

Procedure Title: DHS COVID-19 Protocol for Congregate Care Facilities

Applies To: Philadelphia DHS staff
Community Umbrella Agency (CUA) staff
Congregate Care Facility staff

OVERVIEW:

The health, safety, and well-being of children and youth in care and of child welfare staff at the Philadelphia Department of Human Services (DHS) and partner agencies, along with our ability to continue to protect children, are DHS top priorities. Guidance was previously sent directly to congregate care facilities, which have been pro-actively adapting their facilities' operations in response to COVID-19. To further assist, this protocol identifies key areas that congregate care facilities must include in their COVID-19 Action Plans.

Congregate Care Facilities' COVID-19 Action Plans will need to evolve and be updated as new issues and information arise.

PROCEDURES and PRACTICE CONSIDERATIONS

PROCEDURE SUMMARY

- Congregate Care Facilities (CCF) must have a COVID-19 Action Plan that includes essential risk mitigating activities as well as preparedness in the event of confirmed COVID-19 disease within its facility. The Action Plan must be updated regularly to ensure roles and responsibilities identified are current while incorporating new developments in guidance provided by the Philadelphia Department of Public Health, the Pennsylvania Department of Public Health ("PDPH") and the Centers for Disease Control and Prevention ("CDC").

ROLES AND RESPONSIBILITIES (*what happens, who does it, what are the time frames, how is it documented*)

COVID-19 Action Plans must include efforts to:

- Prevent the introduction of COVID-19 and other respiratory pathogens into the program.
- Educate youth on COVID-19 health dangers as well as risks of not adhering to statewide COVID-19 shutdown guidelines during pandemic.
- Rapidly identify youth and staff with COVID-19 like illness (e.g., fever, cough, shortness of breath, fatigue, sore throat, headache, muscle pain, chills, new loss of sense of smell or taste, diarrhea).
- Prevent the spread of COVID-19 within and between residential programs.
- Manage and isolate youth and staff with suspected or confirmed COVID-19 disease.
- Be familiar with infection control guidance.
- Consider planning and needs to accommodate youth and staff with possible COVID-19 exposure.
- Appropriate strategies to ensure safe intake and discharge procedures.

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Individualized COVID-19 Action Plan Submitted to DHS

Congregate Care Facilities should develop a plan specific to their facility needs that addresses the identification and management of individual COVID-19 cases to prepare for the possibility of widespread transmission. CCFs must submit this plan to CongCare@phila.gov within 10 business days after this Protocol's release.

COVID-19 Planning Team

A multidisciplinary planning team should be created to specifically address COVID-19 preparedness planning. One team member should coordinate preparedness planning ("COVID-19 Response Coordinator"). Committee member names, titles, and contact information must be in the submitted Action Plan.

The planning team must identify a contingency staffing plan that includes coverage of minimum staffing needs and prioritizes essential and nonessential services based on youth's health status, functional limitations, disabilities, and essential facility operations. The plan should anticipate increased absenteeism and consider cross-training current employees, if viable. The planning team should include strategies for collaborating with local and response groups to address widespread healthcare staffing shortages during a crisis.

Utilizing Public Health Information

CCF Action Plans must identify staff to be responsible for monitoring public health advisories and updating the COVID-19 Response Coordinator and members of the COVID-19 planning team. The planning team will use this information to determine whether and how the CCF's Action Plan needs to be updated. Access to public health and other critical information needed for situational awareness, including DHS, CDC, and PDPH websites, is required. CCFs should identify key public health points of contact at their local health department (include name, title, and contact information).

Communications

The CCF's Director is responsible for developing communication methods (signs, phone trees, etc.) to inform staff, youth, and their families, and others entering the facility about its COVID-19 status and the impact in the facility.

Communications should include details about education and virtual training for staff and information for the youth and families to help them understand the implications of, and basic prevention and control measures for, COVID-19. Educating youth on COVID-19 health dangers, including the importance of adhering to statewide COVID-19 shutdown guidelines during the pandemic, is vital to preventing infection from entering the program.

Information must include:

- Signs and symptoms of respiratory illness, including COVID-19.
- How to monitor youth for signs and symptoms of respiratory illness.

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- How to keep youth, visitors, and staff safe by using correct infection control practices, including proper hand hygiene and selection and use of Personal Protective Equipment (“PPE”) as well as universal mask use when in public spaces within facility. Training should include demonstrations to document competency.
- Staying home when ill. Sick leave policies should be non-punitive and flexible.
- Employee leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious youth contact).
- Dangers and risks of COVID-19 exposure due to youth AWOL from program.
- Managing and facilitating intakes and discharges in a way consist with minimizing and preventing COVID-19 exposure.

