



**OFFICE OF
JUVENILE JUSTICE
COVID-19 PROTOCOLS
FOR CLEANING, SCREENING, TESTING AND
RESPONSE
SECOND EDITION
SEPTEMBER 2023**

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I. General Facility Procedures

A. Facial Coverings

High-quality masks should be provided to youth and staff and replaced as needed – both when universal indoor masking is required and when youth and/or staff choose to wear a mask based on their personal preference.

In the event of a COVID-19 pandemic and under CDC and state mandates, all staff may be required to wear a surgical mask (personal or disposable) or equivalent level cloth face mask at all times, as a facility requirement. A mask is considered a part of the uniform and employees could be subject to consequences for not wearing a face mask. Youth and/or staff presenting to any area on campus (i.e. the infirmary, school, etc.) without a mask will be provided a disposable surgical mask (as needed) to help prevent the spread of respiratory droplets and/or COVID-19. All masks shall be worn properly (over those nose and mouth to under the chin).

B. Temperature Checks

Facility wide temperature checks are no longer a recommendation by CDC at this time. However, when a community or facility is at high-risk for COVID transmission, facility-wide temperature checks and symptom assessment will be re-implemented per CDC guidelines.

As CDC guidelines dictate, all staff (including teachers), should have temperatures and symptoms assessed at the front gate prior to entering the facilities. Newly admitted youth will also have temperatures checked prior to entering the facility.

All youth currently admitted to the facility will have temperature checks and asked symptoms checklist questions [see Attachment B.6.3 (c)] during morning medication administration before class starts.

C. Social Distancing

Social distancing is highly recommended by CDC during times when a community or facility is at high-risk for COVID transmission. During low transmission risk, individuals are asked to be mindful of the need for proper distancing to maintain the status of low transmission risk.

During high transmission risk levels, youth and staff are encouraged to practice social distancing by maintaining a distance of at least 6 feet from others (when possible). The following measures have been implemented to reduce large crowds and promote social distancing (per CDC guidance):

- Dining Hall - Only allow one (1) dorm (12 youth or less) to dine in the cafeteria at a time. Once that dorm leaves the cafeteria, the space shall be properly cleaned prior to allowing the next dorm in to eat.
- Schools – There shall be alternating dorm/classroom schedules for school attendance. The number of youth attending classes and the seating arrangements will be adjusted to accommodate and support social distancing.
- Gym - Only allow one dorm on the recreational courtyard or gym at a time.
- Group meetings may need to be held in large spaces to accommodate social distancing or multiple meetings with smaller groups may need to be conducted.
- Riding in the car with a person you do not live with will require you to wear your mask, because you cannot social distance in the shared space of a vehicle.

D. Personal Protective Equipment and Hand Hygiene

Youth with a confirmed COVID-19 result and staff caring for a positive COVID-19 youth are required to wear an N95 mask (respirator) until youth retest with a COVID-19 negative result. Staff must also wear additional PPE such as gloves, gowns/coveralls, goggles/face shields, etc.

Youth and staff are also encouraged to wash their hands frequently with soap and water for at least 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, then youth and staff shall always wash hands with soap and water.

Staff should follow normal preventive actions while at work and at home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands. In addition, youth and/or staff should also practice good hand hygiene in the following situations:

- After blowing one's nose, coughing, or sneezing;
- After using the restroom;
- Before eating or preparing food;
- After contact with animals or pets;
- Before and after providing routine care for another person who needs assistance (e.g., a child, elderly person).

II. Cleaning and Disinfection

A. General Guidelines

Dormitory and high use areas should be cleaned daily utilizing an EPA-approved disinfectant provided by the facility.

Classrooms should be cleaned between classes. In an effort to comply with this recommendation, teachers should be provided with the following items (and replenished as needed):

- A canister of Clorox wipes for wiping down highly touched surfaces; however, wipes should not replace the daily use of disinfectant and water solution cleaning and/or cleaning of visibly dirty areas;
- A bottle of hand sanitizer for classroom use by teachers and youth;
- A box of gloves to wear during cleaning time; and
- Extra face masks to provide youth with if they present to class without a mask.
- All areas used by anyone with suspected or confirmed COVID-19 must be cleaned and disinfected thoroughly and frequently (with focus on highly touch areas).
-
- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
- Gloves and gowns should be compatible with the disinfectant products being used.
- Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.

B. Hard Surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
- Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
- Prepare a bleach solution by mixing:
5 tablespoons (1/3 cup) bleach per gallon of water or
4 teaspoons bleach per quart of water
- Products with EPA-approved emerging viral pathogens claims external icon are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
- If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
- Otherwise, use products with the EPA-approved emerging viral pathogens that are suitable for porous surfaces.

