 seconds; and always follow isolation protocols when sick.***

# Cleaning, Disinfecting, and Sanitizing

* Areas used by sick residents or staff must 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](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)[[2]](#footnote-2). Cleaning first will allow the disinfecting product to work as intended to destroy germs on the surface.
* While cleaning and disinfecting, staff shall 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.

# Daily Screening Protocol for Licensed and Approved Residential Sites

***Instructions:*** *Residential programs may use this tool to screen new entrants upon arrival and prior to entry into the residential space. The questions below shall 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? |  |  |
| Chills/shaking? |  |  |
| Headache? |  |  |
| Fatigue? |  |  |
| Gastrointestinal symptoms like nausea, vomiting, or diarrhea? |  |  |
| New loss of smell/taste? |  |  |
| 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 the individual may proceed to enter the facility and engage in regular program activities.**

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

**Residential programs must 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 must 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 AND at least 10 days have passed since the symptoms first appeared.

• If the individual HAS had close contact to someone with COVID-19, but is not currently sick, the staff member/visitor must stay home from the facility and away from others for at least 14 days. Individuals must 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.

\*\*Programs facing staffing shortages may implement staffing shortage mitigation strategies as outlined above.

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. [↑](#footnote-ref-1)
2. Environmental cleaning must 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. [↑](#footnote-ref-2)