CCFs must post signs in the following locations:

- Outside the facility advising ill visitors not to enter and reminding all best respiratory hygiene practices.
- Immediately outside of resident rooms indicating appropriate precautions and required PPE for staff and visitors.

COVID-19 Monitoring System

CCF Action Plans must have a system to monitor, internally review, and promptly report development of COVID-19 among youth and staff in the facility, and implement prevention interventions (e.g., isolation, quarantining, etc.). The monitoring system must outline infection control policies that recommend taking appropriate precautions when caring for youth with respiratory infection, and include monitoring supply levels of disinfectants, gloves, masks, liquid soap, hand sanitizer, etc.

COVID-19 Symptom Management

CCF Action Plans must describe the process to identify and manage youth with symptoms of COVID-19 like illness, which includes implementing appropriate precautions. The identification and management process includes protocols for initiating active surveillance for respiratory infection among youth and healthcare personnel, immediate notification of PDPH or the facility’s local health department for respiratory infection clusters, severe respiratory infections, or suspected COVID-19.

Criteria and protocols are required for limiting symptomatic and exposed youth to their room, halting group activities and communal dining, and closing units to new admissions. CCF Action Plans are required to have criteria and a process for isolating youth with respiratory infection symptoms or confirmed COVID-19, including dedicating staff to work only on affected units. Symptom management should ensure:

- Youth with COVID-19 symptoms are appropriately isolated (i.e., placed in separate room with door closed with access to hand washing stations and or alcohol-based sanitizers and facemasks).
- Symptomatic youth should use a separate bathroom, if possible. If this is not possible, commonly touched surfaces in the bathroom need to be cleaned and disinfected each time the youth uses it.
- Gloves and masks are worn for any contact with symptomatic youth or anything in their room. A gown is worn if it is likely that clothing will be in contact with any symptomatic youth or any surfaces in the environment.

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- Consultation with a youth's primary care physician is conducted to assess the youth's COVID-19 symptoms and to develop a daily symptom monitoring plan.
- There is documentation of appropriate housekeeping practices (clean surfaces, waste baskets placed and emptied, adequate ventilation) to be completed at least once every shift.
- Social distancing is practiced within the program and between units when feasible.
- Adequate staffing to provide supervision and oversight of youth, considering the current acuity level.
- Staff use alcohol-based hand sanitizer for hand hygiene and closely monitor its use by youth.
- Sinks are well-stocked with liquid soap and paper towels for hand washing.
- Tissues and facemasks are provided near entrances and in common areas.
- Necessary PPE is prioritized for any resident with respiratory symptoms or confirmed COVID-19.

A process for inter-facility transfers, including notifying transport personnel and receiving facilities about a resident's suspected or confirmed diagnosis prior to transfer, is required.

Control measures should be tailored for the facility and include a variety of activities adequate to provide structure and predictability. Time and technology needed for completing academics or therapy are a necessary component of the infection control measures for youth. Any quarantine plan must consider and accommodate the individual youth's mental and behavioral health needs. CCFs should consider outreach to the DHS Educational Support Center ("ESC") as needed to coordinate with the local school district to facilitate a youth's access to technologies for completing educational assignments.

Positive COVID-19 Protocol

As part of the COVID-19 Action Plan, protocol must be developed for positive cases of COVID-19. Where severe symptoms are identified (e.g., being unable to speak without gasping for air, bluish lips or face, persistent chest pain or pressure, severe persistent dizziness or light headedness, new confusion, an inability to arouse, new or unstoppable seizures), call 911 **immediately** for transport to the hospital.

The protocol must include immediate notification of the local health department by the CCF's Director when a person in the facility tests positive for COVID-19. Additionally, the facility's Director must, within twenty-four hours, ensure that a Home and Community Services Information System ("HCSIS") report is generated and, within two hours, ensure that the following DHS notifications are made:

- The Commissioner's Office (Katherine Garzon, Chief of Staff, Katherine.Garzon@phila.gov).
- The Deputy Commissioner of Child Welfare Operations (Samuel B. Harrison III, Deputy Commissioner, Child Welfare Operations, Samuel.B.Harrison.3rd@phila.gov).
- The Operations Director (Staci Boyd, Operations Director, Staci.Boyd@phila.gov).
- CongCare@phila.gov.

Further, the COVID-19 positive protocol must comply with HCSIS guidance regarding emergency timeframes and response times.

