

COVID-19 Guidance, Prevention, Intervention and Quarantine Plan

1. In compliance with WAC 110-145-1670, WAC 110-145-1635 and any applicable language found in contracts you may have with DCYF, use the Washington State DOH COVID-19 Guidance for Foster Care Group Home Facilities to develop your program/facility COVID-19 prevention and intervention plan.
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/FosterCareGroupHomeFacilitiesGuidance.pdf>
2. Each facility's plan must include:
 - a. Contact information of the medical health provider(s) and local or Tribal public health authority(ies).
 - b. A plan for implementing and maintaining respiratory hygiene throughout the facility, including social distancing measures, watching for respiratory infection and COVID-19 symptoms in residents and staff, cleaning and disinfecting regularly and communicating to staff and residents how to personally prevent spread of disease.
 - c. Criteria and protocols for enforcing visitor limitations.
 - d. Sick leave policy in place that addresses the needs of staff.
 - e. Contingency staffing and children placement plans.
 - f. Quarantine Plan (see Quarantine Plan guidance below).
 - g. Criteria and protocols for new admissions when COVID-19 has been identified in the facility.
 - h. List of local hospital and contacts for local, regional and state emergency preparedness organizations.
 - i. Residents' hospitalization actions plan.
 - j. Communication plan with staff, residents and visitors.
3. Consult with your regional licensor regarding your program/facility COVID-19 plan.
4. Communicate your program/facility COVID-19 plan to staff and residents.
5. Train staff and residents as necessary.
6. Submit your program/facility COVID-19 plan to your regional licensor.



FOSTER CARE GROUP HOME FACILITIES, COVID-19 GUIDANCE

COVID-19 QUARANTINE PLAN

Definitions:

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.

If a resident had a close contact of a known COVID-19 case (but has no COVID-19 symptoms):

- Quarantine the individual and monitor for symptoms two times per day, including temperature checks, for 14 days.
- Facilities without onsite healthcare staff must immediately contact their medical provider and local or Tribal public health authorities to coordinate effective quarantine and necessary medical care.
- Keep a quarantined individual's movement outside the quarantine space to an absolute minimum.
 - Serve meals inside the quarantine space.
 - Exclude the quarantined individual from all group activities.
 - Assign the quarantined individual a dedicated bathroom when possible.
- If a resident is quarantined due to contact with a suspected case who is subsequently tested for COVID-19 and receives a negative result, the quarantined individual should be released from quarantine restrictions.

If a staff member is identified as a close contact of a COVID-19 case (either within the facility or in the community): self-quarantine at home for 14 days and return to work if symptoms do not develop. If symptoms do develop, follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).

- When a COVID-19 case is suspected or confirmed, work with local or Tribal public health authorities to identify close contacts who should be placed under quarantine.

- Facilities with limited onsite medical isolation, quarantine and/or healthcare services should coordinate closely with local or Tribal public health authorities when they encounter a confirmed or suspected case, in order to ensure effective quarantine or medical isolation, necessary medical evaluation and care and medical transfer if needed.
- Implement the facility contingency staffing plan as necessary.

Facilities should make every possible effort to quarantine close contacts of COVID-19 cases individually. Cohorting should only be practiced if there are no other available options.

- If cohorting of close contacts under quarantine is absolutely necessary, symptoms of all individuals should be monitored closely. Consult your local or Tribal public health authorities for guidance on cohorting.
- If some individuals experience symptoms of COVID-19 immediately contact the medical provider and local or Tribal health authorities to coordinate effective quarantine or medical isolation and necessary medical care.
- If an entire facility/housing unit is under quarantine due to contact with a case from the same facility/housing unit, the entire facility/housing unit may need to be treated as a cohort and quarantine in place.
- If at all possible, do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started.
- If the number of quarantined individuals exceeds the number of private quarantine spaces available in the facility, be especially mindful of those who are at higher risk of severe illness from COVID-19.
- If cohorting is unavoidable, make all possible accommodations to reduce exposure risk for the higher-risk individuals. (For example, intensify social distancing strategies for higher-risk individuals.)

Transfer of children and youth should be avoided due to the potential to introduce infection to another facility and individuals.

- Immediately contact your medical provider and local or Tribal public health authorities to coordinate necessary transfer activities.
- Inform DCYF and your contracted entity if any.

Meals should be provided to quarantined individuals in their quarantine spaces.

- Individuals under quarantine should throw disposable food service items in the trash.
- Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher.
- Individuals handling used food service items should wash their hands after removing gloves.

Laundry from quarantined individuals can be washed with other individuals' laundry.

- Individuals handling laundry from quarantined persons should wear disposable gloves, discard after each use and clean their hands after handling.
- Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- Clean and disinfect clothes hampers according to guidance above for surfaces, see the Washington state DOH COVID-19 Guidance for Foster Care Group Home Facilities <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/FosterCareGroupHomeFacilitiesGuidance.pdf>. If permissible, consider using a bag liner that is either disposable or can be laundered.

Provide clear information to staff about the presence of COVID-19 cases within the facility and the need to enforce social distancing and encourage hygiene precautions.

- Have regular conversations and updates to answer questions about COVID-19 from staff.

Staff identified as close contacts of a COVID-19 case should self-quarantine at home for 14 days and may return to work if symptoms do not develop.

- Use the facility contingency staffing plan to ensure necessary staffing/resident ratio and supervision.
- If experiencing staffing shortages, please contact your regional licensor to discuss recruitment strategies and/or the waiver options available for your program.

In preparation for possible quarantine situation, have necessary supply of food and supplies.

- Ensure your program/facility has a consistent quarantine supply in consideration of your capacity and staffing
- If experiencing any supply shortages, please contact the regional Licensing Program Administrator Jason Churchwell.