C. Linens, Clothing and Other Items That Go in the Laundry

- Do not shake dirty laundry; this minimizes the possibility of dispersing the virus through the air.
- Wash 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. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

III. Screening and Facility Entry

A. Screening

During high community and/or facility transmission risk levels, all staff must submit to verbal screening and temperature checks prior to entry. The Facility Director shall ensure that a COVID-19 Verbal Screening Questionnaire and temperature check is conducted on every employee (including contract providers, vendors, delivery persons, etc.) prior to entering the facility.

B. Procedure for Entering Secure Care Facilities - Staff and Other Individuals (visitors, contract providers, delivery services, etc.)

Please refer to Attachment B.6.3 (a), CORONAVIRUS Screening Tool for Employees.

C. Procedure for Entering Secure Care Facilities - All Youth (Intakes and Transfers)

Please refer to Attachment B.6.3 (b), CORONAVIRUS Screening Tool for Youth.

IV. Testing Procedures

A. Symptomatic and Close Contact Testing

- All youth who present to the infirmary with any sign or symptom related to COVID-19 will continue to be tested and placed on medical isolation until the results are known.
- All known and suspected exposure youth (close contacts) will be tested and placed in quarantine for 10 days. At the end of the 10-day quarantine, youth will be released from quarantine restrictions. If a youth is released from quarantine restrictions prior to the full 10 days, the youth will be COVID tested to confirmed his COVID-free status.

B. Entry/Release/Intake Testing

- ALL youth will receive a Rapid COVID Test, **prior to transferring to an OJJ facility**.
 - The transfer facility will need to conduct a rapid test on the youth and send the results to the receiving facility.
 - If the youth refuses to be tested prior to leaving the sending facility, the Refusal Form will need to be completed and signed by the youth and witnesses, a copy of the refusal form will need to be sent to the receiving facility.
 - The receiving facility will then need to rapid test the youth upon arrival.
- ALL youth will need to receive a Rapid COVID Test **prior to being released from the facility**.
 - Youth being released from the facility for step down or time served will need to be rapid tested prior to release.
 - If stepping down to a new facility, please send a copy of the test results to the receiving facility.
 - If the youth refuses to be tested prior to leaving the sending/releasing facility, the Refusal Form will need to be completed and signed by the youth and witnesses, a copy of the refusal form will need to be sent to the receiving facility.
- ALL **new intake** youth will receive a rapid test prior to being allowed into general population.

V. Youth/Staff Quarantine and Medical Isolation

Quarantine and Medical Isolation Protocols

Quarantine and medical isolation protocols are to be consistent with CDC Guidance to prevent the spread of COVID-19 in the correctional facility setting.

A. Youth Quarantine

When youth come into contact with a COVID-19 positive individual (either a staff member or another youth), the youth and his entire dorm (12 youth max) are to be placed in quarantine for a period of 10 days.

The following tasks will be performed when youth are placed in quarantine:

- Youth will remain on the dorm at all times.
- Youth temperatures will be checked twice per day by medical staff.
- Youth will be allowed recreation time outside – when all other dorms are inside (no co-mingling of dorms).
- Youth are encouraged to continue good handwashing, cough etiquette and cleaning of all surfaces.

Staff providing security for youth in quarantine:

- Will continue to have temperatures checked at the front gate as a part of the surveillance monitoring.
- Encouraged to continue good handwashing, cough etiquette and cleaning of all surfaces.

B. Ending Youth Quarantine

- Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring.
- Quarantine can end after Day 5 if a diagnostic specimen test is negative and if no symptoms were reported during daily monitoring.
- The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation, but quarantine cannot be discontinued earlier than after Day 5. This timeframe should only be utilized when rapid testing is unavailable and the standard test will take at least 48 hours to receive results from.

- In both cases, additional criteria such as continued symptom monitoring and wearing mask through Day 10 must be met.

C. Youth Medical Isolation

If a youth reports or exhibits symptoms associated with COVID-19, they are to be tested according to the protocol and placed in medical isolation, where symptoms are monitored and treated by nursing staff per medical protocols.

The following tasks will be performed when youth are placed in medical isolation:

- Youth will be housed in the infirmary on isolation precautions.
- Youth will be treated for symptoms exhibited.
- Staff providing security for youth in medical isolation:
 - Will be provided full PPE to include gown/coverall, gloves, eyewear (face shields, goggles or safety glasses), etc. The safety glasses can be cleaned and reused. All other PPE is disposable and cannot be reused.
 - Will continue to have temperatures checked at the front gate as a part of the surveillance monitoring.
 - Will be encouraged to continue good handwashing, cough etiquette and cleaning of all surfaces.

