



## COVID-19 Guidance, Prevention, Intervention and Quarantine Plan

**Intent:** This guide is intended to assist in the development of your plan around the current COVID-19 crisis (see accompanying template). Your regional licensor is available for consultation and assistance. Once complete, your plan should be submitted to your regional licensor. Each facility's plan must include strategies for prevention and intervention of COVID-19 and what safety measures you will be taking to protect children and staff.

As you develop your plan (required by [WAC 110-145-1670](#), [WAC 110-145-1635](#) and any applicable language found in contracts you may have with DCYF), please reference the following:

- [DCYF COVID-19 Guidance, Prevention, Intervention and Quarantine Plan](#)
- [DOH Novel Coronavirus \(Covid-19\) Guidance for Foster Care Group Home Facilities](#)
- [CDC Coronavirus Disease 2019 Guidance](#)

The following definitions may be helpful as you develop your plan:

- **Quarantine** separates and restricts the movement of *well* people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms.
- **Medical Isolation** separates *sick* people with a contagious disease from people who are not sick. Isolation restricts the movement of ill persons to help stop the spread of a disease.
- **Cohorting** refers to the practice of quarantining together as a group of *well* people who were exposed to a contagious disease, to see if they become sick. Ideally, cases should be isolated individually and close contacts should be quarantined individually. However, some facilities may not have enough individual rooms to do so and must consider cohorting as an alternative.

### Your Plan Must Include the Following Components:

#### Section A

**Facility information and contact information for local hospital, Tribal, local and/or state health organizations.**

1. Facility name
2. Point of contacts
3. Contact information
4. Capacity
5. Regional Licensor
6. Local Public Health Agency
7. Washington State Department of Health
8. Hospital

## Section B

**A plan for implementing respiratory hygiene** throughout the facility, including implementing social distancing measures, watching for respiratory infection and COVID-19 symptoms in residents and staff, cleaning and disinfecting regularly and communicating how to personally prevent spread.

1. *How will you practice social distancing strategies to reduce the potential exposures and at the same time provide appropriate supervision? Please keep it specific to your facility (sizes and the layout of facilities differ, as does the number of children and staff that are in the facility at any given time). Things to keep in mind:*
  - a. Reduce group sizes to no larger than 10 people total per group, including children and adults (e.g., 1 adult and 9 children, 2 adults and 8 children, etc.).
  - b. Keep these groups together throughout the day, do not combine the groups (e.g. activities, meal times, etc.), and to the degree possible maintain consistency of the groups from day to day.
  - c. To maximize space between people in a group, limit density to 10 people total in a typical setting. Large rooms, like gymnasiums, can be divided for multiple groups if square footage allows. If dividing a room please create a clear barrier with cones, chairs, tables etc. to ensure a minimum of 6 feet between the two groups.
  - d. Incorporate social distancing into groups to the degree possible, aiming for at least 3-6 feet between residents and staff minimizing the amount of time residents and staff are in close contact with each other. This includes things like:
    - i. Eliminate large group activities.
    - ii. Limit the number of children and adults to 10 total at each indoor and outdoor activity.
    - iii. Increase the distance between children during all indoor and outdoor activities.
    - iv. Plan activities that do not require close physical contact between multiple children.
    - v. Limit item sharing, and if items are being shared, remind residents and staff not to touch their faces and wash their hands after using these items.
    - vi. Minimize people in and out of the facility.
    - vii. Minimize any outside trips.
    - viii. Incorporate additional outside time and open windows frequently.
    - ix. Adjust the HVAC system to allow for more fresh air to enter the program space.
    - x. Outside time and lunch should be taken by group (no congregating or combining groups).
    - xi. Offer outdoor play in staggered shifts. If multiple groups are outside at the same time, they should have a minimum of 6 feet of open space between outdoor play areas or visit these areas in shifts so they are not congregating. Always wash hands immediately after outdoor play time.
    - xii. Meals and snacks should be provided avoiding congregating in large groups.
    - xiii. If transporting residents is necessary, maximize space between riders. Keeping windows open might reduce virus transmission.
2. Cleaning measures, keep in mind:
  - a. Frequency/schedule
  - b. Supplies needed and current supply
  - c. Surfaces
  - d. Laundry
  - e. Handwashing requirements when people enter and exit the facility

## Section C

### **Grouping/Cohorting symptomatic residents**

1. Steps to be taken, such as contacting healthcare provider, arrangements for testing
2. Logistics around how grouping will be done using the space you have available (a floor plan may be helpful)
3. Dedicated restroom facilities
4. How will staff assignments work to prevent transmission and provide appropriate supervision

## Section D

### Criteria and protocols for enforcing visitor limitations.

1. The **Proclamation by the Governor, re: DCYF Child Visitation and Remedial Services**, waived and suspended in-person visitation requirements under RCW 13.34 that require in-person visitation of children in the custody of DCYF.
  - a. Coordinate efforts with assigned caseworkers
  - b. Alternative forms of visitation such as phone or video visitation
  - c. Protocols/screening if visitors do enter the facility (screening questions, temperature)
  - d. How are visit limitations communicated

## Section E

### Sick leave policy in place that addresses the needs of staff.

1. In-depth plan for staff utilization, include:
  - a. Number of staff available
  - b. Plans when staff are unable to attend work
  - c. Current staff roster to include on call staff and overnight staff
  - d. All shifts should be included in policy

## Section F

### Contingency staffing

1. Minimum staffing needs
2. Critical and non-essential services
3. If the facility is unable to meet staffing ratios plan to contact regional licensing for guidance if needed. Be specific regarding your plan regarding staff shortages and identified point of contact.
  - a. Have a recruitment plan for new hires for example local school staff, child care staff, medical/dental personnel
  - b. On-call staff
  - c. Licensing Division is temporarily approving provisional hires and waivers on a case by case basis

## Section G

### If a COVID-19 case is identified in your facility

1. In the event that hospitalization is needed, plan to ensure continued operation of the facility
2. Who will be notified (local health authority)
3. Medical isolation plan
4. Communication plan with staff, residents, caseworkers, licensors and potential visitors
5. If the COVID-19 case is a child, what does medical care look like?
6. If COVID-19 case is a staff person, what is the plan?

## Section H

### Quarantine Plan

1. Plan to restrict movement of exposed people, specific to your facility, factors to consider:
  - a. Number of youth currently in facility
  - b. Physical layout of facility
  - c. Children/youth
  - d. Necessary supply of food and supplies
  - e. Necessary staffing and supervision

- f. Quarantine strategy – individual and/or cohorting
- g. Meals for quarantine individuals
- h. Laundry of quarantine individuals
- i. Cleaning quarantined space

## Section I

### Communication Plan

1. Who needs to be contacted if someone in the facility tests positive (staff, child, youth) or if someone in the facility is exposed to someone with COVID-19
  - a. Local or Tribal Public Health Agency
  - b. DCYF regional licensor
  - c. Assigned caseworkers for the children in the facility
2. How will your staff be aware of this plan?
3. How will children and youth understand this plan?