

Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

Guidance for Group Homes, Foster Family Agencies, Temporary Youth Shelter Facilities and Short-term Residential \Therapeutic Programs

Recent Updates:

12/30/20:

- Addition of link for online reporting of multiple cases: www.redcap.link/covidreport.
- Update to the required quarantine period for close contacts of a person with COVID-19.
- Updated symptoms screen-combined shortness of breath/difficulty breathing and added new loss of taste or smell.
- Updates to congregate residential settings including visitation and group activities, surveillance testing, and green/yellow/red zones defined.

The Los Angeles County Department of Public Health (DPH) is asking for your assistance to slow the spread of the novel (new) coronavirus disease 2019 (abbreviated COVID-19) in Los Angeles County. Group homes, foster homes, temporary youth shelter care facilities and short-term therapeutic programs have a particular need for careful attention to prevent spread given that:

- Children may move among sites and between home and sites;
- Sites cannot avoid all interaction of staff and children with outside visitors; and
- Assuring compliance of children, especially younger children, poses unique challenges.

WHAT THIS DOCUMENT COVERS

As a basic, first step in response to the COVID-19 outbreak, we strongly recommend that all group homes, foster family agencies (FFAs), temporary shelter care facilities (TSCFs) and Short-Term Residential Therapeutic Programs (STRTPs) review and update emergency plans and consider ways to continue essential services if onsite operations must be reduced temporarily.

This document provides general information about COVID-19, and identifies specific actions beyond that basic, first step that will help slow the spread of respiratory infections, including COVID-19.

The goals of this document are to help group homes, FFAs, TSCFs, and STRTPs develop strategies to:

- Prevent and reduce the spread of COVID-19 within your facility.
- Prevent and reduce the spread of COVID-19 between and outside of facilities.

Note that this document applies only to the types of facilities named in the title and not to resource families. Instead, resource families should refer to information for individuals and households on the DPH COVID-19 website: ([GuidanceIndividualsHouseholds.pdf](#)).

GENERAL INFORMATION

What is novel coronavirus?

COVID-19 is caused by a virus that has not been seen in humans before. In some ways it is like other viruses we have seen, but there are important factors that set it apart:

- Most people can catch the disease. Since it has never infected humans before, only people who have had the disease and people who have been fully vaccinated are likely to be immune.



Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

Guidance for Group Homes, Foster Family Agencies, Temporary Youth Shelter Facilities and Short-term Residential \Therapeutic Programs

- It can be spread from person to person more easily than some other viruses
- It can be spread by someone who doesn't have any symptoms and has no idea they are infected.
- While it causes mild or moderate symptoms in most people, it can be very serious and even fatal in some cases.

High-risk groups

High-risk groups for COVID-19 include people over age 65, people with chronic conditions (including those that affect heart, lungs or kidneys), and people who have weakened immune systems due to disease, chemotherapy or other medical treatments or conditions.

Babies under the age of 1 and children with certain underlying conditions, including obesity, asthma, diabetes and others, may be at higher risk for serious illness than other children when they become infected. The [full list of potential high risk conditions](#) in children can be accessed through the CDC.

What are common symptoms of COVID-19?

People with COVID-19 have had a wide range of symptoms ranging from mild symptoms to severe illness. Symptoms of COVID-19 may include some combination of the following:

- Fever (100.4 F or higher)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Children may also present with stomach or poor appetite/poor feeding, especially in babies under 1 yr of age. Facilities should facilitate or encourage testing of all symptomatic staff children, and youth. Close contacts of known COVID cases should also be tested. Facilities should conduct their own testing if they can do so. Staff can be referred to their primary care provider about the need for testing.

Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or difficulty waking up
- Bluish lips or face
- Other serious symptoms

How are coronaviruses spread?

Like other respiratory sicknesses, human coronaviruses most commonly spread to others from an infected person who has symptoms through:

- Droplets produced when an infected person coughs or sneezes.
- Close personal contact, such as caring for an infected person.

COVID-19 may also spread by touching a surface or object that has the virus on it and then touching the mouth,

Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

Guidance for Group Homes, Foster Family Agencies, Temporary Youth Shelter Facilities and Short-term Residential \Therapeutic Programs

nose, or eyes but this is not thought to be the main way the virus spreads. Some people get COVID-19 without ever showing symptoms but they can still spread the infection to others.

COVID-19 is new and we continue learning more each day about how it spreads and how long it takes for people to become sick. As information changes, we will keep you informed. We encourage you to visit the [DPH Coronavirus webpage](#) for resources, including a variety of documents providing an overview of COVID-19 prevention and care, [Frequently Asked Questions for Workplace Managers](#) and [Guidance for Care of Children with Symptoms of COVID-19](#). Additional resources are noted through this document where relevant.