All services (such a medication administration, meals and school, etc.) will be performed on the quarantined dorm and/or infirmary for medical isolation.

Youth placed in quarantine or medical isolation shall be provided reading materials, writing materials, and gaming cards. In addition, mental health staff will perform daily checks on youth in quarantine and medical isolation spaces.

D. Youth Release from Medical Isolation

Youth may be released from medical isolation when the following criteria has been met:

- It has been at least 10 days since symptoms first appeared (may be more days for those who experienced severe to critical illness or who are severely immunocompromised); and
- At least 72 hours have passed since last fever without the use of fever reducing medications; and

- Symptoms have improved (fever, cough, diarrhea, headache, sore throat, etc.).

E. Staff with Suspected/Confirmed COVID-19

- **If any employee is ill/symptomatic or exposed to a possible contagion (regardless of vaccination status) have them leave the workplace.**
- **Require these employees (regardless of vaccination status) to test for COVID-19.**

For Vaccinated or Non-Vaccinated Employees	
<ul style="list-style-type: none"> • If exhibiting symptoms, get tested IMMEDIATELY <ul style="list-style-type: none"> • If COVID test is negative- continue to report to work; and get tested again 5 days later • If positive – start medical isolation period for 5 days from date of positive test results or onset of symptoms (whichever date is first); Employees can return to work after 5 days as long as they have been symptom-free for 24 hours with no medications. • Employees must wear a high quality mask for 5 additional days. • If you are not exhibiting symptoms, Per CDC, you can continue to work and get tested after 5 days. <ul style="list-style-type: none"> • If the COVID test is negative – continue to report to work; and there is no need for further testing as long as you remain symptom free. • If positive – start medical isolation period for 10 days from date of positive test results or onset of symptoms (whichever date is first); Employees can return to work after 10 days as long as they have been symptom-free for 24 hours with no medications. • Employee must wear a high quality mask (N95) for an additional 5 days. 	

All employees who test positive for COVID-19 must contact their unit head or unit human resources contact. Unit Heads must follow-up with the Medical Director to discuss COVID-19 medical isolation recommendations.

- Unit Heads or unit human resources staff, if an employee has to be out on leave for reasons related to COVID, should send an email to the DPS-FMLA inbox, FMLA-WorkersCompDocuments-ALL@ia.gov, indicating the employee's name and personnel number, time frame for leave, and the employee's specific scenario for being out on leave. The FMLA coordinator will respond with guidance and appropriate leave codes to use for the absence.
- Employees (regardless of vaccination status) who test positive for COVID-19 must notify facility HR within 24 hours of suspected or confirmed positive and shall identify/provide the names of all known "close contacts" as it pertains to their place of employment or job assignment.
- The employee shall not return to work and should remain in home self-isolation for a period of 5 days from the onset of symptoms. Employees can return to work after 5 days as long as they have been symptomatic free for 24 hours with no medication. The employee must wear a high quality mask (N95) for an additional 5 days.
- The employee shall follow facility procedures to notify their supervisor of the need for leave and should plan to return to work on Day 6, if they have been fever-free for 24 hours. However, if the employee has not contacted the supervisor regarding recovery/return to work after a period of 6 calendar days following notification of a positive result, facility HR shall reach out to the employee to determine if the employee is physically able to be considered for return to work.
- When applicable, the Facility Director/Regional Manager or his designee shall notify the employees in the location where infected employee worked of their possible exposure to COVID-19 in the workplace, but shall also maintain confidentiality as required by the Americans with Disabilities Act.

Youth Vaccination Procedures

All employees and youth, ages 16 and older, are to be offered the vaccine. However, both employees and youth have the ability to refuse the vaccination. The agency has not made receiving the COVID-19 vaccination mandatory for employees to work or youth to be admitted to the secure care facilities of OJJ.

A. Youth Ages 18 and Older (Secure and Non-Secure) Vaccination

Youth in this age group will be given the opportunity to be vaccinated against the COVID-19 infection. They are to be explained the benefits and risks of taking the vaccine.

These youths are able to consent for themselves to receive or decline the vaccine.

Upon making the decision, the signed consent form is to be placed in either ERMA or JETS, as part of the youth's permanent record.

B. Youth Ages 12 and 17 (Secure and Non-Secure) Vaccination

Youth in this age group are given the opportunity to be vaccinated against the COVID - 19 infection. They are to be explained the benefits and risk of taking the vaccine.

These youths are able to decline the vaccination, but are not able to consent for themselves to receive the vaccine. Therefore, if a youth in this age group decides he/she wants to receive the vaccine, then parents/guardians will need to be contacted for consent.

