Community Residential Providers and Foster Families

This document is intended to provide guidance on key issues involved in managing youth ill with COVID-19 in community-based residential programs and foster and proctor care. The guidance was developed in consultation with the Oregon Health Authority, although the final policy and procedure decisions are OYA’s.

Guiding principles: protecting public safety, and ensuring the health and welfare of OYA staff, program staff, foster families, and the youth we serve.

Definitions:

- **Medical isolation**: confining individuals who are sick either to single rooms or in cohorts with other viral infection patients.
- **Quarantine**: Confining asymptomatic persons who have had contact with a contagious virus while they are in the incubation period (up to 14 days for COVID-19).

1. **When staff become aware of a youth with symptoms, that youth may have been contagious for some time. What are the steps that staff dealing with such youth should reasonably take?**

Staff and residents who have potential exposures (i.e., those who have had direct face-to-face with a known case while they were ill) but who have no symptoms can continue to work, but should do daily symptom and fever watch.

They should continue scrupulous hand hygiene and respiratory etiquette (i.e., cover coughs or sneezes with elbow or tissue).

If a staff member becomes ill, they should stay home from work until 72 hours after both cough and fever resolve without the use of fever-reducing medications.

2. **When a youth or staff shows symptoms and gets tested, the results can take a couple of days. What steps should staff be taking to protect themselves and their families during this period where the symptoms are present but there is no firm diagnosis?**

Isolating (e.g. single room, mask, minimal group contact) for 72 hours after both fever and cough resolve without use of fever-reducing medicine, as above. Staff should be maintaining social distance of 6’.

Staff/residents who have had direct face-to-face with a known case while they were ill should do daily symptom and fever watch.
Providers should create their own guidance about when their employees should return to work after experiencing symptoms or having a confirmed COVID-19 test. OYA has consistently heard from OHA that staff would generally be safe to return to work 72 hours after both cough and fever resolve without the use of fever-reducing medications.

3. **When should a program start to quarantine youth; e.g., when they are exposed, when the first symptoms appear, or when they have a positive test?**
   Quarantine youth if they have had contact with a known COVID-19 case. Medically isolate those who display symptoms.

   In both cases, minimize contact with others, don’t share common rooms, no gatherings, no shared utensils etc. If symptomatic, youth should wear a mask.

4. **Would staff ever be quarantined with youth? Is it safe for them to come and go from a facility where a youth is sick?**
   No, staff should not be quarantined with youth.

   Staff who have potential exposures (i.e., direct face-to-face with a known case while they were ill) but who have no symptoms themselves can continue to work, but should do daily symptom and fever watch. Staff will need to use their best judgment and consult with their health provider to determine whether to stay home.

   They should also continue scrupulous hand hygiene, respiratory etiquette (cover cough or sneeze with elbow or tissue).

   If a staff member becomes ill, they should stay home from work until 72 hours after both cough and fever resolve without the use of fever-reducing medications.

5. **When a youth stops showing symptoms (e.g., no fever, no cough) and reports feeling better, can they have increased, unprotected contact with other youth/staff? If so, after what period?**
   They can be removed from medical isolation 72 hours after both cough and fever resolve without the assistance of fever-reducing medication.

6. **Should youth movements be decreased as much as possible, or are the risks of limited home visits very low?**
   On March 25, 2020, the governor issued executive order 20-12, which orders Oregonians to stay home to save lives. This means that unless a youth movement is essential, it should be avoided.

   If youth must be moved, they should maintain social distancing of six feet from others and minimize or avoid contact with people at higher risk due to age or medical conditions. If the youth becomes ill, they should have no contact with individuals in high-risk categories.
7. **When foster parents get sick (especially single parents), are there best practices about using respite or moving a youth who is feeling well out of that home?**

   If a foster parent gets sick, they should self-isolate within the home or within a room in the home for 72 hours after both cough and fever resolve without the use of fever-reducing medications.

   If the foster parent is self-isolated and unable to care for the youth, the foster parent should ensure the youth still has the appropriate supervision. What constitutes “appropriate supervision” would be determined by the Juvenile Probation and Parole Officer (JPPO), foster care certifier, and the foster parent working together. Foster parents should reach out to their OYA foster care certifiers now to create a plan for this.

8. **Programs are having a hard time acquiring protective gear (masks, gloves, etc.). In addition to talking with county public health officials, is there anything else that the state can offer?**

   OYA can request PPE through the CRU tech or foster care certifier, who will work with their Office of Energy Management liaison. The Emergency Coordination Center will fulfill requests according to the then-current PPE distribution decision matrix.

   OYA is working to get program staff designated as medical care staff so it can get better access to the PPE warehouse.

9. **What if programs do not have enough protective gear? How should they prioritize the equipment they do have?**

   PPE is generally not recommended for non-healthcare settings. Simple measures are key: wash hands frequently or use alcohol-based hand sanitizer when soap and water are not available, be sure that anyone who becomes ill is isolated.

   Masks have only been shown to be effective in decreasing risk of transmission if used consistently and correctly; N95 masks/respirators must be fit-tested by a trained person.

   Basic disposable masks are best used to put on coughing people to minimize spread of infectious droplets.

10. **If staff or foster/proctor parents are showing signs of illness, what are providers supposed to do for coverage? When can they return to work when they have been ill?**

    Community programs should identify essential functions and plan how to cover them by reassigning staff from elective functions.

    For additional assistance with coverage, programs will need to contact their CRU liaison to determine next steps.

    Providers should create their own guidance about when their employees should return to work after experiencing symptoms or having a confirmed COVID-19 test. OYA has consistently heard from OHA that staff would generally be safe to return to work 72 hours after both cough and fever resolve without the use of fever-reducing medications.
With respect to foster/proctor homes, each situation will be unique. Given that families live in close proximity, if one person is symptomatic, it is likely that everyone in the home has been exposed. Specific arrangements should be made based on supervision levels, confining the spread of the virus, and the level of presenting symptoms.

11. **What should be done when a hospital refuses to let staff stay with youth who are being taken to the hospital?**
   During the pandemic, hospitals are implementing restrictive visitor policies, so provider staff or foster parents may need to explain the reason they must stay with the youth.

12. **If an OYA facility says a youth is “cleared”, what does “cleared” mean?**
   It means that the youth is either symptom-free or, if the youth has been ill, it has been at least 72 hours since the youth’s cough and fever have resolved without the use of fever-reducing medications.

13. **What should a program do when taking a youth from their home or another community program?**
   If the program is taking a youth from home or the community – the program should mask the youth and quarantine the youth until 72 hours have passed without symptoms. However, it can be documented that youth has already been symptom-free for 72 hours, there is no need to quarantine the youth.

   If the youth develops symptoms, the youth should be placed in medical isolation until 72 hours after both cough and fever resolve without the use of fever-reducing medications.