STEPS TO PROTECT THE HEALTH AND SAFETY OF RESIDENTS AND STAFF

Prevent and reduce spread of COVID-19 <u>within your facility</u>	
1. <i>Steps to reduce risk of infection</i>	<p>Signage</p> <ul style="list-style-type: none">- Post signs for children, youth, staff, and visitors on the importance of hand-washing and hand sanitizing.- Provide signs and regularly remind children and youth to alert staff if they have <u>symptoms of COVID-19</u> (Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea). <p>Screening</p> <ul style="list-style-type: none">- Immediately implement symptom screening for all staff, visitors, children and youth. Entry screening of employees, volunteers, contract workers or visitors must be part of an organization’s strategy to limit the spread of COVID-19 at their facilities. Please refer to this document which provides additional screening guidance and a sample template for screening an individual before they enter the facility. Please note that: 1) entry screening can also be done remotely or through other methods that may be more convenient and 2) taking an actual measurement of temperature at the point of entry is recommended but optional as long as the screening process determines if the individual has experienced fever.- If entry screening is done in-person, ensure that:<ul style="list-style-type: none">• The screening area permits privacy and confidentiality for the person being screened.• The person being screened is wearing a cloth face covering and maintains six feet of physical distance from the screener during the entire screening process.• The screener is wearing both a cloth face covering and, ideally, a face shield. The screener uses gloves and ensures proper hand hygiene (soap and water or hand sanitizer with at least 60% alcohol) prior to and after, screening each

Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

Guidance for Group Homes, Foster Family Agencies, Temporary Youth Shelter Facilities and Short-term Residential \Therapeutic Programs

person if there is any physical contact or exchange of documents.

- Screeners are properly trained in the use and cleaning of thermometers if onsite temperature measurement is done. Non-contact thermometers are preferable, but if a thermometer that requires contact is used, cleaning is done after each use.
- All documentation related to entry screening and measurement of body temperature are medical records. Procedures related to the completion, storage and review of records must, therefore, comply with all regulations related to the confidentiality, handling and maintaining of medical records.
- Individuals should not be permitted entry if they report having had symptoms within the past 10 days, if they have an elevated body temp (greater than or equal to 100.4°F or 38°C), or have had contact with a person with or suspected to have COVID-19 in the previous 10 days.

Please also see section 5 below on screening of children and youth.

Hand Hygiene and Respiratory Etiquette

- Wash hands often with alcohol-based hand sanitizer that contains at least 60% alcohol or soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.
- Note, however, cautions about use of hand sanitizer by young children without direct adult supervision. (See <https://www.cdc.gov/handwashing/hand-sanitizer-use.html>.)
- More Hand Sanitizer Safety Tips:
 - Keep hand all sanitizers out of the reach of children and supervise their use.
 - Seek immediate medical attention children or youth have swallowed hand sanitizer or are experiencing symptoms after repeated use of these products and contact your poison center (1-800-222-1222) for advice.
- Also note that some hand sanitizers should not be used because they may:
 - Contain methanol (wood alcohol) or 1-propanol which can cause serious health problems such as blindness, nerve damage, and even death.
 - Be contaminated with germs.
 - Not have enough alcohol in them to work properly.
 - For the latest information, check the FDA's [Methanol Contaminated Products List](#). If your product is on this list, stop using it immediately.
- Cover coughs and sneezes with a tissue, and then dispose of the tissue and clean hands immediately. If you do not have a tissue, use your sleeve (not your hands).
- Minimize, where possible, close contact and the sharing of objects such as cups, utensils, games, toys, food, and drink.

Social (Physical) Distancing – Promote social distancing throughout the facility by

Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

Guidance for Group Homes, Foster Family Agencies, Temporary Youth Shelter Facilities and Short-term Residential \Therapeutic Programs

enabling children, youth and staff to stay at least 6 feet away from each other as much as feasible. Avoid shaking hands or giving hugs to others.

- Re-arrange common areas in the facility to ensure that residents do not congregate.
- Set up common rooms so chairs are separated by 6 or more feet and facing away from one another, with easy access to tissues, hand sanitizer, and a nearby sink to wash hands.
- In shared rooms, beds and cribs should be placed at least 6 feet apart, when possible, and positioned head-to-toe, with heads positioned as far apart as possible.
- Meals should be served in a staggered manner or in outdoor areas to ensure that social distancing is maintained. Serve meals with the same groups of children and youth at each meal to reduce spread of infection.
- Restrict transportation of children and youth to essential visits only.
- Group activities may be resumed and conducted as noted in section 2 below.

