

*Rite of Passage
Policy and Procedure*

Policy Number:	700.118
Policy Name:	EPIDEMIC & PANDEMIC PLAN & PROTOCOL FOR COVID-19
Program Type:	ALL

PURPOSE

To provide clear direction to all Rite of Passage (ROP) staff on the appropriate and safest response to students with known or suspected COVID-19 virus.

POLICY

It is the policy of Rite of Passage to address the management of serious infectious and communicable diseases for the safety of students and staff, and to meet the reporting requirements of state and local authorities.

APPLICABILITY

This policy shall apply to all Rite of Passage personnel involved directly or indirectly with the provision of student health care services.

DEFINITION(S)

Cohorting – The practice of isolating multiple suspected or confirmed COVID-19 cases together as a group.

Contagious – A contagious disease is easily spread from one person to another by contact with the infectious agent that causes the disease. The agent may be in droplets of liquid particles made by coughing or sneezing, contaminated food utensils, water or food.

Coronavirus – Any of a group of RNA viruses that cause a variety of diseases in humans and other animals.

COVID-19 – A disease that causes respiratory illness (like the flu) with symptoms such as a cough, fever, and in more severe cases, difficulty breathing.

Epidemic – A disease occurring suddenly in a community, region or country in numbers clearly in excess of normal. See pandemic.

Exposure – Coming in direct contact with an agent that might cause a disease or infectious process.

Incubation Period – Refers to the time between exposure to the virus and the appearance of the first symptom.

Medical Isolation – The separation of sick people with a contagious disease from people who are not sick.

Pandemic – An infectious outbreak that occurs over a wide geographic area and affects an exceptionally high proportion of the population.

Personal Protective Equipment (PPE) – Equipment worn to minimize exposure to hazards that may cause serious illness (e.g.-facemasks, eye protection, gloves, gowns, etc.).

Quarantine – Practice of separating individuals who have had close contact with someone with COVID-19 to determine whether they develop symptoms or test positive for the disease.

Vaccine - A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease. Individuals are considered fully vaccinated for COVID-19 two weeks after their second dose with a two-dose vaccine or two weeks after a single dose vaccine.

Virus - An infective agent that can multiply within the living cells of a host. Examples include but are not limited to: Influenza and Coronavirus / COVID-19.

PROCEDURE

A. COVID-19 Facts and Guidelines

1. Staff can help stop COVID-19 by knowing the signs and symptoms:
 - a. Fever (100° F or higher), cough, and shortness of breath, **and**
 - b. Have been in close contact with a person known to have COVID-19, **or**
 - c. Live in or have recently been in an area with on-going spread of COVID-19
 - d. Additional symptoms could include chills, sore throat, headache, muscle aches, abdominal pain, vomiting, diarrhea, loss of sense of smell and taste.
2. Many people with COVID-19 have no signs or symptoms; if symptoms develop, a person may be contagious two-three days before symptoms start.
3. For most people, the immediate risk of becoming seriously ill from the virus is low; people with serious underlying medical conditions may be at higher risk as well as older people whose immune system becomes less able to fight infectious disease. For more information, visit www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk
4. Prevention steps are essential to controlling possible virus outbreaks. Programs shall ensure:
 - a. Staff are modeling and promoting frequent handwashing:
 - after restroom use.
 - after a cough or sneeze.
 - before and following a meal.
 - b. Staff are modeling and promoting respiratory etiquette, such as:
 - sneeze or cough into sleeve, tissue, or elbow, and
 - avoid touching eyes, nose, and mouth
 - c. Staff and students shall always maintain social distance of 6ft.
 - d. Staff shall discourage the use of courtesy and ceremonial hand shaking or high fives between students, staff, and staff to students.

