

COVID-19 Pandemic Guidance for Foster Care Group Care Facilities

The Washington State Department of Health has developed the following guidance to assist foster care group care facilities without onsite medical care in response to the COVID-19 pandemic. Your local public health agency is your primary source of support when planning for and responding to a COVID-19 incident in a group care facility.

Additional resources on how foster care group care facilities can prepare for and manage COVID-19 can be found at CDC's [Living in Shared Housing](#) webpage.

Stay up-to-date

Assign someone to monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Washington State Coronavirus Response](#)

Make a plan

Review and update your infection control preparedness plan. You may decide to contact your local public health agency for assistance in developing the plan. The plan should include:

- A policy for when and how staff should use personal protective equipment (PPE) with residents. Resources and recommendations on PPE:
 - [Healthcare Provider Resources and Recommendations](#) (DOH)
 - [Use Personal Protective Equipment \(PPE\) When Caring for Patients with Confirmed or Suspected COVID-19](#) (CDC)
 - For staff, cloth facial coverings must be worn by every individual not working alone at the location in an office or vehicle, unless their exposure dictates a higher level of protection under Department of Labor & Industries safety and health rules and guidance. Refer to [Coronavirus Facial Covering and Mask Requirements](#) for additional details.
- A policy for when and how staff will be trained on use of personal protective

equipment. Agencies may request PPE usage training from their local public health agency. The local public health agency may direct the facility to additional Department of Health infection prevention and control training resources.

- A plan for implementing respiratory hygiene throughout the facility, including implementing social distancing measures, cleaning and disinfecting regularly, and communicating how to personally prevent spread.
 - Be strategic about your activities to prevent any spread of COVID-19. (See “Social distancing” for more guidance on how to conduct group care activities.)
 - Cleaning and disinfecting frequently touched surfaces with [EPA-registered disinfectants](#). (See “Cleaning and disinfecting procedures.”)
- A plan for grouping symptomatic residents using one or more of the following strategies:
 - **Immediately consult local public health for assistance with implementing this plan in the event of an outbreak.** Be prepared to identify potential situations for individual residents that might inform local public health’s recommendations for infection control in your facility, including unique situations that make mask-wearing, physical distancing, and physical isolation impossible.
 - If you have residents showing symptoms, you should contact local public health and a designated healthcare provider, if available, about getting the residents tested.
 - Ask symptomatic residents and exposed roommates to stay in their rooms.
 - When not possible, place symptomatic residents together in one area of the facility, or use the facility as a group quarantine space.
 - Assign staff to either affected or non-affected residents to prevent transmission between residents.
 - When a resident cannot be effectively isolated in the facility, work with local public health to plan for an alternate strategy, such as a stand-alone cottage or facility designated for the care of only positive residents; an alternate safe location, like a hotel, where a resident can be cared for by a nurse; or transfer the resident to a hospital if symptoms are severe.
 - *Note that in group care settings, because residents often have a significant history of trauma, it will be important to work with local public health to develop the best trauma-informed strategies for quarantine and isolation, which may require alternate strategies to retaining youth in a room for isolation and quarantine.*
- Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations.
 - Current statewide and nationwide guidance is to limit contact between individuals as much as possible at this time.

- Facilities will refer to the Department of Children, Youth, and Families (DCYF) protocols with respect to court ordered parent child visitation.
- Suggest other options such as visiting by phone if possible.
- Have sick leave policy in place that addresses the needs of staff including:
 - Advising staff, caregivers, or volunteers who have COVID-19 symptoms that they should not report to work and to immediately report their symptoms to an identified manager. Notify local public health if testing support is needed.
 - Provide staff members with information about COVID-19 symptoms so they can self- assess before reporting for duty. (See “Communicate with staff, residents, and visitors.”)
 - A plan for [what to do if staff develop COVID-19 symptoms while at work.](#) after having a diagnosis of COVID-19. Staff who are symptomatic should not return to work.
 - Plans to accommodate staff who need to care for ill family members.
 - Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected units or allow them to take sick time, if possible.
 - Advising staff, caregivers, or volunteers who have COVID-19 symptoms that they should not report to work and to immediately report their symptoms to an identified manager.
 - Consulting with local public health for review of staffing policy specific complications with staffing.
- Criteria and protocols for new admissions:
 - [Screening for COVID-19 symptoms](#) of incoming youth and testing if they show symptoms.
 - If the youth is showing symptoms or is positive for COVID-19, work with the local public health department to quarantine or isolate the resident as outlined in your plan.
 - Making the new placement once the youth has recovered.
- Contingency staffing and patient placement plans:
 - Identify minimum staffing needs and prioritize critical and non-essential services based on residents’ health status, functional and physical abilities, and essential facility operations.
 - Allow for waivers to reduce staff/youth ratio in event of a shortage.
 - Contact your local public health department and local DCYF office for guidance on altered standards of care in case residents need acute care and hospital beds are not available.

Work with DCYF and local public health to fill staffing gaps. DCYF maintains a [Temporary Youth Worker Staffing pool](#). Most local public health agencies maintain volunteer registries

or have access to temporary staffing pools. Local public health may also request resources through the state volunteer registry or through the State Emergency Operations Center.

Identify and contact partners to coordinate

Identify public health and professional resources in the table below.

Contact Name	Phone	Email
Local Public Health		
Department of Health		
Department of Health and Social Services		
Department of Children, Youth and Families		

Identify contacts for local, regional, or state emergency preparedness groups, especially bioterrorism/communicable disease coordinators in the table below.

