

Coronavirus Disease 2019 (COVID-19) Guidance for Residential Treatment Facilities for Children and Adolescents

This guidance is directed at programs that care for children and adolescents in a residential congregate setting. A congregate setting is an environment where a number of people reside, meet, or gather in close proximity for either a limited or an extended period. Persons receiving services at these programs may be at higher risk of getting and spreading the virus because of community characteristics, such as frequent social activities, group therapy, shared dining facilities, and communal spaces. Immediately contact the local health department if you have questions or suspect that a resident has COVID-19.

Prior to having a suspected or confirmed case, ensure that the following activities are in place:

- Screen staff at the beginning of every shift for fever and respiratory symptoms. Temperature should be taken.
 - Staff with a temp ≥ 100.0 or symptoms should be masked and sent home immediately and prioritized for testing to detect SARS-CoV-2, the virus which causes COVID-19.
- Restrict all visitors, nonessential staff, and volunteers from entering the facility.
- Cancel all group activities, communal dining, and outside trips.
- Counsel residents to restrict themselves to their room (Exception: The facility has developed rehab plans that are aligned with social distancing that include source control methods).
 - If residents share a room, they should be placed sleeping head to toe and maintain at least 6 feet of distance between each resident's bed.
 - Each resident is the only person allowed on his or her bed, and only residents staying in that room or necessary staff are allowed into that room.
 - Maintain social distancing by staying at least 6 feet (about 2 arms' length) from other people.
- Review current resident services, distinguishing between essential and nonessential services.
 - Reschedule services that are nonurgent and that can be postponed to a later date (i.e. dental hygiene, other elective consultations, etc.).
 - Consider using telehealth services for more urgent, but not emergent, medical care activities when feasible.
 - Review COVID-19 plans and policies for essential, contracted services whether provided on or off site.

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- If services are provided on-site, require a screening process for those entering the facility; preferably the same process as with essential healthcare personnel.
- If services are provided off-site that require the resident to leave and return to the facility implement source control measures before the resident leaves his or her room and upon return until they reach their room.
- Confirm continuation of source control, universal masking, and other control measures, such as maintenance of 6 feet between residents and unmasked staff, while receiving care.
- Upon each return, monitor the resident more frequently, at least twice daily, for COVID-19 signs and symptoms for the next 14 days (may be continuous for patients receiving on-going care outside of the facility). Testing of asymptomatic individuals is not routinely recommended. Implement source control by having all staff wear facemasks. Residents could wear a facemask or cloth face covering if they have to leave their room.
 - Some residents may not be able to comply with requests to wear facemasks or cloth face coverings due to symptoms or other impairments. In these situations, ensure all other individuals nearby wear facemasks or cloth face coverings to reduce the likelihood of transmission.

Educate the resident on covering their cough or sneeze with a tissue or use the inside of their elbow. Throw used tissue in the trash and immediately perform hand hygiene with soap and water, washing for 20 seconds or use an alcohol-based hand sanitizer (ABHS).
- Screen residents for symptoms and fever, at least daily.
 - Residents with a temp ≥ 100.0 F or repeated low-grade temps (>99 F) or symptoms should be placed in a single room with a private bathroom if possible, and cared for using recommended personal protective equipment (PPE), including gown, gloves, N95 or higher-level respirator (or facemask if respirator is not available or staff are not fit tested) and eye protection (goggles or face shield) pending further evaluation. These residents should be prioritized for testing.
 - Multisystem Inflammatory Syndrome in Children (MIS-C): Patients with MIS-C have presented with a persistent fever and a variety of signs and symptoms including multiorgan (e.g., cardiac, gastrointestinal, renal, hematologic, dermatologic, neurologic) involvement, and elevated inflammatory markers. Not all children will have the same symptoms, and some children may have symptoms not listed here. MIS-C may begin weeks after a child is infected with SARS-CoV-2. The child may have been asymptotically infected, and, in some cases, the child and their caregivers may not even know they had been infected.
 - For children who may have MIS-C, evaluation for signs of this syndrome may include (but are not limited to) chest radiograph, echocardiography, and blood testing to evaluate for evidence of inflammation. Healthcare providers who have cared or are caring for patients younger than 21 years of age meeting MIS-C criteria should report suspected cases to their local health department.
- Implement a process to report COVID-19 cases in residents and staff to the Regional Public Health Office where the facility is located. Reporting information can be found on the South Carolina List of Reportable Conditions available at: <https://scdhec.gov/sites/default/files/Library/CR-009025.pdf>.

