Utah Department of
Health & Human Services
Juvenile Justice & Youth Services

JUVENILE JUSTICE & YOUTH SERVICES (JJYS)
CORONAVIRUS (COVID-19) PROTOCOLS

This document is for planning purposes only and is meant to guide our ongoing response to COVID-19. It does not limit or obligate the Agency in any way.

This document is intended to provide guidance on key issues related to COVID-19.

Significant juvenile justice reform in Utah has guaranteed that low risk offenders are not incarcerated, ensuring smaller populations in our juvenile justice facilities. This allows the State to navigate COVID-19 in a thoughtful and informed way, focusing on: (a) promoting public safety, (b) changing young lives, and (c) being responsive to the public health concerns.

JJYS' focus on the safety and wellbeing of our staff and the youth and communities we serve is paramount.

JJYS MISSION: To be a leader in the field of juvenile justice by changing young lives, supporting families and keeping communities safe.

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I. DEFINITIONS

A. The following definitions are for the purpose of this document only:

1. **Physical distancing:** Maintain a distance of 6 feet between individuals, avoid large gatherings and unnecessary public outings and telework when possible.
2. **Medical isolation:** The resident stays in their room except to shower and if well enough, occasionally go outside for large muscle exercise. The resident must wear a mask to transfer through public areas. Residents should not share a room while in isolation.
3. **Quarantine:** Refers to the practice of restricting all youth housed in a unit to that unit. No youth are allowed to leave and exceptions must be staffed with the PD and the youth will be required to wear a mask during transport. Unit meals will be delivered separate from other units and on disposable trays. Exercise and schooling must be done on the unit. Any quarantine requires an incident report. Exceptions may be made in consultation with the medical supervisor, APD and PD.
4. **JJYS Command Team**: Consists of the following: Director, Deputy Director, Program Directors, and head Administrative Assistant.
5. **Direct Contact**: Being within six feet for a duration of ten (10) consecutive minutes or longer, within two (2) days, of a COVID-19 positive person's test date or symptom onset (whichever occurred first).
6. **Fully Vaccinated:** two weeks (14 days) after having received all doses of a COVID-19 vaccination.
7. **Mask**: A face covering over the nose and mouth.
8. **Health Screening**: Shall consist of the following questions:
   i. Do you have COVID symptoms?
   ii. Do you have a temperature over 100°F?
   iii. Have you been in contact with anyone with a confirmed case of COVID?

II. JJYS COVID PROTOCOL FOR FACILITY ACCESS

A. Facility Access

With the decline of COVID-19 cases, as of March 9, 2022, JJYS facilities and programs are no longer required to ask health screening questions of people entering the building. Signs may be posted at building entrances asking those seeking entry to stay home if they are not feeling well.

B. JJYS Facility Visitation

As of June 23, 2020 the decision to adjust tiers is left to the discretion of the JJYS Director. This guidance is for youth who have been in detention for seven days or longer and youth in secure care. The rate of COVID-19 incidents, defined by the Utah Department of Health and Human Services, local circumstances and client needs are used as a guide and tiers may be applied to a facility, or group of facilities, as determined by the JJYS Command Team. There shall be no in-person visits for units in quarantine.

JJYS facilities will be on Tier 4 visitation as of February 15, 2022.

JJYS Visit Guide

TIER 1 NO VISITS	TIER 2 NO CONTACT - LIMITED VISITS	TIER 3 ADDITIONAL VISITS - WITH RESTRICTION	TIER 4 VISITS WITH PRECAUTIONS
Only if approved by PD on a case by case basis. Prior to Visit Visits by appointment only. Staff will contact individual and will pre-screen over the phone. Upon Arrival Visitor must pass the health screening (questions & temperature). Visits are very limited. Held in an open space. If unavailable, use a space that allows for Physical distancing. (Markers will be placed on the floor.) If this space is not available, a sneeze guard may be used.	One static visitor chosen by family is allowed (e.g., parent, guardian or individual approved by the APD) Prior to Visit Visits by appointment only. Staff will contact individual and pre-screen over the phone. Case management shall provide notification before visit. Upon Arrival Visitor must pass the health screening (questions & temperature). Held in an open space. If unavailable, use a space that allows for physical distancing. (Markers will be placed on the floor.) If this space is not available, a sneeze guard	One to two visitor(s) chosen by family are allowed (parent(s), guardian(s) or individual(s) approved by the APD) Prior to Visit Visit by appointment only. Staff will contact individual(s) and pre-screen over the phone. Case management shall provide notification before visit. Upon Arrival Visitor(s) must pass the health screening (questions). Held in an open space. If	People who are on the youths' approved visiting list are allowed to visit. Prior to Visit Visit by appointment only to ensure adequate space is available and that visitors are pre-screened using the approved health screener. Case management may visit anytime and must pass approved health screening. Upon Arrival Visitor(s) must pass the health screening. Visitor(s), youth and staff must sanitize before and after visit. If rules are violated by the visitor(s), the visitor(s) may be told they can no longer visit (staff with