OJJ Probation Officers and/or Program Specialists will receive the names of youth in both secure and non-secure placements, take a copy of the SARS-COV-2 Vaccination 2021 Screening & Administration Consent form and have a parent/guardian sign providing their consent for or against their child receiving the vaccination.

If a secure care youth in this age group does not have a parent/guardian of record, the OJJ Facility Director will assume the responsibility of providing vaccination consent for youth.

If a non-secure care youth in this age group does not have a parent/guardian of record and the Department of Children and Family Services are no longer the guardians of the youth, the OJJ Probation Officer or the OJJ Program Specialist assigned to this youth's case will assume the responsibility of providing vaccination consent for youth.

Once consent has been established, the form will be placed in either ERMA or JETS as a part of the youth's permanent record.

The secure or non-secure placements will be notified of the decision made by the parent/guardian and the youth will be made aware of the decision.

If consent to receive the vaccination has been given, the youth will become eligible to be vaccinated and the vaccination will be provided, either by the CHP for secure youth or by a community provider for non-secure youth.

VI. Transports

It is essential that COVID matters be taken into consideration when transporting or transferring a youth to another facility, etc. It is vital that the youth have contact with the least amount of people possible during the trip. This is to protect the youth and OJJ staff from exposure or necessary quarantine.

A. Arranging Transport

Before arranging a transport or transfer, check with the youth's current placement facility to get information regarding the youth's COVID status.

- Obtain the youth's most recent test results and inquire if the youth currently has any symptoms that may require testing before transfer.
- If the youth is COVID positive or has a pending COVID test result, this youth ***must be transported alone***. COVID procedures regarding PPE must be implemented.
- OJJ youth in secure facilities ***shall not be transported with youth from other facilities***. Multiple youth can be transported together provided that they are all placed at the same secure facility.
- Non-secure transports can be multiple-youth transports provided there is no suspicion of COVID.
- Review the transport to determine if assistance is needed or appropriate. If the transport is 2 hours or less, one office can complete this transport.
- Include the youth's COVID status on the email request for transport assistance sent to other regional offices. This information must be provided in order to get transportation assistance from another regional office.
- Youth exchanges during transports ***shall*** be limited to the involvement of three (3) offices.

B. COVID Precautions for Transporting

- Check that the vehicle has been disinfected.
- The transport vehicle should have adequate PPE supplies.
- Use appropriate Personal Protective Equipment (PPE): N95 mask, face mask, face shield, gloves, disinfectant, coveralls or protective garment.
- Apply disposable examination gloves and a face mask.

- It is imperative that the face mask is not removed or touched once it is donned.
- Perform verbal screening before the youth leaves the facility. Question if the youth is displaying or has displayed any COVID-19 symptoms currently or at departing facility (program).
- Examples of symptoms: inclusive, but not limited to: high fever, dry cough, runny nose, loss of taste & smell, headache, and/or shortness of breath.
- Ensure the youth is given an appropriate face mask and it is worn throughout transport.
- Ensure vehicle A/C is not set to recirculate and on high.
- Open transport vehicle windows slightly.
- Perform hand hygiene on gloves utilizing alcohol based hand sanitizer.
- Avoid non-essential physical contact.
- If at any time the individual shows signs associated with COVID-19, notify supervisory staff.

C. Transporting COVID Positive Youth (or pending test results)

Follow all guidelines listed above with the following modifications:

- Use appropriate Personal Protective Equipment (PPE): N95 mask, face shield, gloves, disinfectant, coveralls or protective garment.
- Apply two pairs of disposable examination gloves.
- Apply an appropriate N95 face mask.
- Apply eye protection (goggles, safety glasses with side shields or face shields).
- Wear protective coveralls/jumpsuit.
- Ensure the youth is given a N95 mask and it is worn throughout transport.

D. Medical Appointments and Court Appearances

Youth following the criteria below (excepting those youth who are COVID positive, have a pending COVID test result, or who have been transported with youth from other facilities) will not require quarantine upon return from medical appointments (e.g. emergency room, doctor appointments, physical therapy, etc.) or court and may be placed back on their dorms upon return.

- Youth and transport staff must wear masks during the entire trip to medical appointments/court.
- Youth masks may only be removed for medical assessment of the facial area.
- Youth and staff must maintain social distance from others (as space permits) with the exception of individuals providing direct care to the youth and transport staff.
- Youth must wash their hands prior to exiting their appointment/court appearance and again prior to entering the facility upon return.