If staff tests positive for COVID-19 and worked while ill with symptoms or in the 48 hours prior to illness onset, the following should be implemented for residents that were cared for by the COVID-19 positive staff:

- Restrict these residents to their rooms. If they must leave their rooms, these residents should wear a facemask, if available, or a cloth face covering.
- Continue to monitor residents for fever and respiratory symptoms twice daily or every shift, as feasible.
- Provide care for these residents using recommended PPE (N95 respirator [or facemask if respirator not available or staff are not fit-tested], gloves, eye protection and gown) until 14 days after the residents' last exposure to the positive staff.
- Prioritize testing for these residents if they develop symptoms of COVID-19.

If a resident(s) tests positive in the facility:

- Isolate the COVID-19-positive resident(s).
 - Place the resident in a single room with a private bathroom if possible.
 - If there are multiple COVID-19-positive residents, cohort positive residents together in rooms and in a designated location with dedicated staff providing their care.
 - Roommates of COVID-19 patients should be considered potentially infected and not share rooms with other residents unless they remain asymptomatic and/or have tested negative for COVID-19 14 days after their last exposure.

Other recommendations once a positive case (resident or HCP) occurs:

- HCP should use all recommended PPE for the care of all residents in the affected areas (or facility if cases are widespread); this includes both symptomatic and asymptomatic residents.
 - If PPE supply is limited, consider extended use of facemasks and eye protection and limit gown use to high-contact, patient care activities. See CDC PPE optimization strategies at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
 - Change gloves and perform hand hygiene between residents.
- Conduct surveillance to actively identify other symptomatic residents and staff (should already be in place), as well as to detect clinically deteriorating residents more rapidly.
 - Increase assessment of residents from daily to every shift.
 - Include assessment of pulse oximetry as part of vital signs, if not already being done and the equipment is available.
 - Educate staff about the potential for rapid clinical deterioration in residents with COVID-19, how to identify such residents, and actions to be taken when identified.
- Consider temporarily halting or decreasing admissions to achieve a lower census to allow for more space and ability to implement social distancing, at least until the situation can be clarified and interventions can be implemented.
- All residents should cover their nose/mouth with tissues or cloth mask (not facemask) when staff enter room.
- All units should have consistent assignments to each unit regardless of symptoms.

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- Reinforce basic infection control practices within the facility (i.e., hand hygiene, PPE use, environmental cleaning with [EPA-approved disinfectant from LIST N](#) and cleaning of high touch surfaces such as bed rails, TV remote controls, cell phones, etc.).
 - Wash hands with soap and water for at least 20 seconds or use an ABHS that contains at least 60% alcohol.
 - Ensure ABHS is accessible to staff and residents in all resident-care areas and throughout the facility.
 - Avoid touching eyes, nose and mouth with unwashed hands.
 - Provide educational sessions or handouts for HCP and residents/families.
 - Maintain ongoing, frequent communication with residents, families and HCP with updates on the situation and facility actions.
 - Monitor hand hygiene and PPE use throughout the facility, but more frequently in affected areas.
- COVID-19-positive residents can be accepted back into the facility if the facility can care for the resident using recommended interventions and single rooms, or they can room share with another COVID-19-positive resident in a dedicated area of the facility.
 - Remember when transferring a resident to alert EMS and receiving facility of isolation status.
- Maintain all interventions while assessing for new clinical cases (symptomatic residents). Ideally these interventions should be maintained for all residents on the unit (or facility if cases are widespread) until no additional clinical cases have been identified for 14 days.
- Use current CDC guidance for removing COVID-19-positive residents from Transmission-Based Precautions, available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dispositionhospitalized-patients.html>.

Resources

CDC Helping Children Cope with COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/for-parents.html>

CDC Multisystem Inflammatory Syndrome in Children (MIS-C): https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html#anchor_1589580133375

CMS Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) and Psychiatric Residential Treatment Facilities (PRTFs): <https://www.cms.gov/files/document/gso-20-23-icf-iid-prtf.pdf>

EPA List N: Disinfectants for Use Against SARS-CoV-2: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

National Council for Behavioral Health: COVID-19 Guidance for Behavioral Health Residential Facilities: https://www.thenationalcouncil.org/wp-content/uploads/2020/04/042820_NCBH_COVID19GuidanceBHFacilities_v6.pdf?daf=375ateTbd56

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SC DHEC Coronavirus Disease 2019 (COVID-19): <https://www.scdhec.gov/infectious-diseases/viruses/coronavirus-disease-2019-covid-19>

SC DHEC CDC Health Advisory Multisystem Inflammatory Syndrome in Children (MIS-C) Associated with Coronavirus Disease 2019 (COVID-19):
<https://www.scdhec.gov/sites/default/files/media/document/10462-CAD-05-15-2020-COVID-19.pdf>

SC DHEC Health Alert Network COVID-19: <https://www.scdhec.gov/infectious-diseases/viruses/coronavirus-disease-2019-covid-19/health-alert-network-covid-19>