- e. Signage is posted throughout the campus promoting good health habits.
- f. All staff are COVID-19 screened and temperature tested daily upon arrival. The daily screening will be documented on a form with the date, time, and signature of the staff and kept in a binder. All temperature screen documentation shall be submitted to site Human Resources for storage and filing at least weekly.
- g. All visitors are COVID-19 screened and temperature tested daily, upon arrival to campus.
 - visitors shall be placement agency officials, or
 - vendors delivering or providing a service
 - contractors, when deemed necessary
- h. All students are temperature tested daily; intake (new admissions) students shall have a symptom check daily and temperature test twice daily until transferred into general population.
- i. Staff are conducting daily cleaning and disinfecting (with US EPA approved products) one to two times more than normally scheduled of all surface areas, see also ROP COVID-19 Operational Best Practices. Date, time, and signature of the staff conducting the cleaning and disinfecting will be documented on a daily log and kept in a binder.
- j. Staff shall ensure students do not share cloth towels.
- k. Staff shall not share headsets or objects used near face, to include landline and cell phones; if necessary, disinfect between uses.
- l. Staff shall operate in cottage groups for all program elements.
- m. Staff shall not congregate in the break room or other crowded places.
- n. Staff shall not share food.
- o. Meetings with large groups of staff or students shall be avoided.
- p. Family visitation is suspended, unless done virtually or otherwise approved by the Program Director.
- q. Home passes shall be conducted in accordance with the Phased Approach to Operations and policy 600.358.
- r. Facial coverings are required for staff who are around students. As permitted by local and/or state guidelines, staff who are fully vaccinated may remove their facial covering when walking alone or in small groups outside, when working alone in their office, when indoors around other fully vaccinated staff members/students or outdoors engaged in an activity. As permitted by local and/or state guidelines, staff who are not fully vaccinated may remove their facial covering only when walking alone or in small groups outside or when working alone in their office.

- s. Facial coverings for students shall follow state and licensing guidelines, where applicable. For programs where state and licensing guidelines are not provided, students shall wear facial coverings when social distancing is not possible. Facial coverings shall not be worn while eating or drinking or when engaged in an exercise or athletic activity. Fully vaccinated students are not required to wear a facial covering when indoors around other fully vaccinated staff/students or outdoors engaged in an activity.
 - t. Facial coverings shall not replace the practice of social distancing or handwashing and are not a replacement to surgical or KN95 masks when interacting with a suspected or confirmed COVID-19 positive student. Facial coverings shall comply with the following guidelines:
 - Made from 100% cotton as recommended by the CDC and include multiple layers of fabric
 - Fit snugly but comfortably against the side of the face and secured with ties or ear loops
 - Allow for breathing without restriction
 - Absent from any graphics or writing that could be considered controversial in nature (i.e. political or suggestive in nature), as determined by the Program Director
 - Sensitive to color schemes and patterns and colors such as black, white, or grey would be preferred
 - Removed with care so not to touch eyes, nose, and mouth followed by immediate handwashing
 - Laundered daily without damage or change to shape
 - Masks with vents or valves for exhalation are not recommended by the CDC and are not permitted.
5. Fully vaccinated staff may travel between ROP Programs with no minimum wait time required between site visits. The vaccinated staff should continue to follow CDC guidelines with mask-wearing and social distancing whenever possible. If the staff member traveling between ROP Programs has **NOT** been fully vaccinated, the travel must be deemed “essential”, and the staff member should wait a minimum of 48-72 hours and self-monitor between site visits.

B. Student Exposure or Confirmed COVID-19

- 1. Students with confirmed COVID-19 shall not be held in an ROP operated facility unless recommended personal protective equipment (PPE) is available. Programs shall work with state or county officials to find suitable placement options with family members, if possible.
 - a. Notification to the State/County Health Department shall be made by the site Nurse or other medical staff.
- 2. Any program serving a student with known or suspected COVID-19 must be immediately reported to the designated regional medical person. The regional medical person will staff the case and notify the applicable Program Director and Executive Director that he/she is contacting the Infectious Disease Physician, on contract with ROP, for consultation.
 - a. Systemic or procedural issues shall be discussed and compiled at the weekly ROP COVID-19 medical call, or more frequently if necessary.