E. After Transport

- Perform hand hygiene on gloves utilizing alcohol hand sanitizer.
- Remove mask and protective outer garment and discard in appropriate container.
- Remove outer layer of gloves and discard.
- After utilizing a fleet vehicle, remember to wipe down the steering wheel and other surfaces before turning the vehicle keys in.
- Open all windows, doors and cargo securement area.
- Leave all windows and doors open for 30 minutes to allow adequate air drying.
- Ensure that handcuffs/shackles are disinfected before reuse.
- If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.

F. If Close Contact Occurred During Transport

- Clean and disinfect duty belt and gear prior to reuse.
- Follow standard operating procedures for the containment and disposal of used PPE.

- Follow standard operating procedures for containing and laundering clothes. Avoid shaking the clothes.

APPENDIX A

DEFINITIONS:

Alternate Work Location – Approved work site, other than the employee’s primary work location, where official state business is performed. Additional information about telecommuting and an alternate work location can be found in YS Policy No. A.2.51.

Close Contact – a) being within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for symptomatic individuals, 2 days prior to test specimen collection) until the time the individual is isolated. *Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors).

Cohorting – refers to the practice of isolating multiple individuals with laboratory-confirmed COVID-19 together or quarantining close contacts of an infected person together as a group due to a limited number of individual cells. While cohorting those with confirmed COVID-19 is acceptable, cohorting individuals with suspected COVID-19 is not recommended due to the high risk of transmission from infected to uninfected individuals.

Confirmed Case (COVID-19) – A person has confirmed COVID-19 when they have received a positive result from a COVID-19 viral test (antigen or PCR test) but they may or may not have symptoms.

Contracted Health Care Provider (CHP) - Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education and environmental conditions.

Coronavirus (COVID-19) – is a new virus in humans causing respiratory illness which can be spread from person-to-person. It is caused by the virus severe acute respiratory syndrome coronavirus 2, also referred to as SARS-CoV-2.

Medical Isolation - Medical isolation refers to separating someone with confirmed or suspected COVID-19 infection to prevent their contact with others to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established criteria for release from isolation, in consultation with clinical providers and public health officials.

Pandemic – An event in which a disease spreads across several countries and affects a large number of people.

Personal Protective Equipment (PPE) - Masks, gloves, eye protection, gowns/coveralls, etc. to avoid direct contact with a patient's blood, body fluids, secretions, and non-intact skin.

Preparedness - Actions that involve a combination of planning, resources, and organizing to build, sustain and improve operational capabilities. This process includes identifying personnel, training and equipment for delivering necessary resources when needed for an incident.

Quarantine - Quarantine refers to the 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. Quarantine reduces the risk of transmission if an individual is later found to have COVID-19. Quarantine for COVID-19 (in correctional settings) should last for 14 days after the exposure has ended.

Recovery - The development, coordination and execution of service and site-restoration plans; the reconstitution of unit operations and services; long-term care and treatment of affected persons; additional measures for social, environmental and economic restoration; evaluation of the incident to identify lessons learned; post incident reporting; and developmental initiatives to mitigate the effects of future incidents.

Response - Immediate actions to save lives, to protect property, the environment and to meet basic human needs. Response also includes the execution of emergency plans and actions to support short-term recovery.

Screening Checklist - A verbal and/or written checklist used by staff to screen for potential COVID-19 infection. See Attachments (a) and (b).

Social Distancing - Social distancing is the practice of increasing the space between individuals and decreasing their frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic).

Standard Precautions - Standard precautions are basic infection control precautions (hand washing, covering mouth when coughing, etc.) to be applied routinely in all settings.

Suspected COVID-19 Case – A person has suspected COVID-19 if they show symptoms of COVID-19, but either have not been tested via a viral test or are awaiting test results. If their test result is positive, suspected COVID-19 is reclassified as confirmed COVID-19.

Symptoms of Coronavirus – possible symptoms include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, sore throat, congestion or runny nose, headache, muscle/body aches, nausea/vomiting, diarrhea, fatigue, new loss of taste/smell, etc.

Unit Head – For purposes of this policy, the Unit Head consists of the Deputy Secretary, Facility Directors and Regional Managers.



CORONAVIRUS (COVID-19) SCREENING CHECKLIST

VERBALLY ASK INDIVIDUAL SEEKING TO ENTER FACILITY THE BELOW QUESTION

1. Yes ☐ No ☐ In the last 10 days, have you been in “close contact” with a person known to have tested positive for the Coronavirus (COVID-19)?
2. Yes ☐ No ☐ Have you had fever in the last 24 hours (100.4 Degrees or higher)?
3. Yes ☐ No ☐ Do you currently have a new onset related to loss of taste and/or smell?
4. Yes ☐ No ☐ Do you currently have a new onset of cough, shortness of breath or sore throat?
5. Yes ☐ No ☐ Do you currently have muscle or body aches, vomiting or diarrhea?

