Basic Health & Hygiene Practices
Minimizing the spread of COVID-19 is everyone’s responsibility and generally involves health and hygiene practices:

- Wash your hands, especially after touching any frequently used items or surfaces. It’s recommended that you do this for 20-30 seconds. If a sink and soap are not accessible, use hand sanitizer.
- Avoid touching your face.
- Sneeze or cough into a tissue, then wash or sanitize your hands. If a tissue is not available, use the inside of your elbow.
- Regularly disinfect surfaces and frequently used items.
  - In the event someone is ill, isolate them to a room of their own, whenever possible.
  - Assess for fever, cough, or shortness of breath. If these do not exist, treat the illness as you normally would. If they do exist, assess the severity of the symptoms and consult public health, a nurse line, or obtain medical attention, if necessary.
    ▪ Severe symptoms associated with shortness of breath include persistent pain or pressure in the chest; new confusion or inability to arouse; bluish lips or face.
  - If interaction with others is needed, utilize appropriate personal protective equipment (PPE).
- Conducting a Daily Health Check (this resource was created for child care but can be adapted) of all individuals residing in a group care setting may be beneficial.

Assessing Individuals for COVID-19 Exposure Prior to Entering the Premises
In order to ensure the environment remains as sanitary as possible, it will be necessary to assess individuals before they enter.
Designate an area for assessing individuals prior to entrance into the main areas of the building.

- Provide a sink and soap or hand sanitizer. Provide disposable towels for drying or utilize a covered laundry basket for regular hand towels.
- Require shoe removal for visitors. For employees reporting to work and children residing there, encourage a change of shoes that remain in the building.
- Conduct a health check and exposure assessment (SEE EXAMPLE FORMS).
  - Screen for fever (temperature greater than 100.4 F), cough, or shortness of breath.
    ▪ Employees who develop fever or respiratory symptoms must be excluded from work for at least 7 days. If testing for COVID-19 is performed and is negative, staff may return to work 72 hours after the fever has resolved without the use of fever-reducing medications.
    ▪ For children with a temperature but no other symptoms, isolation and monitoring should occur until 24 hours after the fever resolves without the use of fever reducing medication. Use of PPE is optional.
    ▪ For children exhibiting symptoms in conjunction with a fever, assess the severity of the symptoms and consult public health, a nurse line, or obtain medical attention, if necessary. Utilization of PPE is recommended.
      ▪ Severe symptoms associated with shortness of breath include persistent pain or pressure in the chest; new confusion or inability to arouse; bluish lips or face.
  - Inquire about close contact (within 6 feet) with others known to be ill, exhibiting symptoms such as fever, cough, or shortness of breath, or tested positive for COVID-19 within the past 14 days (or while engaging in running behavior).
    ▪ If the individual confirms close contact, monitoring and social distancing should occur, along with basic health and hygiene practices. Isolation is not necessary for asymptomatic individuals.
Preparing For, and Responding to, Missing from Care Episodes

Children residing in out-of-home care require a cohesive team of individuals to meet their needs. Children who exhibit running behaviors are at increased risk of COVID-19 exposure and require additional planning and team support. For a child with known running behaviors:

- Ensure they understand the new risks associated with running and COVID-19 prevention strategies.
- Explain monitoring and social distancing procedures necessary if they engage in activities that increase their potential exposure to the virus, as well as isolation and/or medical treatment necessary should they contract the virus.
- Develop a plan with the entire team that includes:
  a. Additional supports for managing running behaviors (this may include additional staff, mentors, access to family/friends via phone or video, etc.)
  b. The chain of communication (who gets notified first, and who notifies whom from there) and current contact information.
  c. The individual responsible for transporting the child if running behavior occurs and the child is located away from the building.
  d. Those who should be present for the health check and exposure assessment (see page 1) of the child upon return of the child to the building. [Note: The Ongoing Services Standards requires the ongoing case worker to interview the child about the missing episode within 1 business day of the child be located.]
  e. Options for caring for the child if symptomatic upon being located (i.e., quarantine options within and outside of the building, additional supports for supervision during the quarantine, etc.)

Please note that information relayed by WAFCA on this matter is shared in the interest of advancing your access to resources and does not constitute legal advice. We encourage you to use this information as you consult with your legal counsel and risk management representatives regarding your emergency planning and communications. Information has been adapted from various resources on the CDC website (https://www.cdc.gov/coronavirus/2019-ncov/index.html) and information shared by the DHS Bureau of Communicable Diseases.