- b. Unresolved systemic or procedural issues shall be discussed at the weekly consultation meeting with the Infectious Disease Physician, or more frequently if necessary.
 - c. Contact with the state health department of known or suspected cases shall occur immediately following consultation with the ROP Infectious Disease Physician to review the risk assessment and discuss laboratory testing and control measures.
3. Students with known or suspected COVID-19 shall be isolated according to the protocols outlined in Section E of this policy.

C. Staff Exposure or Confirmed COVID-19

1. If a staff member has a **confirmed** COVID-19 infection, the Program Director or designee, shall begin contact tracing.
 - a. He/she shall work with the COVID positive staff member to help them recall everyone with whom they have had close contact (inside of 6 feet for 15 minutes or longer) with during the timeframe they have been infectious
 - b. Once the staff members have been identified, they shall be contacted by an Employee Relations representative.
 - c. Students who were identified as having close contact with a COVID positive staff member will be quarantined and have increased monitoring. Notification to the site Physician shall occur within twenty-four hours of known exposure.
 - d. Consultation between a member of the Medical Task Force and the ROP Infectious Disease Physician shall occur, as necessary.
2. Employees identified as having exposure through close contact to a confirmed COVID positive individual shall follow the following CDC guidelines, which include:
 - a. Stay home and social distance for a minimum of 7-10 days after the exposure as defined below:
 - i. If an employee remains symptom-free and has a COVID-19 PCR test administered on or after the 5th day of quarantine that employee may return to campus after 7 days if the results of the test are negative and he/she does not experience any symptoms prior to return or
 - ii. If an employee remains symptom-free for 10 days that employee may return to campus after 10 days even if he/she does not receive a COVID-19 PCR test for the virus.
 - b. Regardless of the duration of the quarantine, staff shall monitor themselves by checking their temperature twice daily and watching for cough and shortness of breath for a full 14 days after exposure.
 - c. If at any time during the 14 day period following exposure the employee develops symptoms, they should immediately isolate themselves and notify their local health department or their personal physician for further guidance.
 - d. If an employee had exposure through close contact but has had COVID within the previous three months, has recovered, and remains without COVID symptoms, they do not need to stay home for 14 days.
 - e. An employee that is fully vaccinated and has had exposure to someone who has confirmed COVID-19, does not need to quarantine, or test unless the employee develops symptoms.
 - f. An employee that is fully vaccinated but lives in a group setting (like a correctional or detention facility or group home) and has had exposure to someone who has confirmed COVID-19, that employee should quarantine and get tested, even if he/she does not have symptoms.

3. If a staff member appears to have a fever of 100° F or higher upon arrival to work or becomes sick during the day, he/she must be separated from other employees and shall be sent home immediately. If the staff member is experiencing symptoms, such as, chills, cough, shortness of breath, sore throat, headache, muscle aches, abdominal pain, vomiting, diarrhea, or loss of sense of smell and taste upon arrival to work or becomes sick during the day, he/she must contact an Employee Relations representative for further guidance.
 - a. For a staff member who has been sent home for suspected COVID, that staff member may be directed by the Program Director or designee to seek a COVID test or may be directed to stay home for up to 10 days to ensure he/she does not show symptoms of the virus, such as:
 - No fever (defined as 100° F or higher) for 24 hours without the use of fever reducing medicine, and
 - other symptoms, such as coughing and sneezing, have improved
 - It has been at least ten (10) days since the first symptoms appeared.
 - b. Unless required by local or State regulations, a physician's return to work note is not necessary. However, once the above criteria have been met, the employee must sign **700.118 FORM Return to Work Acknowledgement** before returning to work. Once completed, the original must be placed in the employee's medical file.
4. Affected staff members shall be granted applicable Paid Time Off (PTO), Leave of Absence (LOA), Family Medical Leave, if eligible per policy (FMLA) and/or protections of the Americans with Disabilities (ADA) during the period the employee is unable to report back to work.
 - a. Human Resources will be notified of all incidents related to employee health in the workplace and will advise and assist all employees on issues related to the policies identified above.
 - b. The right to privacy related to affected employees will be protected as required by ROP Policies and Federal, State, and Local Laws.
 - c. Staff are encouraged to visit www.riteofpassage.com to get the most up to date guidance on COVID-19 specific policies and frequently asked questions.