Both youth and visitor must wear masks. Visitor, youth and staff must sanitize before and after visit If rules are violated by the visitor, the visitor may be told they can no longer visit (staff with APD)	may be used. Both youth and visitor must wear masks. Visitor, youth and staff must sanitize before and after visit. Physical contact is prohibited. APD to be informed ahead of time. If rules are violated by the visitor, the visitor may be told they can no longer visit (staff with APD).	unavailable, use a space that allows for physical distancing. (Markers will be placed on the floor.) If this space is not available, a sneeze guard may be used. Both youth and visitor(s) must wear masks. Visitor(s), youth and staff must sanitize before and after visit. APD to be informed ahead of time. If rules are violated by the visitor(s), the visitor(s) may be told they can no longer visit (staff with APD).	APD).
Case manager	Single identified family member Case manager Professional visits (case managers, DCFS caseworkers, probation officers, evaluators) may visit once per month, unless the APD approves additional visits.	Parent(s), guardian(s) or individual approved by APD Case manager Transition staff, ***including credible messengers and mentors***. All professional visits are allowed by appointment and if approved by the APD.	Those on the youths' approved visiting list Case manager Transition staff Volunteers All professional visits are allowed by appointment with health screening.
Virtual visits offered a minimum of three times per week. Case management visits are one per month.	Virtual visits offered a minimum of three times per week. In-person family visit minimum, one (1) per	Virtual visits offered a minimum of two times per week. If a family cannot make in-person visits, three virtual visits	The number and length of visits, both virtual and in-person, are subject only to the limitation needed to maintain facility order, security and

	month. PD may allow additional for specific situations (e.g., youth is in crisis, in which family is deemed necessary, youth milestones). Case management visits are one per month. Professional visits are one per month. All other visits on a case-by-case basis with PD approval. No in-person CFTM or YPA Hearings.	will still be allowed. In-person family visit maximum, two (2) per month. ***Case management visits as needed, with appointments***. No in-person YPA Hearings. APD may allow 1-2 parent(s) or legal guardian(s) to be in-person for detention review hearings. Volunteers are allowed with APD approval and are limited to small groups or one-on-one with consistent volunteers matched with youth. ***Intramural sports may continue, if youth participating have a negative test prior to the event.***	safety. In-person family visits are allowed according to the facility schedule. Case management and transition staff may visit as needed. Transition groups may be done in person; there may need to be several smaller groups to accommodate physical distancing. CFTM and YPA hearings may be held in-person or with the aid of virtual technology. Parent(s) or legal guardian(s) may attend detention review hearings in-person. Volunteers are allowed and are limited to small groups (as determined by the APD). Hugging is not allowed. The Sports program will resume and families will have the opportunity to watch. Family nights resume. Consider small groups/time to accommodate physical distancing. Family therapy may be done in person. All protocols around, gathering size and distancing must be followed.

1. Family Engagement Ideas: Virtual games during visit; email parents survey; Strengthening Families as an option with a coach or therapist online; email picture of youth (by themselves) doing some of the events around the facility
2. Other Gatherings: Any other meetings or gatherings (e.g., summer activities, Summer Slam and Strengthening Families) must be approved by the PD. Any such events that require a gathering involving JJYS staff or youth shall adhere to all protocols applicable at that time (cleaning, screening and distancing).