NEXT STEPS:

- ☐ If the individual answered “yes” to any of question(s) 1 or 2; ***he/she shall be denied entrance to the facility.***
- ☐ If the individual answered “no” to all of the above; ***the individual’s temperature shall be taken:***
 - If the individual has a **temperature of 100.4 Degrees Fahrenheit or higher**, ***he/she shall be denied entrance to the facility.***
 - If the individual **does not have a temperature of 100.4 degrees or higher and does not exhibit or self-report symptoms**, ***he/she is cleared for purposes of this screening,***
- ☐ If the individual answered “no” to **questions 1 AND 2** but also answers “yes” to **question(s) 3, 4 or 5 (or all)**; ***the individual’s temperature shall be taken.***
 - If the individual has a **temperature of 100.4 Degrees Fahrenheit or higher**, ***he/she shall be denied entrance to the facility.***
 - If the individual **does not have a temperature of 100.4 degrees or higher, but DOES exhibit or self-report symptoms of shortness of breath or coughing**, ***he/she is cleared for purposes of this screening, but may also be required to wear a mask throughout the duration of the stay on the premises as determined by an appropriate health care practitioner.***



For purposes of this screening “Close Contact” is defined as:

1. being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case **or**;
2. having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) if;
 - ☐ such contact occurs while not wearing recommended personal protective equipment **or** PPE (e.g., gowns, gloves, face mask, NIOSH-certified disposable N95 respirator, eye protection).

Denials:

1. **Any person denied entrance** to the facility pursuant to this checklist shall be ***verbally directed to seek medical advice regarding risk of exposure to the virus from an outside qualified emergency health care provider.***
2. If the person **denied entrance** to the facility pursuant to this screening, is an **employee of the OJJ**, immediately notify the Facility Director (or designee) and/or the Regional Administrator (if P&P).



CORONAVIRUS (COVID-19) SCREENING CHECKLIST

Name:	DOB:	JETS #:
Date/Time:	Allergies:	Gender:

VERBALLY ASK NEW INTAKE OR TRANSFER YOUTH ENTERING THE FACILITY THE BELOW QUESTIONS TO SCREEN FOR POSSIBLE 2019-NCOV:

1. Yes ☐ No ☐ In the last 10 days, have you been in “close contact” with a person known to have tested positive for the Coronavirus (COVID-19)?
2. Yes ☐ No ☐ Have you had fever in the last 24 hours (100.4 Degrees or higher)?
3. Yes ☐ No ☐ Do you currently have a new onset related to loss of taste and/or smell?
4. Yes ☐ No ☐ Do you currently have a new onset of cough, shortness of breath or sore throat?
5. Yes ☐ No ☐ Do you currently have muscle or body aches, vomiting or diarrhea?

For patients answering “Yes” to any of the above questions 1-5:

- Place surgical mask on patient and initiate droplet and contact precautions including eye protection.
- Notify Medical Director or NP, HSA, and OJJ Health Director.
- Follow orders provided by the Medical Director or NP.
- If directed to send to ED mask patient and notify ED prior to arrival.

If “No” is the answer provided for all of the above questions, patient is clear for purpose of this screening.

Completed by:
Printed Name: _____ **Date/Time:** _____

Provider Notified: _____ **Date/Time:** _____

Note:

Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations

Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment.

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.

YOUTH SERVICES POLICY

Title: Coronavirus (COVID-19) Procedures and Protocols	Type: B. Classification, Sentencing and Service Functions Sub Type: 6. Medical/Mental Health Number: B.6.3
Page 1 of 6	
References: Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities (https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-correctional-settings.html); Centers for Disease Control and Prevention Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities (https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html); https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html ; (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/about-epidemiology/identifying-source-outbreak.html); LDH Health Alert Network Message 20-49: Message on Quarantine Options After Exposure to COVID-19 (https://ldh.la.gov/assets/oph/Center-CP/HANs/HAN20-49.pdf); ACA Standards 4-JCF-1A-07 and JCF-4C-22 (Performance-Based Standards for Juvenile Correctional Facilities); YS Policy Nos. A.1.8 "Emergency Operations Plan", A.2.51 "Telecommuting and Alternative Work Site", C.1.13 "Legislative Request/Communication, Media Access and Public Information" and C.5.1 "Required Database Entry and Reporting Requirements"	
STATUS: Approved	
Approved By: Otha "Curtis" Nelson, Jr., Deputy Secretary	Date of Approval: 09/14/2023

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To establish a formal policy for the Office of Juvenile Justice (OJJ) concerning the planning, preparation and management of a coronavirus (COVID-19) outbreak and to establish formal procedures for staff and youth. Strategic goals include the following:

- A. Ensuring continuity of unit operations to focus on the agency's role as an employer. Each unit shall develop written policies and procedures in order to continue to function during a COVID-19 outbreak. Continuing critical services is paramount.
- B. Protecting YS staff, youth, and the public.