	Local	Regional	State
Name			
Phone			
Email			

Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized or is being discharged from the hospital. ([List of hospitals in Washington state.](#))

Hospital Contacts

Name	Phone	Email

- **Residents referred to the hospital:** You will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.
- **Residents discharged from the hospital or other facilities:** Discuss with local public health protocols for re-entry of residents upon discharge from a hospital or isolation/quarantine facility, including any requirements for re-entry based on

prevention of transmission to other residents. Plan for transportation needs between facilities.

Communicate with staff, residents, and visitors

- Educate staff, residents, and family members of residents about COVID-19. Make sure they know the potential risks for residents and basic prevention measures, such as:
 - Wash hands often with soap and water or use hand sanitizer made with at least 60% alcohol solution. (For staff tips, see [When and How To Wash Your Hands.](#))
 - Cough and sneeze into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings.](#))
 - Frequently clean and disinfect surfaces and commonly shared objects (doorknobs, tables, counters, etc.)
 - Work with local public health to obtain necessary PPE.
 - Ask staff to use of personal protective equipment (PPE). PPE recommended when caring for COVID-19 patients, includes a gown, gloves, [mask](#) (or respirator), and eye protection. (See [Sequence for putting on Personal Protective Equipment \(PPE\)](#) for more information.)
 - Staff and visitors should [remain home](#) if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- [Post signs](#) at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms.
- Let visitors know about any new policies or procedures in your preparedness plan and how they will impact their visits.
- Communicate with family members of residents to share information the measures you are taking to protect your residents from COVID-19.
- Communicate with staff about any new policies and procedures in your preparedness plan that will impact how they do their work and what to do when they are sick.

Watch for respiratory infection and COVID-19 symptoms in residents and staff

- Observe your residents and staff to detect respiratory infections.
 - Use and modify the resources below to monitor and track of influenza-like-illness (ILI) among residents and staff:
 - [Respiratory Tract Infection Worksheet](#)

- [Infection and Antibiotics Use Tracking Tool](#) and [Instructions](#)
- Assess incoming residents with respiratory [symptoms](#). Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms or combinations of symptoms may have COVID-19:
 - Cough
 - Shortness of breath or difficulty breathing

Or at least two of these symptoms:

 - Fever
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell

In the case a resident has symptoms of COVID-19 or a known exposure

Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for infection control and prevention of spread within your facility. Sputum and oral swab specimens for COVID-19 should not be collected in the facility, unless you have a procedure that has been cleared by your local health department.

Social distancing

Whenever possible, reduce the potential exposures and ensure transmission does not occur by implementing social distancing strategies:

- Reduce group sizes to no larger than 10 people total per group, including children and adults (for example, one adult and nine children, two adults and eight children, etc.).
- Do not combine groups for activities or at meal times. Maintain consistency of smaller groups day to day, where possible.
- Maximize space between group members. Try to limit 10 people per smaller room. Use large rooms, like gymnasiums, for multiple groups as square footage allows. Divide up the space by creating barriers with cones, chairs, or tables to ensure a minimum of 6 feet between the two groups.
- In the groups aim for at least 3 to 6 feet between each resident and staff member. As much as possible, minimize the amount of time residents and staff are in close contact with each other. The following will help you achieve this goal:
 - Plan activities that do not require close physical contact.
 - Do not plan large group activities. (Each activity should be limited to 10

total people, including staff.)

- Offer outdoor play in staggered shifts. If multiple groups are outside at the same time, they should have a minimum of 6 feet of open space between outdoor play areas or visit these areas in shifts so that they are not congregating.
- Limit item sharing. If items are being shared, they should be cleaned. Remind residents and staff to not touch their faces and wash their hands after using these items.
- Use virtual tools for contracted services and appointments.
- Avoid trips to places with other people. Going for walks or to a park is okay.
- Eliminate meals where youth serve their own plates and avoid congregating. If meals must be provided in a lunch room, stagger meal times, arrange tables to ensure that there is at least 6 feet of space between groups in the lunchroom, and clean tables between lunch shifts.
- When transporting residents maximize space between riders.

Cleaning and disinfecting procedures

- Clean and then disinfect surfaces and objects that are touched often daily. This includes bathrooms, water coolers, desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys.
- Follow standard procedures for cleaning with third party certified (Green Seal, EPA Fragrance-free Safer Choice) “green” cleaners and disinfecting with an Environmental Protection Agency (EPA) disinfectant registered for use against the novel coronavirus - see [List N: Disinfectants for Use Against SARS-CoV-2](#).
- Surfaces must be thoroughly cleaned to remove all organic matter before a sanitizer or disinfectant is applied for the required wet dwell time. No disinfectant or sanitizer works with organic matter. Thorough cleaning with soap, water, and a microfiber cloth will remove most microorganisms.
- Shared hands-on teaching materials need to be cleaned at the end of the day. Soap and water is the first step. Some items could then be sanitized. Limit shared materials to those that can be easily cleaned and disinfected at the end of the day or more often as needed.

Minimize the potential for the spread of germs in the program space by temporarily removing toys that are not easily cleanable, such as stuffed animals and pillows. Rotate the toys that are out at any one particular time so that they can be adequately cleaned and sanitized.

More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee’s proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person’s race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted

by COVID-19- this is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions about COVID-19? Call our hotline: **1-800-525-0127**, Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.