C. Youth Quarantine

1. Youth who become sick on the unit will remain in their room. The unit may then be quarantined per JJYS Flu and COVID Guidelines. (JJYS Flu and COVID Infectious Disease Guidelines are found in Section V.) All quarantine or medical isolation will only be applied for as long as medically necessary to ensure the safety of all youth and staff in the facility.

D. Intake

1. The following are the procedures that should be used when law enforcement brings a youth to a Detention or Youth Services Center:
    a. Control or intake staff will ask law enforcement if the youth appears sick or is displaying any flu-like or COVID symptoms prior to entering the facility.
    b. Staff should put on gloves/mask and shall provide a mask for the youth to wear until the youth is confirmed negative for COVID-19.
        i. Have youth wash hands with soap and water and maintain good physical distancing practices.
        ii. During intake, youth with symptoms or who fail the health screener questions, will be isolated in an intake room and staff will call nursing or on-call medical.
            1. Any medical staff in the Division may contact the CoN on-call for advice related to COVID-19.
        iii. Youth will be taken to a dedicated unit/room. Follow Flu/COVID infectious disease protocols in Section V.
        iv. Assume any additional youth transported in the same law enforcement vehicle were also exposed.
        v. Follow medical guidance.
        vi. Staff will disinfect any area where the youth may have traveled on their way to a dedicated room.

2. Effective April 8, 2022: Youth admitted to a detention or youth service center shall be tested for COVID-19 if:
    a. They are symptomatic on admit, or become symptomatic during their stay;
    b. There is a positive case in the facility;
    c. The community transmission rates level is medium or high; or
    d. Prior to admission they were living with or directly exposed to someone who had covid in the last 10 days.

Testing for Wasatch Front facilities will be conducted by CoN. APDs of facilities not served by CoN will coordinate with facility nursing to conduct testing.

3. Nurses have two (2) options when testing a youth in their room:
   a. Door will be shut/locked and staff will observe through the window to monitor the youth's behavior and respond to any safety concerns.
   b. Door will be cracked open and staff will stand 10 feet away from the door. Staff will listen for problematic interaction between the nurse and youth and respond to any safety concerns.
   c. Facilities that do not receive College of Nursing services may follow these same procedures or test outside with APD approval.
4. JJYS line staff will not touch, bag or handle any medical swab that is collected by the nurse.
5. Reminder, if a youth is not in a good mental state (e.g., aggressive, threatening, detoxing from drug use), COVID-19 swab collection should be postponed until it can be conducted safely.

E. Examples of functions that may be conducted through video/telehealth:

1. YPA Hearings
2. Child and Family Team Meetings
3. Trainings
4. Community Visits

F. YPA Hearings

YPA may use a telehealth platform or Google Meet for hearings. If using Google Meet, the following protocol must be followed:

1. On record, inform attendees that there is no expectation that Google Meet be HIPPA compliant. If a clinician or medical professional is participating in the hearing and they have concerns over HIPPA compliance with Google Meet, they can refer the YPA to the written report.
2. On record indicate who has joined or called into the meeting to monitor participants, document attendees to ensure only authorized individuals are participating.
3. Schedule the Google Meet on Google Calendar so that each one has an independent URL. This will keep information from overlapping from one Google Meet to the next.
4. If wanted, there is capability through Google to keep a copy of Google Meet. This is an option in addition to the audio recording currently being used, to maintain records of the Hearing.

G. Staff Symptoms, Quarantine and Return to Work Protocol

1. *<u>COVID-19 Isolation Protocol:</u> The following protocol applies to employees who test positive for COVID-19, regardless of vaccination status. Day 0 is the day the employee was tested.*
   a. *Stay at home for 10 days after the day the employee was tested, even if the employee doesn't have symptoms or feel sick; or*
   b. *Return to work after 7 days if the employee has at least one negative rapid antigen test (2 preferred) within 48 hours before returning to work and symptoms have improved (fever-free for at least 24 hours and other symptoms improving).*

i. *For employees with a positive test after 7 days:*
    1. *Delay return to work until employee has two negative rapid antigen tests 24 hours apart; or*
    2. *Delay return to work until 10 days have passed from the original positive test and fever free for 24 hours with improved symptoms.*
ii. *Employees returning to work at any day prior to 10 days shall wear a high-quality mask until 10 days have passed from the last positive test then in accordance with facility policies and procedures.*
iii. *Physically distance at work for any activity that requires removal of mask (e.g., eating, drinking) until 10 days have passed from the original positive test.*

c. *Responsibilities of COVID-19 Positive Employee*
    i. *Initiate isolation protocol, which in addition to the above, includes the following:*
        1. *Immediately notify supervisor, who will then contact the division's COVID-19 response team and*
        2. *Return to work with approval from the Program Director.*