III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Probation and Parole Director - Juvenile, Youth Facilities Director - Statewide, Executive Management Advisor, Central Office (CO) Emergency Operations Manager, Communications Director, Regional Administrators, Facility Directors, Regional Managers, YS Health Services Director, Contracted Healthcare Provider (CHP) Health Services Administrators (HSA), all YS staff and youth, visitors, volunteers and contract workers.

IV. DEFINITIONS:

Please see Appendix A of Attachment (a).

V. POLICY:

It is the Deputy Secretary's policy that each Unit Head is responsible for ensuring that appropriate written policy and procedures are in place to address COVID-19 preparedness, response, and recovery (when appropriate). This policy will change as governmental guidelines and recommendations are updated and/or introduced.

VI. GENERAL GUIDELINES:

In the event of a COVID-19 pandemic, OJJ will adhere and utilize the "Office of Juvenile Justice COVID-19 Protocols" [Attachment B.6.3 (a)] to responding to the pandemic.

During a COVID-19 pandemic, transmission of the virus can be anticipated in workplace settings. Employers can use a set of occupational safety and health controls referred to as the "hierarchy of controls" to reduce exposures to COVID-19 in their workplaces. The types of control measures to be employed include the following:

Engineering controls are those measures that involve making changes to the work environment to reduce work-related hazards. Examples include:

- Installing physical barriers, such as clear plastic sneeze guards;
- Increasing ventilation in the work environment; and
- Using specialized negative-pressure ventilation for aerosol-generating procedures in health care settings.

Administrative controls are those measures that modify employees' work schedules and tasks in ways that minimize their exposure to workplace hazards. Examples include:

- Developing policies that encourage ill employees to stay at home without fear of any reprisals;
- Discontinuing nonessential travel to locations that have a high prevalence of illness;

- Developing practices to minimize face-to-face contact between employees, such as extended use of e-mail, websites and teleconferences. Where possible, encouraging flexible work arrangements, such as telecommuting or flexible work hours to reduce the number of employees who must be at a work site at one time or in one specific location.

Work practices are procedures for safe and proper work that are used to reduce the duration, frequency or intensity of exposure to a hazard. When defining safe work practice controls, it is a good idea to ask employees for suggestions, since they have first-hand experience performing the tasks. These controls need to be understood and followed by managers, supervisors and employees. Examples include:

- Providing resources and a work environment that promotes personal hygiene. (For example, providing hand soap, hand sanitizer, disinfectants and disposable wipes/towels for employees to clean their work surfaces, providing no-touch trash cans, etc.);
- Providing employees with up-to-date education and training on COVID-19 risk factors, protective behaviors, and instruction on proper utilization (For example, practicing cough etiquette, avoiding touching the eyes, nose and mouth and proper care of PPE);
- Providing education and training materials in an easy to understand format and in the appropriate language and literacy level for all employees;
- Developing procedures to minimize contacts between employees and between employees and youth or visitors; and
- Encouraging employees to obtain a COVID-19 vaccine (when available).

Personal Protective Equipment (PPE) is protective gear needed to keep employees safe while performing their jobs. Examples of PPEs include respirators (i.e. N95) and/or surgical masks; face shields; goggles, gowns/coveralls, shoe covers and disposable gloves.

The following is important relative to PPEs:

- Selected based upon the hazard to the employee;
- Conscientiously and properly worn;
- Regularly maintained and replaced in accordance with manufacturer's specifications;
- Properly removed and disposed of to avoid contamination of self, others or the environment; and
- If reusable, properly removed, cleaned, disinfected and stored.

If used correctly, PPEs can help prevent some exposures; however, they should not take the place of other prevention interventions, such as engineering controls, cough etiquette and hand hygiene.