D. Student Intake Areas for Programs that Receive Students

1. All prospective admissions shall be required to receive a COVID-19 health clearance from the placing agency prior to being admitted into a Rite of Passage program facility. This clearance shall include, at a minimum, the following elements:
 - a. Prospective admission has not tested positive for the COVID-19 virus in the past 14 days.
 - b. Prospective admission has not been directly exposed to a staff or student in the past 14 days who has tested positive for the COVID-19 virus in their current placement setting.
 - c. Prospective admission is not currently exhibiting symptoms of the COVID-19 virus and has not exhibited symptoms for the past 10 days.

Any prospective admission who does not possess a COVID-19 health clearance that is deemed acceptable by ROP shall not be admitted into an ROP program.

2. In ROP programs where incoming students are not placed directly by an entity capable of providing a COVID-19 health clearance, such as a shelter care program or a program serving

outpatient walk-in clients, prospective admissions shall receive a vital sign measurement and symptom check prior to admission into a Rite of Passage program.

Any incoming students who fall under this admission category who present active symptoms associated with the COVID-19 virus shall not be admitted into an ROP program.

3. In ROP programs that, due to contractual terms and conditions, do not allow for ROP to reject or deny admission to a prospective admission, all new admissions shall receive a vital sign measurement and symptom check prior to admission and shall be immediately placed in a state of quarantine should the symptom check reveal potential infection with the COVID-19 virus.
4. New students shall live in a designated area, separate from general population, so observation, monitoring, and surveillance can occur. When possible, new students shall be in single rooms. See chart for approximate time in quarantine, located on page 7.
5. Staff shall be vigilant in their interactive supervision and shall immediately notify medical personnel when they notice a student is developing or demonstrating COVID-19 symptoms. A nurse shall immediately assess the student.
6. A nurse or health trained staff shall conduct a daily review of any existing symptoms associated with the COVID-19 virus and inquire about current or past illnesses, health conditions, or special health requirements. Temperature checks shall occur twice daily on all intake students.
7. A medical staff shall clear students prior to placement in general population, clearance shall include review of recent temperature checks, current vital signs, and observation of symptoms:
8. Due to the various risk levels of new students resulting from multiple placement histories and/or limited knowledge of community contact, the background of every student must be considered.
9. The following are recommended placement guidelines for intake students designed to reduce contamination risks to healthy students and staff.
 - a. Consultation with the Infectious Disease Physician is available and shall be utilized to resolve any questions or concerns.

FACTORS	SEPARATION FROM GENERAL POPULATION 24-72 HOURS	SEPARATION FROM GENERAL POPULATION 7-10 DAYS	SEPARATION FROM GENERAL POPULATION 14 DAYS
<ul style="list-style-type: none"> Negative test in the past 72 hours No signs or symptoms of COVID-19 Comes from 10-day placement where they were monitored for COVID-19 and where no known COVID-19 cases exist Runaway who was gone 72hrs or less and was not engaged in high risk behaviors 			
<ul style="list-style-type: none"> No signs or symptoms of COVID-19 Comes from temporary placement less than 10 days with no known COVID-19 cases at the placement, or Comes from a placement that did not screen for COVID-19 with no known COVID-19 cases at the placement Has a medical condition that compromises their immune or respiratory system (with consultation with Infections Disease Physician) Contact with a person who has confirmed COVID-19 (with consultation with Infections Disease Physician) Comes from area where high number of positive cases have been reported (with consultation with Infections Disease Physician) Runaway who was gone longer than 72hrs and engaged in high risk behaviors 			
<ul style="list-style-type: none"> Currently exhibiting signs or symptoms of COVID-19 			

E. Control Measures in Response to a Suspected or Known COVID-19 Case

1. Isolation of a Student

- a. Isolate the student exhibiting symptoms or a student testing positive for COVID-19 in a private room with a closed door; provide symptomatic student with access to private restroom that is disinfected following each use.
 - Private room placement decisions shall consider risk to other students (e.g.-no occupied rooms adjacent to the room with symptomatic students).
 - A sign shall be placed on the door identifying, “MEDICAL ISOLATION”.
 - Neither isolated students nor their roommates shall have contact with or interact with any other students while in isolation.
 - Staff shall conduct a visual safety check on the student(s) every 15 minutes and document their check on an **Observation Log**.
 - Staff shall conduct a health screening on the isolated student(s) every 2 – 4 hours and document on **FORM 700.118 Medical Isolation Student Symptom Log**.
 - Completed **FORM 700.118 Medical Isolation Student Symptom Log** shall be placed in the student’s medical record.