2. *<u>COVID-19 Quarantine Protocol:</u> The following protocol applies to employees who have direct contact with someone who tested positive for COVID-19. Day 0 is the day the employee had direct contact.*
    a. *Vaccinated employees or employees with a positive COVID-19 test within 90 days shall:*
        i. *Continue to work;*
        ii. *Wear a high-quality mask for 10 days after exposure then in accordance with facility policies and procedures; and*
        iii. *Get tested 5-7 days after exposure and continue to work if test results are negative.*
    b. *Employees who are not vaccinatedd shall:*
        i. *Not work for 10 days; or*
        ii. *Not work for 7 days and return to work after 7 days if the employee has at least one negative rapid antigen test (2 preferred).*
        iii. *Wear a high-quality mask for 10 days after exposure then in accordance with facility policies and procedures.*
    c. *Responsibilities of COVID-19 Exposed Employee*
        i. *Initiate exposure protocol, which in addition to the above, includes the following:*
            1. *Immediately notify supervisor, who will then contact the division's COVID-19 response team ; and*
            2. *Return to work with approval from COVID-19 response team.*

3. Beginning January 1, 2021, the 80 hours of leave provided by the FFCRA is no longer available. Employees who are exposed to COVID-19 at home, in the community, or by an unknown source will be required to use personal leave balances. As of March 01, 2021, regular leave

use rules and policies apply and all JJYS employees will be required to use sick leave, other leave balances once sick is exhausted, or leave without pay with management approval and in coordination with Human Resources, for any and all COVID-19 related reasons.

* This does not apply to staff or nursing whose "direct contact" was based on caring for a confirmed case in a JJYS facility. Any youth with a confirmed case will be placed in medical isolation as per protocol and staff shall wear appropriate PPE. Staff interaction with a youth, while wearing appropriate PPE, does not then preclude them from entering the facility the next day. All protocols for flu/COVID/infectious disease should be followed.

H. Physical Distancing Strategies

Physical distancing is the practice of increasing the space between individuals and decreasing the frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic). Physical distancing strategies may be applied on an individual level (e.g., avoiding physical contact), a group level (e.g., canceling group activities where individuals will be in close contact) and an operational level (e.g., rearranging chairs in the dining area to increase distance between them). Although physical distancing is challenging to practice in congregate care environments, it is a cornerstone of reducing transmission of respiratory diseases such as COVID-19. Additional information about physical distancing, including information on its use to reduce the spread of other viral illnesses, is available in this CDC publication.

Implement physical distancing strategies to increase the physical space between residents (ideally 6 feet between all individuals, regardless of the presence of symptoms). Strategies will need to be tailored to the individual space in the facility and the needs of the population and staff. Not all strategies will be feasible in all facilities. Example strategies with varying levels of intensity include:

1. Common areas:
    a. Enforce increased space between individuals in holding cells, as well as in lines and waiting areas such as intake (e.g., remove every other chair in a waiting area)
2. Recreation:
    a. Choose recreation spaces where individuals can spread out
    b. Stagger time in recreation spaces
    c. Restrict recreation space usage to a single housing unit per space (where feasible)
3. Meals:
    a. Stagger meals
    b. Rearrange seating so that there is more space between individuals (e.g., remove every other chair and use only one side of the table)
    c. Provide meals inside housing units or rooms
4. Group activities:
    a. Limit the size of group activities
    b. Increase space between individuals during group activities
    c. Suspend group programs where participants are likely to be in closer contact than they are in their housing environment
    d. Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out

5. Housing:
    a. Ensure that rooms and mattresses are cleaned thoroughly if assigned to a new occupant
    b. Rearrange scheduled movements to minimize mixing of individuals from different units

III. USE OF NON-PPE MASKS:

A. Use of Personal Protective Equipment (PPE)

1. *As of March 3, 2022 staff are no longer required to wear a mask in JJYS facilities, with the exceptions noted in Section V.*
2. *When masks are used, a high quality KN95 mask should be used.* Use of the N95 masks should be reserved for staff caring for individuals who have COVID-19.