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Moreover, the Action Plan should cover the following situations:

- Prioritize preventing illness in those most susceptible to COVID-19 (e.g., elderly, immunocompromised through living with illness such as HIV infection, cancer, or diabetes, those with respiratory issues such as lung disease or asthma).
- When determining exposure, close contacts will need to be identified on a case-by-case basis, in conjunction with local health department staff, but will likely include those who share the same sleeping and living quarters, and bathrooms.
- Restrict movement of persons within the facility, from leaving the facility, and from being transported to another facility until COVID-19 has been ruled out (except for necessary medical care, in which providers must be notified prior to transport).
- Limit transport of suspected COVID-19 patients to essential purposes only, conducted only by the minimum staff required, placing facemasks on suspected COVID-19 patients during transport.
- House persons with confirmed COVID-19 in a private, single-occupancy room.

Suspected COVID-19 Outbreaks

Where a facility experiences more than one positive case of COVID-19, at minimum, they must:

- Contact their local Department of Public Health for notification, guidance, and assistance.
- Limit congregate activities, including use of playrooms.
- Cancel all group activities or activities involving visitors.
- Limit entry and exit from the facility.
- Amend signage outside the facility altering of suspected COVID-19 outbreak, highlighting precautions to be taken within the facility.
- Where multiple persons become ill, establish a designated area(s) of the facility for sick patients, with designated staff caring only for these individuals so to limit staff movement between residents.
- Ensure that staff knows where and how to report persons with respiratory illness and manage them until further action can occur.
- Ensure access to hand washing stations and/or alcohol-based sanitizers (at least 60% alcohol) and facemasks for ill residents and staff caring for them.

Visitation Protocol

The CCF Action Plan must include criteria and protocol for when visitors will be limited or restricted from the facility. Regarding Philadelphia children and youth, the CCF must abide by Pennsylvania and Philadelphia Health Department guidance regarding precautions to prevent the spread of COVID-19. Currently, all non-essential visitors (including vendors or deliveries) should be prohibited. Home passes are prohibited. Further, in compliance with the Philadelphia Family Court Order dated April 16, 2020, all visitation involving children and youth in placement must occur through virtual visitation. Existing restrictions already implemented should be included, such as a process allowing remote communication between the resident and a visitor (e.g., video-call applications on cell phones or tablets). The Action Plan must explain under what conditions visitation restrictions will be lifted.

Pre-Screening Assessment

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The CCF Action Plan must include asking pre-screening questions of any person entering the facility for fever and symptoms as well as performing temperature monitoring of all staff when entering the building. Staff with symptoms should not be permitted entrance to the facility. CCFs should monitor and assign work restrictions for ill and exposed staff. The Action Plan must identify who is responsible for conducting daily assessments of staff during the COVID-19 restriction period (names, titles, and contact information included).

Regarding deliveries, consider appropriate safeguards, including cleaning the surface of the item and hand washing with liquid soap and water for a minimum of twenty seconds by anyone who touches the item should be used in the delivery handling.

Youth Returning to Facility After Leaving without Approval

Providers will allow youth who leave the facility without approval to return to the facility. These youth are particularly vulnerable and need support in their placement. However, all youth must be pre-screened for symptoms as well as administered fever testing upon their return, and if appropriate, must be quarantined for at least fourteen days to ensure that symptoms do not emerge. Youth should be provided information (verbal and written) listing health dangers and risks of not adhering to statewide COVID-19 shutdown guidelines during pandemic.

DOCUMENTATION REQUIREMENTS

- A copy of the COVID-19 preparedness plan must be available at the facility and accessible by staff.
- The CCF must document that training has been given to staff and youth, and information given to youth's family, on the implications of, and basic prevention and control measures for, COVID-19. This certifying documentation must be completed and forwarded to CongCare@phila.gov.
- The CCF must have up-to-date contact information for family members of facility youth.
- Listings of healthcare entities and their points of contact (e.g., other residential facilities, hospital emergency medical services, relevant community organizations) and documentation of necessary communication during the outbreak must be maintained.
- Pre-screening assessments as well as trip forms must be maintained. Trip forms must include the date, time left, time returned, location, reason, attendees, whether there was any contact with those displaying signs of a respiratory illness, and the person completing the form.

RELATED DOCUMENTS AND

RESOURCES:

Attachments:

Forms: DHS COVID-19 Congregate Care Action Plan Template

Related Policies or

Procedures:

Other Resources: <https://www.phila.gov/media/20200318142424/Guidance-for-Shelters-and-Congregate-Settings.pdf>
<https://hip.phila.gov/EmergentHealthTopics/2019-nCoV>
<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Coronavirus.aspx>
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

PROTOCOL REVIEW AND APPROVAL

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APPROVAL SIGNATURE

(Authorizing Leadership Name and title)

Signature: 
 Name: Kimberly Ali Title: Commissioner

Date: 6/3/2020

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