Universal Source Control – Source control measures include the use of masks or face coverings. Require that all persons including staff, visitors, and children over the age of 2 wear cloth face coverings, at a minimum. Face coverings or masks are required by all persons in all resident areas, common or shared areas, walkways, or where children, youth and/or staff congregate.

- Staff working alone in closed areas do not need to wear a face covering unless they are moving through common spaces where they may interact with other staff or residents.
- Surgical masks, if available, should be reserved for caregivers or for any child or youth that is confirmed or suspected to have COVID-19.
- All children 2 years old or greater must wear cloth face coverings when outside their room. This includes children and youth who must regularly leave the facility for care.
- Children under the age of 2 and children and youth who, due to underlying cognitive or medical conditions, cannot wear face coverings outside their room should not be forcibly required to wear face coverings and should not be forcibly kept in their rooms. However, face coverings should be encouraged as much as possible.
- A face covering should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove it without assistance. Face shields or face shields with a drape may be offered to residents who are not able to wear face coverings.

Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

Guidance for Group Homes, Foster Family Agencies, Temporary Youth Shelter Facilities and Short-term Residential \Therapeutic Programs

	<ul style="list-style-type: none">- When staff are in a child or youth's room, residents should cover their nose and mouth as much as possible, with at least a tissue but ideally with a cloth face covering. <p>Cohorting</p> <ul style="list-style-type: none">- Whenever possible, children and youth should be grouped into small cohorts of maximum 12 youth who interact frequently in their living quarters, at meals, during activities, etc.- Similarly, every attempt should be made to keep staff working with the same cohort and not rotating between different settings to limit exposure.
<p>2. <i>Communal Dining and Group Activities</i></p>	<p>Limited group activities and communal dining are allowed as long as the facility adheres to the following measures:</p> <ul style="list-style-type: none">- Face coverings are required as described above.- Physical distancing:<ul style="list-style-type: none">• No more than 12 children and youth are allowed per group.• All children and youth must keep at least 6 feet apart from each other and from staff during all activities.• All staff must keep 6 feet apart in break rooms and, as much as possible, during work activities.• Activities should be done in shifts to allow better physical distancing.<ul style="list-style-type: none">○ These shifts of children and youth should be kept together (e.g. the same group of children and youth dine together each night) and individual children and youth should be assigned to specific areas as much as possible to attempt to minimize exposure in case a child or youth later tests positive for COVID-19.○ Use a sign-in sheet/roster of children and youth present during group activities which will help with contact tracing should a child or youth later test positive for COVID-19.- Enhanced environmental disinfection.<ul style="list-style-type: none">• All communal, high touch surfaces should be disinfected after children, youth or staff vacate an area.- If new cases are identified among children and youth, communal activities should cease for at least 14 days. During this time, the facility should review their infection control and prevention practices to prevent future new infections. After there have been no new cases in children or youth for 14 days, communal activities may resume with universal source control measures and physical distancing as described above.- If a child or youth tests positive for COVID-19 (symptomatic or asymptomatic) or has been exposed to a person with COVID-19, the child or youth should be isolated or quarantined as described in section 5 and 13 below. The child or youth should not participate in communal dining and activities, should not access

Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

Guidance for Group Homes, Foster Family Agencies, Temporary Youth Shelter Facilities and Short-term Residential \Therapeutic Programs

	<p>shared amenities or equipment, until they are out of quarantine or isolation after meeting the criteria in section 5 or 13 below.</p>
<p>3. <i>Visitors</i></p>	<p>Essential visitors and essential ancillary professionals are permitted visitors.</p> <ul style="list-style-type: none">- Essential ancillary professionals are defined as contracted healthcare professionals including consultants, service providers, and surveyors if deemed essential by the facility.- Essential visitors are defined as:<ul style="list-style-type: none">• Essential support person for patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments; one essential support person can be allowed to be present with the patient.• Court mandated visits by family, attorneys, and CASAs (Court Appointed Special Advocates)- All essential visitors are permitted inside the facility and must:<ul style="list-style-type: none">• Be screened on entry. Essential visits must be postponed if the visitor screens positive (for symptoms and/or exposure to COVID-19) or is unwell.• Wear a cloth face covering or other appropriate mask to protect others during the visit unless contraindicated. If the essential visitor is unable or unwilling to maintain these precautions, consider restricting entry.• Be restricted to room of the child or youth being visited or other location designated by the facility. If indoor areas are used for visitation, use a room with good ventilation (e.g. windows open).• Perform hand hygiene before and after the visit at minimum.• Practice physical distancing while in the facility.• Staff should monitor the visit to make sure infection control guidelines are followed (safe distancing, face coverings, no physical contact) to assure a safe visitation for both children/youth and loved ones.• Visitors should be advised to monitor themselves for signs and symptoms of respiratory infection for at least 14 days after exiting the facility and, if symptoms occur, to self-isolate at home, contact their healthcare provider, and if they test positive for COVID, notify the facility of the date(s) they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. The facilities should immediately screen the individuals of reported contact and take all necessary actions infection control precautions based on findings.- Non-essential visitors:<ul style="list-style-type: none">• Outdoor visitation may be resumed in compliance with the following requirements:<ul style="list-style-type: none">○ Visits must be scheduled in advance.○ Outdoor visitation is allowed for children and youth who do not have COVID-19 (in the green zone).○ Visitors should be screened on arrival. Visitors with signs or symptoms of COVID should not be allowed visitation until they have completed the

Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

Guidance for Group Homes, Foster Family Agencies, Temporary Youth Shelter Facilities and Short-term Residential \Therapeutic Programs

	<p>required isolation period. Visitors with known contacts to COVID-positive individuals should not visit until after their quarantine period is completed.</p> <ul style="list-style-type: none">○ Visitors should maintain physical distancing of 6 feet or more. If 6 feet of distance is not possible, a clear plastic divider may be used.○ Children, youth, and visitors must wear facial coverings.○ Staff should monitor the visit to make sure infection control guidelines are followed (safe distancing, face coverings, no physical contact) to assure a safe visitation for both children/youth and loved ones.○ If the weather prevents outdoor visitation, large communal spaces with an open door or window is an alternative option. Indoor visitation is not permitted if there is at least one COVID-19 positive case among the residents and/or staff. Indoor visitation may be permitted if the facility has not had any COVID-19 cases among residents and/or staff for 14 days. <p>– Other measures should be established to support visitation.</p> <ul style="list-style-type: none">● Continue to offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).● Create a communication outlet (email listserv, website, call-in number with recording, etc.) to provide updated communication with families.● Assign staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
<p>4. <i>Screen children and youth for symptoms of COVID-19</i></p>	<p>Screening Residents</p> <ul style="list-style-type: none">– Assess all new children and youth at the time of admission for symptoms of COVID-19.– If able, assess ALL children and youth at least once a day for new symptoms. Remind children and youth to report any new COVID-19 symptoms to staff.– If able, assess resident temperatures upon admission and daily with a scanning or disposable thermometer. A fever is a temperature of 100.4 F or higher.– Given the current outbreak, any resident with symptoms of respiratory illness can be presumed to have COVID-19 and SARS-CoV2 testing with a PCR test should be recommended. Encourage testing of routine respiratory pathogens including influenza testing if appropriate to establish any alternative diagnosis.– Ensure isolation precautions noted in the section below for all sick residents while testing is pending and if the resident tests positive for COVID-19.– Records should be kept of resident temperature checks.– If a child or youth leaves the facility temporarily (such as for a home visit or if they leave without permission) and could possibly have had a high risk exposure while away from the facility, the child/youth should remain in quarantine for 10 days, if feasible, ideally in a separate wing or area of the facility.

Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

Guidance for Group Homes, Foster Family Agencies, Temporary Youth Shelter Facilities and Short-term Residential \Therapeutic Programs

5. *When residents are symptomatic*

Isolate Symptomatic Residents

All residents with symptoms of COVID-19, whether or not they have been tested for COVID-19, should be included in the yellow (quarantine) zone. This does not have to be a physically separate space in the facility, but residents in the yellow zone should be confined to their own room if the resident has a single room, or separated from a roommate by 6 feet or physical barrier [plexiglass, curtain] if the resident has a roommate).

- Test all symptomatic children and youth for COVID-19.
- Symptomatic children that test negative for COVID-19 should remain in the yellow zone until they are fever free for 24hrs and their symptoms have improved.
- Symptomatic children that test positive for COVID-19 should be rapidly moved into a red zone, which is isolated from the rest of the residents.
 - It should be a separate building, room, or designated area, away from non-symptomatic children and youth, ideally with a separate bathroom.
 - Place clear signage outside all isolation areas so staff, children and youth and know they should stay away.
 - If there is no way for COVID+ children and youth to reside in separate rooms or buildings, partitions (e.g., linen, dressers, etc.) should be constructed to create as much of a barrier as possible between COVID positive and COVID negative children and youth.
 - A designated restroom should be identified and reserved for use by COVID+ individuals only. If this is not possible, cleaning after the room has been used by a symptomatic person is essential.
 - If COVID+ children and youth need to move through areas with residents without symptoms, they should wear a surgical mask and minimize the time in these areas.
 - COVID+ children and youth should eat meals separately from COVID negative residents.
 - If dining space must be shared, stagger meals so symptomatic children and youth are not eating with non-symptomatic children and youth and clean after use by each group to reduce transmission risks.
 - Mobile screens, linens, etc. (or other ways to form partitions) should be used to encourage compliance with separation in shared spaces.
 - If screens are used, it is important to adhere to applicable building fire codes and regulations. (e.g., maintain access for evacuations and do not cover fire alarms).
 - Minimize the number of staff members who have face-to-face interactions with COVID positive children and youth. Provide instructions to all

Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

Guidance for Group Homes, Foster Family Agencies, Temporary Youth Shelter Facilities and Short-term Residential \Therapeutic Programs

	<p>staff to prevent disease spread. Section 15 provides guidance on use of Personal Protective Equipment for staff who have contact with a symptomatic child or youth.</p> <ul style="list-style-type: none"> ○ Child/youth isolation in the red zone may be discontinued when the following conditions are met: <ul style="list-style-type: none"> ▪ At least 10 days has passed since symptoms first appeared AND at least 24 hours since the resolution of fever without the use of fever-reducing medications and improvement of symptoms (such as cough and shortness of breath). Individuals that are severely immunocompromised may need to isolate for 20 days or longer. See section 7 below for more details regarding this group of children/youth. ○ Staff should keep a daily log of all children and youth in isolation to monitor symptoms and determine termination of isolation. ○ If a symptomatic child or youth fits into a group at high-risk for complications of COVID-19 illness (e.g. has a chronic condition) call their primary care provider (PCP) without delay if their symptoms worsen or to notify a staff member to call 911. When calling 911, staff members should notify the dispatcher that this resident has COVID-19 symptoms. <p>Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:</p> <ul style="list-style-type: none"> - Trouble breathing - Persistent pain or pressure in the chest - New confusion or inability to arouse - Bluish lips or face
<p>6. <i>When an asymptomatic child or youth tests positive</i></p>	<ul style="list-style-type: none"> - Asymptomatic residents who test positive should be transferred to the red zone and follow the same procedures as symptomatic COVID positive residents.
<p>7. <i>When staff are symptomatic</i></p>	<p>Symptomatic Staff</p> <ul style="list-style-type: none"> - Staff should monitor their symptoms daily and be encouraged to go home if they are ill. Refer them to their primary care provider for SARS-CoV-2 testing. - If staff test positive for COVID, identify staff, children and youth who are close contacts and conduct targeted testing (See section 11). Implement the Targeted Testing Strategy and follow the Targeted Testing Guidance. - Staff with suspected or laboratory-confirmed COVID-19 should be provided with home isolation instructions and instructed to go home to self-isolate and to notify their healthcare provider if symptoms worsen.

Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

Guidance for Group Homes, Foster Family Agencies, Temporary Youth Shelter Facilities and Short-term Residential \Therapeutic Programs

	<ul style="list-style-type: none"> - Symptomatic staff who were directed to care for themselves at home may discontinue home isolation only when the following conditions are met: <ul style="list-style-type: none"> • At least 10 days has passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications and improvement of symptoms (such as cough and shortness of breath).
<p>8. <i>When staff are asymptomatic and test positive</i></p>	<p>Asymptomatic Staff</p> <ul style="list-style-type: none"> - Asymptomatic staff who test positive should be sent home for self-isolation for 10 days after the test was done and asked to follow instructions listed in section 8 above.
<p>9. <i>Reporting Cases of Symptomatic Children, Youth or Staff</i></p>	<p>Case Reporting</p> <ul style="list-style-type: none"> - If 2 or more children, youth or staff in your facility test positive for COVID-19, notify Los Angeles County Department of Public Health at 888-397-3993 during daytime hours or (213) 240-7821 or online at www.redcap.link/covidreport.
<p>10. <i>Implement testing strategies</i></p>	<p>Surveillance Testing</p> <ul style="list-style-type: none"> - Facilities that currently do not have any diagnosed COVID-19 cases in residents or staff, should conduct surveillance testing of 25% of all staff every 7 days (e.g. choose different staff to test every 7 days). <p>Response Testing</p> <ul style="list-style-type: none"> - When COVID-19 positive individuals (residents or staff) are identified, testing of all residents and staff should occur every 7 days until no further cases are identified on 2 consecutive rounds of testing. After this testing is completed, the facility should revert to surveillance testing of 25% of staff every 7 days. <p>Targeted Testing</p> <ul style="list-style-type: none"> - If the facility cannot access testing to serially test all residents and/or staff, prioritize all close contacts of a COVID-19 case for testing. If testing identifies additional cases, a new contact investigation is initiated around the new case to identify, isolate, and test their close contacts as well. This protocol is repeated for each identified case at the facility. Refer to the Targeted Testing Guidance. Identify a mechanism for the facility to obtain SARS CoV-2 samples (nasopharyngeal, nasal mid turbinate, nasal or pharyngeal swabs) for PCR testing and to send these specimens from the facility to a commercial clinical laboratory. The resources noted below provide onsite collection services. - The facility should first be referred to the DHS reference guide or the California Testing Taskforce to find a lab. - If the facility is unable to find a lab to do testing within 1 week during an ongoing outbreak the DPHN assigned to the facility after the case was reported will arrange for testing by the DPH community testing (strike) team. A testing toolkit has been developed to help facilities establish a relationship with a laboratory

Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

Guidance for Group Homes, Foster Family Agencies, Temporary Youth Shelter Facilities and Short-term Residential \Therapeutic Programs

for testing should the need arise. This toolkit can be found at: <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/ccf/#testing>.

11. When is quarantine indicated?

Exposed Children and Youth

- Children and youth who have come in close contact with a symptomatic person must be placed in quarantine (in the yellow zone) for 10 days.
- Close contact is defined as:
 - Contact within 6 feet of a symptomatic person (whether or not COVID-19 has been confirmed by test) for 15 minutes or more in a 24-hour period. Also please note that we still consider a close contact EVEN IF both parties are wearing masks/face coverings.
 - Contact with body fluids and/or secretions of a symptomatic person (they were coughed on/sneezed on, shared utensils or saliva) or provided direct clinical care to a symptomatic person without wearing a surgical mask or gloves.
- Contact can have occurred with an infected staff person, child, youth, or someone outside the facility while the infected person was symptomatic OR up to 48 hours (two days) BEFORE the infected person showed symptoms.
 - Self-quarantine must be for 10 days from the time of contact.
 - If a child or youth begins to show symptoms during the quarantine period, the guidelines for isolation described in section 6 apply. The child or youth's isolation period must be counted from the start of symptoms rather than the start of their quarantine period.

Exposed Staff

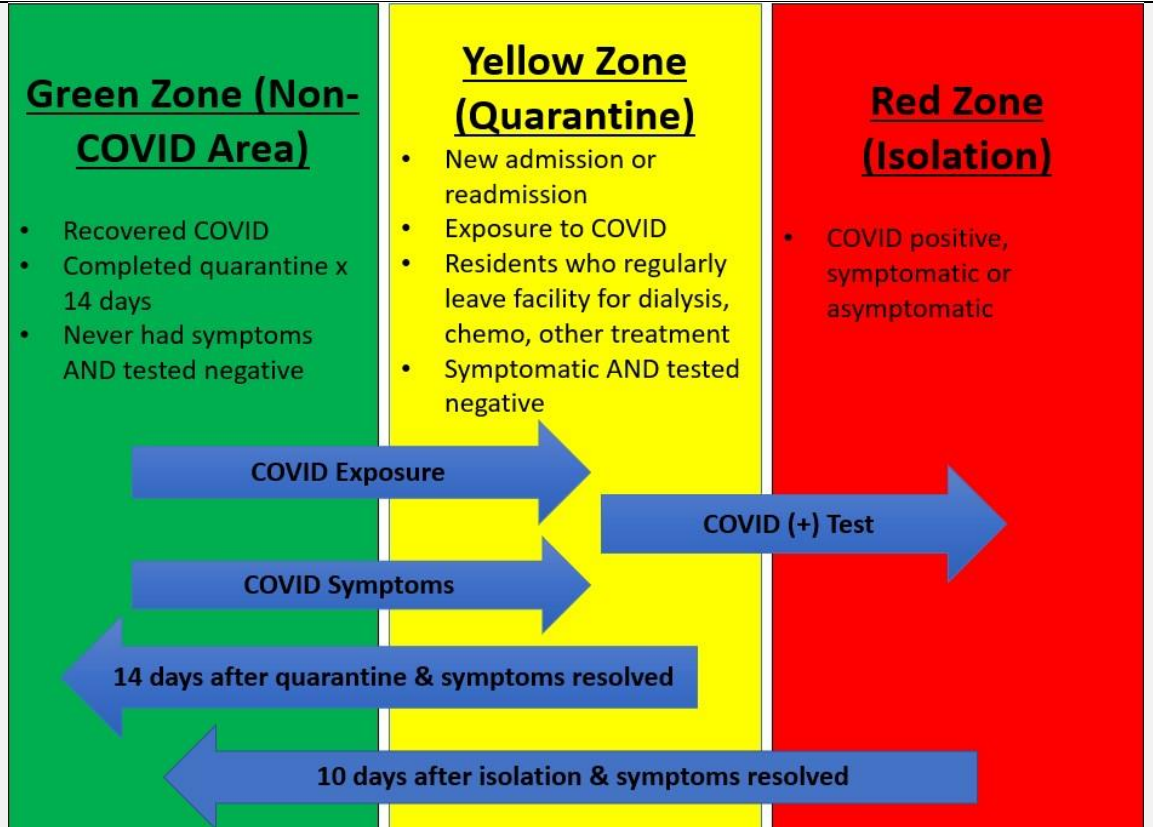
- Staff who have come in close contact with COVID positive children, youth or staff must be sent home to quarantine or placed in onsite quarantine for 10 days.
- The guidelines for staff quarantine are the same as those for residents (see Quarantine Exposed Residents, above).
- However, in times of extreme workforce shortage, non-symptomatic medical staff who were exposed to a COVID-19 positive individual in the workplace can continue to work PROVIDED they wear the appropriate PPE and follow appropriate infection control measures. See sections 17 and 18 below for PPE information.
 - Non-symptomatic medical staff who were exposed and continue to work should self-monitor for symptoms of COVID-19 twice daily – once before coming to work and approximately twelve hours later.
 - Staff who are exposed at home need to quarantine at home for 10 days and then can return to work.

Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

Guidance for Group Homes, Foster Family Agencies, Temporary Youth Shelter Facilities and Short-term Residential \Therapeutic Programs

12. Schematic of resident movement between zones



13. Staff returning to work

Returning to Work after Isolation or Quarantine

- A staff person who has been diagnosed with COVID-19 or who has symptoms of COVID-19 may return to the worksite after:
 - At least 10 days has passed since symptoms first appeared AND at least 24 hours) after the resolution of fever without the use of fever-reducing medications and improvement of symptoms (such as cough and shortness of breath). Asymptomatic staff who tested positive may return to work 10 days after their COVID-19 test was obtained.
- A staff person who was a close contact to a case may return to work 10 days after their last contact with the case.

14. Steps to take for positive COVID-19 case(s)

- Put your emergency plan into action to protect your staff and residents.
- **Seek immediate medical attention by calling 911 for residents that present with any of these COVID-19 emergency warning signs:**
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion or inability to arouse
 - Bluish lips or face

Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

Guidance for Group Homes, Foster Family Agencies, Temporary Youth Shelter Facilities and Short-term Residential \Therapeutic Programs

	<ul style="list-style-type: none">- Post information and keep your staff, children and youth informed about public health recommendations to prevent disease spread and about changes to services that might be related to the case.- Ensure that all common areas within the facility follow frequent and effective practices for environmental cleaning.- If there are two or more confirmed COVID positive cases within 14 days, report the cases as noted in section 10.- Environmental Health Specialists can visit the site to consult and provide technical assistance on sanitation and cleaning practices. An Environmental Health Specialist can be requested by calling the Environmental Health Program (626) 430-5201.
<p>15. <i>Guidelines for use of PPE</i></p>	<p>Personal Protective Equipment for Staff</p> <ul style="list-style-type: none">- Staff interacting with symptomatic individuals should provide a surgical mask to the resident and put on a surgical mask or an N95 respirator if available and fit testing has been performed, and face shield or goggles themselves during close contact with residents. KN95 masks are equivalent to surgical masks.- Ensure all employees clean their hands, including before and after contact with residents, after contact with contaminated surfaces or equipment, before donning gloves, and after doffing items such as gloves, gowns, and surgical masks or N95 respirators. <p>Caregiving Activities (for facilities that provide this service)</p> <ul style="list-style-type: none">- Wear disposable gloves for all caregiving activities and general cleaning activities, especially if you may have contact with blood, body fluids, secretions, excretions, non-intact skin, or surfaces or linens soiled with blood or other infectious material. Throw out gloves after each patient use, do not reuse. Perform hand hygiene before donning gloves and after doffing gloves.- If the resident has a respiratory illness, wear a surgical mask or N95 respirator and face shield or goggles during caregiving activities within 6 feet. Be sure to place a mask on the resident as well during these activities. When working with patients in the yellow and red zones, surgical masks or N95 respirators should be used for the duration of the shift and doffed when contaminated. Do not reuse.- When removing gloves and mask, first remove and dispose of gloves. Then, immediately wash your hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer. Next, remove and dispose of the mask and immediately wash your hands again with soap and water or use an alcohol-based hand sanitizer.- Consider using a plastic reusable or washable gown or apron and disinfect between uses for (1) caregiving activities where splashes and sprays may be anticipated and/or (2) high contact care activities, including bathing that provide opportunities for transfer of pathogens to the hands and clothing of the caregiver.



Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

Guidance for Group Homes, Foster Family Agencies, Temporary Youth Shelter Facilities and Short-term Residential \Therapeutic Programs

	<ul style="list-style-type: none">- When feasible, consider giving bed baths to children and youth with respiratory illness symptoms to avoid splashes and getting masks wet.- If assisting with feeding children or youth, wash hands prior to meal preparation and wear appropriate barriers including gloves and a mask if the patient is ill during feeding.- Wear gloves while washing utensils and wash hands after removing gloves.
<p>16. <i>Best practices for sanitation and housekeeping</i></p>	<p>Cleaning Practices</p> <ul style="list-style-type: none">- Routinely and effectively clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, faucet handles, and phones.- Environmental cleaning should be done with an EPA-registered disinfectant consistent with recommended wet contact time. See public health guidance on cleaning in group settings.• If an EPA-registered disinfectant is not available, use chlorine bleach solution (approximately 4 teaspoons of bleach in 1 quart of water or 5 tablespoons (1/3 cup) bleach per gallon of water). Prepare the bleach solution daily or as needed. Test strips can be used to check if the solution is the right strength.• Alcohol-based disinfectants may be used if > 70% alcohol and contact time is per label instructions.- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but should not be shared without thorough washing. Instruct cleaning staff to avoid “hugging” or shaking out laundry before washing it to avoid self-contamination. Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry. <p>Supplies</p> <ul style="list-style-type: none">- Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer (especially near food areas and restrooms).- Hand hygiene stations (sinks with antibacterial soap and alcohol gel products) should be readily available throughout the facility, especially at the entrances of the facility.- Make sure tissues are available and all sinks are well-stocked with soap and paper towels for hand washing.- Educate and remind children and youth to perform proper hand hygiene throughout the day, particularly after using the restroom and prior to eating their meals.- Position a trash can near the exit inside any child or youth’s room (if they are providing care to the child or youth) to make it easy for employees to discard items such as gloves, surgical masks, and gowns. <p>NOTE: DPH Environmental Health Specialists can provide technical assistance to your</p>

Coronavirus Disease (COVID-19)

Los Angeles County Department of Public Health

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site on sanitation and cleaning practices if needed. An Environmental Health Specialist can be requested by calling the Environmental Health Program at (626) 430-5201.

Prevent and reduce spread of COVID-19 between facilities

Transportation

- Limit transport of all children and youth to essential purposes only.
- When transportation of symptomatic children and youth is necessary:
 - o Symptomatic children and youth should NOT be transported with non-symptomatic residents.
 - o Have symptomatic children and youth aged 2 or older wear surgical masks.
 - o Avoid transporting multiple symptomatic children and youth together. When multiple children and youth need to be transported simultaneously, appropriate social distancing (> 6 feet) should be practiced for children, youth and the driver. The children or youth should be placed on the opposite side of the car from the driver in the seat farthest away from the driver's seat.
 - o Vehicle windows should be rolled down to improve ventilation in the car.
 - o Include supplies for good hygiene, including tissues, trashcans or trash bags for disposal of used tissues, and alcohol-based hand sanitizer.
 - o If you plan to transfer the child or youth to higher level of care due to worsening respiratory status, notify EMS or other transporter that the child or youth has an undiagnosed respiratory infection.

Guidance for Drivers

- o Drivers of symptomatic children and youth should take appropriate precautions, including wearing personal protective equipment, including surgical mask or N95 if available and fit testing has been performed.

Additional Resources

- LAC DPH coronavirus website: <http://www.ph.lacounty.gov/media/Coronavirus/>
- Los Angeles Health Alert Network: The Department of Public Health (DPH) emails priority communications to health care professionals through LAHAN. Topics include local or national disease outbreaks and emerging health risks. <http://publichealth.lacounty.gov/lahan/>
- [FAQ](#)
- [What You Should Know \(Infographic\)](#)
- [Cleaning in Group Settings](#)
- [Handwashing](#)
- [Guidance for Multifamily Residences](#)
- [Skilled Nursing Facilities Guidance](#) and [FAQs](#)

If you have questions and would like to speak to someone call the Los Angeles County Information line at 2-1-1, which is available 24 hours a day.

We appreciate your commitment and dedication to keeping Los Angeles County healthy.