VII. PREVENTION:

- A. Each unit shall maintain adequate personal protective equipment and supplies at all times, including the following:
 - 1. Gowns/coveralls;
 - 2. Surgical Masks;
 - 3. N95 Respirator Mask and/or the equivalent
 - 4. Gloves;
 - 5. Shoe covers;
 - 6. Hand Soap;
 - 7. Waterless Hand Sanitizer;
 - 8. Germicidal Wipes and Cleaner;
 - 9. Disinfectant Spray;
 - 10. Biohazard Bags;
 - 11. Hazard Receptacles; and
 - 12. Appropriate Pharmaceuticals to manage symptoms related to COVID-19.
- B. Each unit shall incorporate education and training regarding COVID-19 to staff and youth. Education and training shall include preventive measures, symptoms of COVID-19, high-risk medical conditions, basic hygiene, respiratory etiquette, etc.
- C. Facility staff shall follow guidelines established by the CDC and disseminated by the Health Services Director [see Attachment B.6.3 (a)] for housing quarantined and medically isolated youth.
- D. Each Unit Head shall encourage youth to notify health care and/or dorm staff of the onset of potential symptoms of COVID-19. Youth shall be informed that early detection is vital to reduce the transmission of COVID-19 outbreak.

VIII. RESPONSE DURING A COVID-19 EVENT:

- A. The Deputy Secretary/designee shall determine if any outside travel except medical/mental health emergencies shall be suspended.
- B. The Deputy Secretary/designee shall determine restrictions on vendors, visitors and conference/group activities.
- C. Facility legal programs staff shall be responsible for contacting the appropriate courts to continue or schedule teleconferencing (when allowed) of pending court dates as determined by the appropriate medical authority.

- D. Facility legal programs staff shall be responsible for contacting the appropriate courts when the release date for a youth is imminent, and the youth has a confirmed case of the COVID-19 and is under medical care at the facility. The court shall determine if the youth is to be released on the youth's release date, or if the youth's release shall be delayed for a certain number of days to allow the youth's full recovery, and to ensure that the youth is past the date when the youth would still be capable of infecting others.
- E. OJJ employees should post signage at main entrances and any other areas (as designated by the appropriate health authority) at secure care facilities, regional offices and central office communicating the symptoms of COVID-19, hand hygiene instructions and mask wearing requirements.
- F. Facemasks shall be made available to employees upon recommendation by the appropriate health authority.

G. Limiting the exposure of the workforce to COVID-19:

Each unit shall create a procedure utilizing the coronavirus screening checklists to ensure that symptomatic youth and/or employees are identified. [See Attachments B.6.3 (b) and B.6.3 (c)].

At facilities, this procedure must contain at a minimum a procedure for self-identification of symptoms and supervisor-initiated screening questions of employees. A listing of symptoms can be found in Attachment B.6.3 (d).

If an employee self-identifies potential coronavirus symptoms, is identified by the employee's answers to the Screening Checklist as having potential coronavirus symptoms, or is identified by several other employees as having potential coronavirus symptoms, the Unit Head/designee shall send the employee home on special leave or sick leave. The type of leave will be determined by the HR Liaison, based upon information received from the employee and the Health Services Director.

H. Notifications

Each Unit Head shall be responsible for notifying all employees of that unit that the unit is moving into the "response" phase of the procedure.

Each Unit Head shall be responsible for immediately notifying anyone, who within the five (5) days preceding the declaration of the "response" phase, has visited infected areas, or had contact with an infected individual, or with an individual who may be infected.

I. Communication

The facility shall use the mode of communication used most by staff and/or youth to keep the facility's community informed, and to provide education regarding prevention and symptom surveillance.

Any communications with the public and/or the media regarding the COVID-19 event shall be released by the CO Communications Director (refer to YS Policy No. C.1.13).

J. The Unit Head shall determine if unit activities should be suspended/postponed based on advice of and consultation with the YS Health Services Director.

K. Access and Control

The Deputy Secretary/designee, after consultation with the YS Health Services Director, shall decide whether to suspend admissions to the facility in the event of confirmed cases of COVID-19.

Each Unit Head shall develop a plan for delivering meals to youth if the cafeteria or group-style dining is closed per the advice of the YS Health Services Director.

Routine sick call and pill call shall be modified by the Facility Director in consultation with the YS Health Services Director.

IX. RESPONSE FOLLOWING A COVID-19 EVENT

COVID-19 is an ongoing event. At the conclusion of said event, the appropriate staff shall meet to conduct a review and prepare a report for the Deputy Secretary. The report shall include recommendations for changes and amendments to this policy.

Additional Resources: Additional guidance may be found at the following websites:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/overview/index.html>
<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/about-epidemiology/identifying-source-outbreak.html>

Previous Regulation/Policy Number: B.6.3

Previous Effective Date: 08/18/2021

Attachments/References: B.6.3 (a) COVID-19 Protocols for Cleaning, Screening, Testing and Response September 2023
B.6.3 (b) CORONAVIRUS Screening Tool for Employees September 2023.pdf
B.6.3 (c) CORONAVIRUS Screening Tool for Youth September 2023.pdf
B.6.3 (d) COVID19-symptoms June 2021.pdf