B. Use of Non-PPE Masks with Youth:

1. As of May 15, 2021, youth in JJYS programs are no longer required to wear a mask. However, they may wear a face mask, if they so choose, which may be provided by staff.
2. The APD and PD should continue to consider approaches that allow spacing in living units, as much as possible, while maintaining ratio.

IV. COMMUNITY VISITS (Home DT, Youth Services, Transition, DSI, Case Management, ALTA, and Gemstone)

A. JJYS staff working in the community shall resume standard practice, including face-to-face visits. Telehealth, video conferencing platforms and phone calls may also be used as needed.

1. Staff shall follow the JJYS Community Visits protocol:
    i. Visits will be done 6 feet away.
    ii. Masks will be worn if visiting a private program, or home that requests staff to wear a mask.
    iii. Visits may be done outside.
    iv. Good hygiene will be done by hand washing before and after visits (use sanitizer if soap and water are not available).
    v. Areas used for visits will be cleaned
2. Staff shall make appointments with the program, facility or private provider in advance.
3. Parole Revocations: In addition to all current YPA and practice requirements on revocations, no request or probable cause statement for revocation shall be submitted to the YPA until it has been staffed with the appropriate case management APD.
4. Youth participating in day-programming at a JJYS facility who test positive for COVID may not return to the program until cleared.

B. Gemstone

Gemstone staff will follow up with girls who are on trial home placement in the first 30 days after leaving Gemstone several times per week.

1. Staff will call the caregivers and go over the health screener.

2. Prior to the youth coming back, staff will go over the health screener again with caregivers and ask caregivers to take temperature. If health is normal, caregivers will bring youth back. If youth become sick, Gemstone will work with the worker to leave the youth at home until they recover and can pass the health screener.
3. Staff will meet caregivers at the north outside door, take the youth's temperature again and give the youth a mask. The nurse will meet with the girls on Monday and ensure they have no symptoms.
4. If visits cannot be safely facilitated, Gemstone will use alternative technology visits.

V. FLU AND COVID-19 INFECTIOUS DISEASE GUIDELINES

A. During the COVID-19 pandemic:

1. Staff working in a unit on quarantine or medical isolation shall wear a mask.
2. All newly admitted youth must have their temperature taken upon admission to a facility. Residents with fever (Temp>100.0 F) should be masked at the entrance to the facility for transport to a medical isolation room.
3. Newly admitted youth will be screened via a rapid test for COVID-19 as per section II.D.2. Asymptomatic youth with a positive rapid test will be confirmed with a lab test.

B. Flu and COVID-19 share similar symptoms. These symptoms include:

1. Fever (or feeling feverish/chills). Fever is defined as temperature **>100.0 F**. (Not everyone with flu or COVID-19 will have a fever.)
2. Cough
3. Shortness of breath or difficulty breathing
4. Headache
5. Sore throat
6. Runny or stuffy nose
7. Body aches
8. Fatigue
9. New loss of taste or smell
10. Reported COVID exposure
11. Some people may have diarrhea and vomiting, but these symptoms are less likely in adolescents.

B. If a previously admitted resident displays signs of flu or COVID-19, or if a youth has been exposed to an individual with COVID-19:

1. Immediately medically isolate youth in their room and notify the on-call provider and JJYS mental health clinician.
2. Consult with the on-call provider about obtaining a rapid flu swab and/or rapid COVID-19 nasopharyngeal swab. The decision for these tests will be made on a case by case basis.
3. COVID-19 swabs will be sent to LabCorp or appropriate lab.

