

Rhode Island Training School Clinic Operating Procedure
**Prevention, Screening, and Management (including quarantine and medical isolation) of
CORONAVIRUS (COVID-19)**
Updated 4/10/2020

OBJECTIVES:

- To provide guidance on the prevention and management of COVID-19 (Coronavirus) at the Rhode Island Training School (RITS) that prioritizes maintaining the health and safety of all residents and staff at the facility.
- To address and implement relevant guidance from the Centers for Disease Control and Prevention’s “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>).
- To outline the general considerations in addressing the public health crisis of the COVID-19 pandemic while allowing for differing levels of intervention based on the severity of the situation in the area and in the facility.

Prevention and Preparation

- All residents are offered influenza vaccines at the time of admission and periodically afterwards with appropriate consent.
- All staff are encouraged to get a flu shot.
- All staff and regular vendors/contractors are directed to remain out of work if they have fever, cough and/or shortness of breath, or any symptoms of COVID-19, as per Department of Administration and Rhode Island Department of Health [guidelines](#).
- All common areas within the facility will be cleaned at least every 4 hours and documented on an “Area Cleaning Checklist” form that will be submitted to each area’s Administrator at the end of each shift.
- All residents and staff will have access to water, soap, and/or hand sanitizer and are encouraged to maintain proper hand hygiene, minimize physical contact with others, and cough/sneeze into their sleeves/elbows.
- Several rooms will be identified, cleaned, and stocked with medical isolation supplies, at any given time, to be ready for a possible resident placed on medical isolation status as referenced below.
- All staff will receive refresher training in Universal Precautions, including specific instructions on putting on and taking off Personal Protective Equipment as needed for their individual job responsibilities.
- Director Nicole Alexander-Scott announced at a recent Governor’s press conference that the State is now encouraging state employees to wear face coverings when in public. In alignment with this recommendation, we will also be encouraging State employees to wear cloth coverings, if possible. The purpose of wearing a cloth face covering is to limit the spread of respiratory droplets. This is another layer of precaution to help protect those around you. A cloth face covering can be sewn by hand or made from items such as scarfs or T-shirts. This does not mean employees should stop practicing social distancing and frequent handwashing.
- Social distancing measures will continue to be implemented and monitored for staff and residents:

- All meetings will take place in large enough rooms, or with few enough people (limit of 5 people), to maintain a 6-foot distance between individuals – whenever possible, participants may join from remote locations by phone or video conference.
- Classroom and mod configuration will be clearly marked to specify a 6-foot distance between residents and staff.
- Staff will monitor and enforce a 6-foot distance between residents for meals, classes, groups, recreation, and other activities.
- When staff must be closer to residents for medical assessment or safety measures, such as pat-down or restraint, staff must wear masks or cloth face coverings and gloves.
- When staff must be closer to each other for work-related responsibilities, they must wear masks or cloth face coverings.

Resident Screening

- Pre-screening
 - Whenever the shift coordinators learn about a pending intake, an initial screening will be done over the phone with the referring agency prior to arrival at the facility.
 - If anyone is being transferred to the facility directly from a hospital - there will be a phone call to the Medical or Clinical Director to confirm that no testing is needed PRIOR to the patient entering the facility.
 - An appropriate attempt will also be made to contact a parent, guardian, group home, probation officer, or other responsible adult for collateral information regarding the screening questions.
- Initial Screening (or Screening upon Reporting of Symptoms)
 - A screening will be conducted at intake (by nursing staff between 7 am - 11 pm or by the admitting Juvenile Program Worker (JPW) between 11 pm – 7 am) in the sally port while the youth remains in the custody of the transporting agency.
 - The individual or individuals conducting the initial screening will wear an N95 mask (or a surgical mask if no N95 mask is available) and gloves.
 - The screening will review any potential symptoms of or exposure to COVID-19 as per the “COVID-19 Screening Form.”
 - Results will be documented on the “COVID-19 Screening Form.”
 - Any resident who reports cough or fever at any time while in the facility will be screened as outlined above.
- The following steps will be taken immediately with any **youth who tests positive for COVID-19**:
 - Place a mask on the resident.
 - Have the resident wash hands with soap and water or use hand sanitizer.
 - The JPW conducting the search on the youth will wear full Personal Protective Equipment (PPE) to include an N95 mask (or a surgical mask if no N95 mask is available), face shield, gown, and gloves while in the room.
 - The resident will be placed in the holding cell until enough information is gathered to decide, in consultation with nursing and medical providers, whether medical isolation is necessary.
 - Contact the on-call Medical Provider or Medical Director for further instruction including:
 - Discussion for contacting the Rhode Island Department of Health
 - Consideration for when to do testing
 - Consideration for isolation unit

- Contact the Shift Coordinators and request that they notify Nursing Staff, Clinical Director, Medical Director, and Administrator on-call.
- The Executive Director or Superintendent will also ensure the primary DCYF Worker/Supervisor, the Family Court, and the youth's family are notified of the test results.
- **New Intakes with a negative screen will be quarantined**
 - The remainder of the intake process will follow standard procedure EXCEPT that the staff member conducting the intake (including pat-down) will wear gloves and a mask.
 - Once the intake process has been completed, the resident will go to the appropriate mod (Detention for males and C mod for females) and be assigned a room and bathroom on the opposite side of the mod from the other youth.
 - Social distancing and hand hygiene practices will be followed for all residents.
 - New male residents will remain on the Detention mod in quarantine for a minimum of 14 days prior to moving to the adjudicated mod.
 - Newly detained residents will be quarantined (maintained separately) from the rest of the population for 14 days (ideally including separate physical spacing, staffing, education, and programming).