- b. Roommate(s) of a symptomatic student is likely already exposed; it is not recommended to separate the roommate(s) from the symptomatic student.
 - In cases where there is a roommate exposed, sleeping arrangements shall be head to toe to avoid further contamination.

- c. If there is an inability to separate a symptomatic student(s) to a private room and restroom due to the physical plant (e.g.-dorm setting), the symptomatic student(s) may need to be relocated and isolated to a different building on campus, to minimize risk of infecting others.
 - d. Symptomatic students shall **remain isolated until the nurse or physician verifies:**
 - No fever (defined as 100° F or higher) for 24 hours without the use of fever reducing medicine, and
 - other symptoms, such as coughing and sneezing, have improved
 - It has been at least ten (10) days since symptom onset
 - e. Staff shall only provide fever reducing medication to an isolated student at the direction of a physician.
 - f. If a symptomatic student is moved out of his/her room, that room shall be cleaned and disinfected after 24 hours or as long as practical, prior to assigning a student back in that room.
 - g. If a student has had close contact with an individual who is lab-confirmed with COVID-19, that student shall be placed into quarantine for a minimum of 7 days. The duration of the quarantine shall be determined based upon one of the following 2 scenarios:
 1. If a student remains symptom-free and has a COVID-19 PCR test administered on or after the 5th day of quarantine that student may be released from quarantine after 7 days if the results of the test are negative and he/she does not experience any symptoms prior to release **or**
 2. If a student remains symptom-free for 10 days that student may be released from quarantine after 10 days even if he/she does not receive a COVID-19 PCR test for the virus.
 - h. In either case, all students who had direct exposure to a positive COVID-19 individual shall be subject to symptom monitoring for a full 14 days even if they are released from quarantine after 7 or 10 days.
2. Personal Protective Equipment (PPE)
- a. Any medically isolated student (or the roommate of such a student) must wear a surgical face mask when in contact with others (e.g.-staff enter the room) to help prevent the spread of germs.
 - b. Student(s) shall wear a surgical face mask if it is necessary for them to exit the room (i.e.-use restroom) and the student must maintain 6ft distance from others.
 - c. Delivery or Collection of an Item (delivery of meals, collection of laundry, providing egress, etc.)
 - Physical distancing of 6ft shall be maintained
 - Apply Surgical **Face Mask & Gloves**
 - Perform handwashing.
 - Mask shall be put on **FIRST**; place it over the nose, mouth, and chin then secure it on the head with ties.