C. People at high risk for developing flu-related complications include the following:

1. Pregnant
2. Neurological conditions (cerebral palsy, seizure disorder, stroke, intellectual disability, muscular dystrophy, spinal cord injury)
3. Cystic fibrosis
4. Congenital heart disease, congestive heart failure
5. Sickle cell disease
6. Diabetes
7. Kidney disorder
8. Liver disorder
9. Mitochondrial disorder or other inherited metabolic disorder
10. HIV/AIDS
11. Chronic steroids (prednisone)
12. Long-term aspirin therapy
13. Morbidly obese (BMI > 40)
14. American Indians and Alaskan Native

D. Medical Isolation

The responsibility to maintain and end medical isolation lies with the NP or MD who shall collaborate with the facility APD. The decision to medically isolate a youth will be based upon the latest CDC Guidance on Management of Coronavirus Disease 2019 (COVID-19) or flu. Medical isolation means a resident stays in their room except to shower; although isolated, asymptomatic youth should also have gym or outdoor time alone once daily. An isolated individual must wear a mask at all times while inside the facility and out of their room. Residents should not share a room while in isolation.

Any resident in medical isolation must have the following:

1. Staff to provide 32 oz. of water at least once per shift.
2. Nursing will check the temperature twice daily.
3. If the temperature is greater than 100.0 F, give 2 Tylenol tablets (one package = 650 mg). No ibuprofen.
4. No visitors until the resident has been without fever for at least 24 hours without the use of fever reducing meds.
5. Bed rest until no fever for more than 24 hours.
6. Must be offered a daily shower.
    a. Youth will wear a face mask in transit between room and shower.
    b. Other residents will be placed in their rooms while the medically isolated youth transits from room to shower.
    c. Staff shall remain six feet away from the youth and wear a mask and gloves when the youth moves from their room to the shower.
7. Meals will be brought to the medically isolated room on disposable trays.
8. Tissues, soap and running water, and trash containers to be provided in the room.
9. Books and school materials are allowed in the room.

10. All staff who enter the room must ensure that the resident is masked before interacting with the resident. Please put names and dates on masks.
11. The resident mask will need to be replaced at least every 24 hours; this may need to be more frequent if wearing often or a mask has visible soil.
12. Use gel hand sanitizer after interaction with the resident or wash hands with soap and water for 20 seconds.
13. Residents' rooms should be wiped down with sanitizing wipes daily.
14. Staff shall don gloves and mask when delivering residents books, food trays, and other items through the door. Ensure the resident is wearing a face mask and sitting on their bed.
    a. When retrieving items from the room, the resident will place the items next to the door and then sit on the bed. Staff will then open the door and retrieve the items.
    b. Staff will wash their hands for 20 seconds after delivering or retrieving items.
15. All staff entering the resident's room where physical contact will occur shall wear all four Personal Protection Equipment (PPE) items (goggles or full-face shield, face mask, gloves and isolation gown) and booties for covering shoes. If booties are not available, staff should wipe shoes down with disinfectant wipes after exiting the youth's room. Staff will wash their hands for 20 seconds after removing PPE.

16. JJYS mental health clinicians will meet with youth in medical isolation every other day, or more often if needed, to help ensure the mental health and trauma issues of a youth are addressed while navigating medical isolation. These meetings will be held via telehealth unless an in-person meeting is deemed necessary.
17. Staff will consult with mental health clinicians to help ensure the mental health and trauma issues of a youth are considered while navigating a medical isolation or quarantine. Staff will ensure more frequent checks for youth placed in their room for medical isolation.
18. Accommodations for alternative activities should be made for the youth while in medical isolation. For example, additional time for video conferencing, video games (Nintendo Switch), time on Ipad or additional reading material.

E. Hazard Pay

As of January 11, 2022, JJYS has reinstituted hazard pay. JJYS hazard pay is for the care, treatment, and supervision of active COVID-19 positive youth. If a youth on a unit tests positive, hazard pay will begin on the shift when the youth tests positive. Hazard pay will continue in those quarantine units until the unit is taken off of quarantine. JJYS does not track which employees are vaccinated. Staff may be assigned to work in medical isolation/quarantine units regardless of vaccination status.

F. General guidelines for all JJYS facilities during flu & COVID-19

1. All staff and residents must use gel hand sanitizer or wash hands for 20 seconds before meals, after sneezing, coughing, blowing their nose and after using the toilet.
2. Limit physical contact with any resident who is ill.
3. Comply with JJYS visitor guidelines. Visitation for any resident in medical isolation or for any unit that has been quarantined shall be rescheduled. The Assistant Program Director, in consultation with their Program Director, may limit or restrict visitation if a flu or COVID outbreak occurs in their facility.