Staff Screening and Protection

- All staff will be screened with the "COVID-19 Screening Form" and a temperature check upon reporting to work.
- If staff answer yes to any of the screening questions, the individual will not be allowed to enter the facility, and the Superintendent will be notified immediately to review this screening form with the individual.
- Each staff member who works directly with residents will receive a face mask and paper bag with instructions on how to put on, take off, store, and reuse the mask safely.
- Staff will wear a face coverings when working directly with residents, especially when unable to follow social distancing guidelines.
- Staff will be identified who may be assigned to work directly with residents who have been exposed to COVID-19 or who have suspected or confirmed infection with COVID-19 – these staff members will have access to additional Personal Protective Equipment and:
 - Will be issued an N95 respirator mask and trained on how to use, reuse, and store the mask; and
 - Will be trained on how to put on and take off complete Personal Protective Equipment to include N95 respirator mask, face shield or goggles, gloves, and gown.

Management of Individual Residents with a Suspected or Confirmed Case of COVID-19

- One staff will escort the youth to a designated room while the second staff follows and disinfects all contacted surfaces from intake or initial area to the designated room.
- Resident will be placed on medical isolation in a designated room.
 - Each youth will have their own bathroom. If this is not possible, the bathroom will be disinfected after each use. If multiple youth test positive, they can share one bathroom.
- The RITS Superintendent must approve of the transfer of the resident to or from a medical isolation room if it involves a unit transfer.

- Assigned staff working with medically isolated resident(s) will remain in that area and limit movement or exposure to other areas of the facility.
- Notification will be made to the following individuals of a resident’s medical isolation status, of any necessary transportation off-site, and of “clearance” off medical isolation status:
 - RITS Administration (Executive Director, Superintendent, Clinical Director, Principal)
 - RITS Shift Coordinators
 - RITS Unit Managers, Clinical Social Workers, Nurses
 - Consulting Medical Provider (on-site or on-call)
 - Consulting Medical Director
 - Resident’s Parent/Guardian
 - Court
- Nursing Staff, in coordination with the on-site or on-call Medical Provider, will take steps to coordinate details of testing as indicated in the associated “Testing for COVID-19 RITS Clinical Operating Procedure.”
 - Any resident going off-site for testing purposes will wear a mask and wash their hands prior to leaving the facility in the van.
 - Any van used to transport residents off-site either for testing or for further medical treatment will be properly cleaned upon return to the facility.
 - Staff should also ensure they are using social distancing, when applicable, and also wear appropriate PPE at all times.
- The following guidelines will be in place for any residents on medical isolation status:
 - Resident will always remain in his/her room except:
 - If necessary, to use the specified toilet facilities and shower
 - If advised by the Rhode Island Department of Health for testing purposes
 - If necessary, to be transported to the hospital for worsening medical condition.
 - Additionally, resident will wear a mask whenever outside the assigned room.
 - Resident will be monitored on a 5-minute watch.
 - Resident will be offered water, food, medications, books, and schoolwork.
 - Nursing staff will obtain vital signs and conduct a brief exam twice daily.
 - Medical providers (on-site or on-call) will review status on a daily basis and provide consultation to Nursing staff as needed regarding need for on-site or off-site medical evaluation.
 - Residents will not be able to participate in family visits.
 - The Superintendent or his designee will facilitate family phone calls in rooms utilizing state cell phones (that will be sanitized in between uses). Furthermore, in addition to their regular telephone calls, the residents will be permitted to video call their families using Skype, FaceTime, Zoom, or another video app.
 - Only necessary staff will enter the room with a resident; others may provide resources (food, books, schoolwork, etc.) to the designated staff person for that room.
 - Any staff entering the room with the resident will wear Personal Protective Equipment (PPE) to include an N95 mask (or a surgical mask if no N95 masks are available), face shield, gown, and gloves while in the room, then remove them properly and wash hands or utilize hand sanitizer upon leaving the room or post.
 - Additional training will be provided to staff on the proper use of PPE as needed.
- Nursing Staff, in consultation with Medical Provider, will determine when a resident is safe to come off medical isolation status (typically 48 hours after the resolution of all symptoms).

- Unit Staff will maintain a daily log with any relevant activities or updates, as well as complete a “Rhode Island Juvenile Corrections Constant Watch Form” (SRA#4) for any individual on medical isolation status that will be placed in the unit logbook as well as a copy provided to the Shift Coordinators at the end of each shift.

Management of an Outbreak with Multiple Residents with Suspected or Confirmed Cases of COVID-19

- Residents on medical isolation will be cohorted in one mod as referenced above and will not be allowed to circulate in other parts of the facility.
- Administration will designate certain staff to care for these individuals only and will limit movement of designated staff between different parts of the facility to decrease the risk of staff spreading the virus.
- Consideration of staffing third shift nursing may be necessary for caring for a group of ill residents.
- Staff working with the residents in medical isolation should be monitored for fever and cough. Those with temperatures or symptoms should be sent home to recover.

Overall Management

- **All related policies, procedures, and memos will be reviewed on a minimum weekly basis by the RITS Administration, Consulting Medical Providers, and Nursing Staff** – it is likely that as the situation continues to evolve, changes will need to be made to policy and procedure and they will be communicated accordingly.
- A temporary “Coronavirus Response Team” has convened (including RITS and Probation Administration as well as Medical Providers and Nursing Staff) and meets 2-3 times per week to review updates and procedures.
- It is the case, that in all educational classrooms/areas (including the Culinary Arts area of the kitchen), there are no more than a total of five (5) individuals present; including staff at any time.
- It is also the policy that social distancing requirements are met (6 feet distance) in all areas and or stations within these sites at all times.