- Gloves shall be put on **LAST**; extend the hands into the gloves and adjust for comfort and dexterity.
 - Remove Surgical **Face Mask & Gloves**.
 - Mask and gloves shall be taken off after the student’s door has been secured
 - Remove Gloves **FIRST**; grasp the outside edge near the wrist. Peel the glove away from the hand, turning the glove inside out. Hold it in the opposite glove hand. Slide an ungloved finger under the wrist of the remaining glove, then peel it from the inside, creating a “bag” for both used gloves. Discard in designated receptacle.
 - Remove Face Mask **LAST**, first untie the bottom and then the top tie then lift the mask away from the face. Discard in designated receptacle.
 - Immediately perform handwashing and then retrieve a new mask.
- d. Providing Care (delivering of medication, providing cold compress, taking vitals, etc.)
 - Providing service to student(s) inside the 6ft perimeter
 - Apply **N95 Face Mask** (if available, surgical mask as an alternative), **Gloves, Eye Protection, & Gown** to avoid contamination from bodily fluids.
 - Perform handwashing.
 - Gown shall be put on **FIRST**; fully cover torso from neck to knees, arms to end of wrists, and wrap around back; fasten behind neck and waist.
 - N95/KN95 Mask shall be put on **SECOND**
 - Open the mask to make the nose clip at the top & pull the ear straps with both hands.
 - Hold the mask against your chin to completely cover your nose and mouth & pull the ear straps behind your ears & adjust for comfort.
 - Use both hands to adjust the shape of the nose clip & place your fingers in the middle of the nose clip & press it inward while moving your fingertips along both sides of the nose clip until it is pressed to fit the bridge of your nose.
 - Cover the mask with your hand and inhale vigorously. If you feel the air escaping from the nose clip, it is required to tighten the nose clip; if the air escapes from the edge of the mask, readjust the headband to ensure tightness.
 - Masks shall not be adjusted once inside the student’s room.
 - **If REUSING mask**, place a pair of clean gloves on then don the mask and adjust for comfort and seal and then and discard gloves and follow donning steps of PPE as described below. As an additional barrier, surgical masks can be added to an N95/KN95 mask when being reused.
 - Goggles or Face Shield shall be put on **THIRD**; place over face and eyes and adjust to fit.
 - Gloves shall be put on **LAST**; extend the hands into the gloves and adjust for comfort and dexterity.
 - Remove **Face Mask, Gloves, Eye Protection, & Gown**
 - Items shall be taken off **before leaving the infected student’s room** and discarded in designated receptacle.
 - Remove Gown and Gloves **FIRST** and together; break the ties at the neck by pulling on the upper front portion of the gown with the hands still gloved, balling

or rolling in the contaminated surfaces, and pulling the gloves off inside-out as the hands are withdrawn from the gown's sleeves.

- Remove Eye Protection SECOND; re-usable eye protection must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
 - Remove N95/KN95 Face Mask LAST, and if it is going to be reused:
 - Grasp bottom ties or elastic of the mask, then the ones at the top, and remove without touch the front or inside of the mask.
 - Place mask in a paper sack and shake it; **may reuse one hour later**.
 - Paper sack must contain staff name and stored in a safe place; Paper bags used for storage should be disposed of regularly.
 - N95/KN95 **masks shall be discarded** if contaminated with blood, respiratory or nasal secretions, or other bodily fluids from infected students.
 - Immediately perform handwashing and then retrieve a new mask.
- e. Medical staff shall use disposable or dedicated patient-care equipment when possible; if use of equipment for multiple patients is unavoidable, medical staff shall clean and disinfect equipment before use on another patient. Medical staff shall not share patient-care equipment.

3. Medical Staff Response

- a. A nurse shall immediately assess a student with reported symptoms and inquire about how long the student has experienced them and recent movement within the facility.
- b. Nursing staff are responsible for daily care, monitoring, and surveillance of symptomatic students. Care should include but not be limited to:
 - Continued screening (vital checks)
 - Ensuring rest is provided
 - Providing fluids
- c. Medical staff shall be on call or available twenty-four (24) hours a day.
- d. If at any point while providing care, it is determined by a qualified health professional that the student's symptoms require immediate medical care, notification to the Program Director shall occur.
 - Site protocols to call EMS shall occur; inform EMS of the student's symptoms and concern for COVID-19.
 - ROP staff shall maintain around the clock supervision of the student, to include supervision if hospitalization is warranted.

4. Cleaning and Disinfecting Areas

- a. Staff shall prioritize the cleaning and disinfecting of areas of students who are known or suspected of COVID-19; focus should be on immediately cleaning frequently touched surfaces.
- b. Rooms where students are isolated shall only be cleaned and disinfected when necessary, such as the presence of bodily fluids. If it becomes necessary, have the sick student clean the room if he or she is able. Otherwise, staff shall clean the room with the appropriate personal protective equipment, as outlined in Section E.2 of this policy.

