

Novel coronavirus (2019-nCoV) Policy & Procedure

Novel coronavirus (2019-nCoV) is a virus strain that has only spread in humans since December 2019. Experts are still learning about the range of illness from novel coronavirus. Reported cases have ranged from mild illness (similar to a common cold) to severe pneumonia that requires hospitalization. So far, deaths have been reported mainly in older adults who had other health conditions. There are currently no targeted treatments or vaccinations for it.

Symptoms Include:

- A cough
- Difficulty breathing
- Fever

Precautions:

It is important that staff take appropriate precautions for themselves and the youth in our care, these include:

- wash hands immediately with soap and water upon arrival to work and continue to do so often throughout the work day. If not available, use hand sanitizer
- avoid touching your eyes, nose, or mouth with unwashed hands
- avoid unprotected contact with people who are sick when at work
- stay home while you are sick and avoid close contact with others
- cover your mouth and nose with a tissue or sleeve when coughing or sneezing
- Youth will be reminded not to share glasses, cups and other items.
- The janitor will be contracted to do additional cleaning of high use and high risk areas including door handles, sinks and drinking fountains, staff will also sanitize these areas frequently, at the start of their shift and periodically throughout their shifts

Staff at Parrott Creek will monitor youth and themselves for symptoms of the coronavirus.

Treatment:

Call your healthcare provider to identify the safest way to receive care. Let them know if you have traveled to an affected area within the last 14 days. There are no medications specifically approved for coronavirus. Most people with mild coronavirus illness will recover on their own by drinking plenty of fluids, resting, and taking pain and fever medications. However, some cases develop pneumonia and require medical care or hospitalization.

For staff:

Employees should communicate with their supervisor should they (or a member of their immediate household) feel or exhibit any of the following symptoms to ascertain whether they should come to work or not:

- Fever (100.4° F [38° C] or greater using an oral thermometer) in the past 24 hours
- Signs of a fever
- Other symptoms as listed above for at least 24 hours

Healthy staff's schedules may be changed to accommodate appropriate supervision of youth and functioning of the agency as well as meeting our licensing requirements.

Staff Self-Quarantine from Travel

- Staff who travel by plane or train out of state are required to self-quarantine and work from home upon their return for 14 days.
- For most office-based staff it should be possible to work from home and not have to use up sick days.
- Residential staff will plan accordingly with their manager and get approval ahead of time.

For Youth:

If youth are experiencing symptoms staff will take the youth's temperature and pay attention to the known symptoms listed above. If youth are exhibiting symptoms, staff will seek advice from the on duty advice nurse or the Gladstone clinic, if advised by the clinic youth will be transported for testing.

Attention will be paid to the accepted symptoms, cough, shortness of breath and fever, if other symptoms are present such as sneezing and sputum advice will be sought from health professionals to make an informed decision about next steps.

If a youth has symptoms of the virus, the E.S.D. will follow their protocol which is to close the school until it has been sanitized appropriately, this will be done by the janitorial company on request from the agency.

Parents, OYA Workers and DHS Case Workers will be kept informed of the youth's testing, progression through symptoms and the outcomes of any testing.

Youth who are experiencing symptoms will be isolated from other youth with, if possible, a six-foot buffer zone between sick and well. If there are several youth exhibiting symptoms staff will decide which room in the dorm will be assigned for those youth to be separated from the population and staffed appropriately.\

Mask guidance for staff and clients to the extent available:

- Healthy staff working with well clients do not need to wear masks
- Healthy staff working with sick clients should wear a mask (if available) and wash hands often
- Coughing residents should wear masks to contain secretions/droplets.
- Staff can review correct mask use in order to assist participants
- How to wear a mask correctly: <https://www.youtube.com/watch?v=9VbojLQe94>

Meals:

Since individuals with a cough need to unmask to eat, individuals with known respiratory symptoms should eat with maximum spacing from others, and in a place with maximum ventilation, including outside if necessary. Food hygiene and handling rules will be reviewed and strictly adhered to. If necessary, no food will be left uncovered. Personal utensils will not be used in shared containers. All staff and youth will hands before eating and handling shared objects.

This policy may be updated based on additional information provided by County, State and/or Federal health agencies.

For further information:

<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/DISEASESAZ/Pages/emerging-respiratory-infections.aspx>

OYA Evacuation Plan

1. CRU staff and certifiers have identifying a point person (Robyn Marshall) to coordinate information from each program and foster home.
 - a. We will be calling each program/home daily to see whether there are people sick, with COVID-19 symptoms, tested, and confirmed.
 - b. We will also be helping programs connect with their local public health and emergency response systems.
 - c. We will need to coordinate with Jeff G. to make certain that we have this contact information for each county.
2. Where there are issues with youth, staff, or foster parents – we are encouraging people and programs to stay in place.
 - a. There will be an increased burden on hospitals and other emergency response systems and we do not want to exacerbate these potential problems,
 - b. Once the virus is known to be present, our goal will shift to reducing the spread/transmission, and keeping people in the programs/homes is likely the best way to do this.
 - c. If there is the ability to increase funding for either foster parents or BRS programs, I would like to channel this through the daily rates.
 - i. If programs are discharging youth or sending youth on extended home visits, this is likely making the community problems worse and transferring the costs.
- ii. There is no way to know whether these youth will be able to return to their programs, and
 - iii. I think that the support should be given to those who are working with us and managing the situations internally.
3. We are starting to gather from the Field a list of people who would be willing to volunteer for shifts either in facilities or programs. The first line should be people who are willing to do this work.
 - a. We will need to be coordinating to make certain that volunteers have protective gear (Questions for Dr Adams)
 - b. We want to think about in a regional manner (at least for now), with people staying within their Field Office region as much as possible.
 - c. We should also note staff who are either vulnerable themselves or are caring for others who are vulnerable (separate categories). These should be the last individuals if we have to move to mandating any kind of work.

4. As situations progress, CRU techs will work with programs and Foster care certifiers work with individual homes to create specific plans for helping in the events that in program staffing is projected to move below safe/reasonable levels.

a. In those situations the intent would be to have the youth stay in their programs and for OYA to staff the facility/program/home for a period of time that would meet with the risk profile of that situation.

i. For confirmed cases, until there is no risk of external spreading of the disease, and

ii. For monitoring situations, until there is 15 days without new cases.

iii. We will want to vet such plans with our COOP and the local community health system.

b. Once there are confirmed cases, programs should not be allowed to send youth anywhere else (home, detention, etc) unless there is an immediate and compelling community safety risk and there is a known placement willing to receive the youth before exiting the program.

c. We will also want to look individually at program placements and exits to determine what is most safe for both the sending and receiving environments.