- c. When possible, sick students shall have a designated restroom. Restrooms shall be disinfected after each use.
 - d. Clothes and linens shall be laundered daily; students shall have their own personal towel and the sharing of towels is prohibited. Personal protective equipment as outlined in Section E.2 of this policy, shall be utilized when handling infected student's personal clothes and linens.
5. Isolation of Multiple Symptomatic Students
- a. Cohorting might be necessary if there are multiple students with known or suspected COVID-19 symptoms that must be isolated together in a designated area to minimize further exposure. When this is necessary, the following shall occur:
 - Consultation with the Infectious Disease Physician, on contract with ROP.
 - Notification to the Executive Director that it has become necessary to open a designated area due to multiple symptomatic students
 - Notification to appropriate placing agency shall occur, when applicable.
 - b. Non-essential staff shall be prohibited from this area. Essential staff shall be identified and consistently assigned to this area, when possible.
 - c. Staff assigned to this area shall not respond to assistance or emergency calls in other areas of the facility, so risk of contamination is minimized.
 - d. The Program Director or designee shall identify staff daily who will respond to the isolated cottage or area, in the event an assistance call is requested. Personal protective equipment shall be utilized on every student who is assigned to this area.
 - e. Students cohorting shall have a designated restroom, when possible. Cleaning and disinfecting shall occur after every restroom use.
 - f. Nursing staff shall provide daily and on-going direct care to the students, as prescribed earlier in this policy. Telemedicine where available, shall be maximized.
 - g. Personal Protective Equipment shall be utilized as prescribed earlier in this policy; handwashing shall be on-going.
 - h. Daily cleaning and disinfecting of this area shall be increased to twice daily; designated restroom shall be disinfected after each use.
 - i. Laundry and linens shall be cleaned daily from this area. Personal protective equipment shall be utilized when handling infected student's personal clothes and linens.
 - j. Staff who enter the unit shall be recorded in the cottage logbook.
6. Student medical records shall be secured in a designated area with limited access.
- a. Positive laboratory results shall be maintained confidentially in the student's medical record and stamped, "CONFIDENTIAL".

- b. Positive results shall only be shared with staff that are responsible with providing the necessary care.

F. Control Measures for Non-Infected Students if there is a Positive Exposure on Campus

1. Keep students who live on the same cottage as the known or suspected COVID-19 student(s), restricted to the cottage.
 - a. Movement off the cottage should be for emergencies only.
 - b. This is important and an effective measure to limit the spread of infection and an outbreak on campus.
2. Physical distancing of six (6) feet shall be maintained from infected student(s) to limit contact between symptomatic and non-symptomatic individuals.
3. Medical staff shall immediately begin daily screening of the students for symptoms.
4. Continue to emphasize handwashing of all staff and students.
5. Students shall use separate restroom as symptomatic student(s).
6. Services (meals, education materials, treatment materials, food, etc.) shall be delivered to the unit.
 - a. Limitations on who enters the unit shall be imposed.
 - b. Staff who enter the unit shall be recorded in the cottage logbook.
 - c. Medication shall be passed on the cottage.
7. Daily cleaning and disinfecting shall occur after every program element, and laundry service shall be done as scheduled for non-infected students.

G. Student Discharge Screening

1. At the time of discharge from an ROP program, ROP staff shall conduct a medical review of the student's medical condition, document whether or not the student has exhibited any symptoms related to COVID-19, document the results of any COVID-19 tests that the student has taken while in the program and record the student's vital signs.
2. ROP shall utilize the 700.118 FORM COVID-19 Student Discharge Screening Tool to document these actions.
3. ROP shall provide representatives of the receiving agency and/or the legal guardian(s)/parent(s) with a copy of the completed Student Discharge Screening Tool at the time of discharge.

H. Required Communication

1. **Communication with ROP Leadership:** the Regional Executive Director shall be notified by phone immediately when a student or a staff member receives a positive COVID-19 test.

2. **Communication with ROP's Infectious Disease Physician:** Dr. Paul Adler shall be notified by phone for consultation upon notification of a positive student or staff COVID-19 test. Staff shall be prepared to provide the following information to Dr. Adler:
 - Name, type, and location of facility
 - Name of student
 - Student's DOB
 - Student's DOA
 - Date first symptoms were identified
 - Current symptoms being exhibited
 - Identification of any other positive COVID-19 staff or students from same cottage or campus
 - Identification of any staff or students currently exhibiting symptoms
 - Identification of visitors, staff, or students who may have been in contact with infected student within seven days of signs or symptoms
3. **Communication with County and State Health Officials and Licensing:** all County and State Health officials and Licensing agencies shall be notified per issued guidelines. The facility Ranking Administrator in Charge (RAC) is responsible for remaining in contact with state health officials in order to stay apprised of the latest information regarding the potential of a virus pandemic. The Director of Student Services (or designee) shall be responsible for semi-annual contact with state health officials.
4. **Communication with Placing Agencies:** all agencies with students placed at the site shall be notified in writing within two (2) hours of a student testing positive for COVID-19.
5. **Communication with Staff:** If a staff member has a **confirmed** COVID-19 infection, the relevant employers should inform other staff about their possible exposure to COVID-19 in the workplace but should maintain confidentiality as required by the Americans with Disabilities Act. Site management teams shall anticipate potential fear and anxiety of the staff and students. This shall be managed through regular communication at shift change and all team meetings. This is the responsibility of the Ranking Administrator in Charge.
6. **Communication with Parents or Guardians:** the parent or guardian of a student testing positive for COVID-19 shall be notified by phone by the Ranking Administrator in Charge as soon as possible but no later than one (1) business day of the student testing positive. Documentation of that notification shall be placed in the student's file.
7. **Communication with Students:** Students shall be educated about communicable diseases upon admission and on a regular basis. When there is a suspected outbreak, the case management department is responsible to work the medical department in ensuring the students understand the benefits of healthy habits and the dangers of illness caused by viruses.

I. Required Documentation

1. In the event that a student or staff member receives a positive COVID-19 test, site leadership shall ensure that an Incident Summary is developed within one (1) business day of knowledge of the positive test.

2. Site leadership shall collect and prepare a list of visitors, staff, or students who may have been in contact with the infected staff or student in the seven (7) days prior to the positive test.

J. Monitoring and Policy Revision

On-going monitoring and revision of this policy shall occur in conjunction with state directives as well as recommendations from the CDC.

Policy Version History and Reference Information

Date & Version #	Details	Approved By:
10/26/09 v1	Policy created	BH
03/09/20 v2	Updated policy	Rusty Alexander
03/18/20 v3	Updated home pass procedures	Rusty Alexander
03/27/20 v4	Expanded COVID-19 language	Rusty Alexander
03/29/20 v5	Added language to include monitoring staff temperature upon arrival and departure from shift	Rusty Alexander
04/08/20 v6	Updated language around facial coverings and communication protocols	Rusty Alexander
04/17/20 v7	Updated language around social distancing, sharing objects, staff exposure to confirmed COVID-19 cases, cleaning and disinfecting rooms and return to work.	Rusty Alexander
05/05/20 v8	Reduced temperature criteria from 100.4° F to 100° F and increased length of time of being symptom free to return to work/population from 7 to 10 days	Rusty Alexander
05/29/20 v9	Added language around student discharge and use of new Student Discharge Screening Tool	Rusty Alexander
06/04/20 v10	Added language to Section H.3 to ensure that licensing notification is included with health department notification	Rusty Alexander
07/24/20 v11	Updated symptom monitoring timeframes from 72 hrs to 24 hours and 14 days to 10 days	Rusty Alexander
08/13/20 v12	Updated to prohibit use of masks with valves and to eliminate quarantine status for persons who have tested positive for COVID-19 in the last 90 days.	Rusty Alexander
08/21/20 v13	Updated language regarding facial coverings.	Rusty Alexander

Date & Version #	Details	Approved By:
12/06/20 v14	Quarantine timeframes updated	Rusty Alexander
04/12/21 v15	Language updated around vaccinations and masking/travel	Rusty Alexander
05/04/21 v16	Language updated around wearing masks when outdoors	

Reference Type <small>(Accreditation, regulation, etc...)</small>	Number, Section, ...
CARF	1H.9.f(5)