5. All new admissions must have temperature taken upon admission to the facility. Residents with symptoms will be masked at the entrance to the facility for transport to medical isolation.
6. The nurse or on-call shall be consulted when a resident was placed in medical isolation due to a fever/symptoms.
7. Clean and wipe down all unit surfaces (door knobs, table-tops, chairs, countertops, phone handsets) at shift change. Use standard cleaning agents.

G. Units will be quarantined:

A. If the medical supervisor and APD agree, an entire unit may be put on quarantine to prevent the spread of flu or COVID-19.
B. Quarantine means:
   a. No youth leave the unit.
   b. Unit meals will be separate from other units and on disposable trays.
   c. Separate gym time.
   d. If a resident must leave a quarantined unit, the resident MUST wear a mask during transport.
   e. School may be provided to residents who are quarantined if appropriate precautions are taken.
   f. The APD and unit staff should consider minimizing the number of staff who work on the quarantined unit.
C. Quarantined units will receive nursing follow up daily.
D. If a resident has a fever of >100.0, call on-call medical staff. If a resident is unable to eat, drink or urinate (is vomiting with diarrhea) and has a high fever or trouble breathing, call the on-call provider and be prepared to transport them to the hospital.
E. Other measures as outlined by JJYS Command Team
F. If a unit is quarantined, the JJYS Command Team may elect to reduce staffing ratio to 1:8, to decrease contact, as this ratio is allowed in JJYS Policy.

H. Testing of Staff:

1. The DOH has determined that correctional staff and those working in congregate settings and with vulnerable populations should be given priority for testing if symptomatic. (Please see guidance from DHHS.) Use the testutah.com webpage; it is very intuitive and simple to follow.
   a. At one point during the test, it asks what sector staff are employed. Multiple selections can be made that fit JJYS staff (e.g., Government/Public, Emergency Responders, Healthcare or other Social Assistance, Working in a LTCF)
2. Symptomatic staff should indicate to their healthcare providers that they work in a correctional or congregate setting, which are vulnerable populations according to the CDC and DOH.
3. Staff with direct contact to a COVID-19 positive individual in the course of their work for JJYS may be tested at JJYS facilities, where available. (This testing must be coordinated by the APD and healthcare professionals at the facility.)

I. If staff are ill or become ill:

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

J. Additional steps following claim of direct contact:

1. In addition to the quarantine protocols outlined in Section V, staff shall immediately contact on-call nursing and their PD if a youth claims direct contact with a confirmed COVID-19 case.
2. Within 24 hours of notification, nursing will contact parties that have the claimed confirmed case. If the case is verified, continue with quarantine as per protocol, contact the local health department.

K. Transport of youth with confirmed or suspected case:

1. If there is a youth with a confirmed case of COVID-19 in a facility, transportation to another JJYS facility **shall not be conducted without authorization from the Director, medical and coordination with the public health agency**.

L. Incident Reporting and limitation on isolation:

1. Incident Report and Quarantine: Sick time and Self Confinement will require an incident report if the confinement lasts 15 minutes or more, as per JJYS policy. Also, the APD must give approval. Quarantine will require an incident report.
2. Limitation on Room Confinement: As outlined in JJYS Policy, confinement should only be used if required for the safety or security of a facility. It is never allowed for simple operational efficiency, punishment, or as an administrative response outside of safety and security. Though times of medical isolation or quarantine may be required, the underlying limitation on confinement should always be adhered to.

M. Discharge of Youth

1. Youth who have been in a JJYS secure facility 21 days or longer will have a medical appointment scheduled within seven days prior to discharge. Youth will not leave a JJYS secure facility without completing a face to face discharge medical appointment.
   a. JJYS staff will communicate with the nursing staff to schedule an appointment prior to discharge.
2. Prior to discharge of youth with a confirmed or suspected COVID case:
   a. Staff shall notify the local public health authority, and any parent/guardian or provider involved.

References for Flu/COVID Protocol:

Guidance on Prevention and Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

https://www.cdc.gov/flu/index.htm

2009 IDSA Guidelines: Harper SA, Bradley JS, et al. Seasonal Influenza in Adults and Children—Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management: Clinical Practice Guidelines of the Infectious Diseases Society of America.

VI. PROGRAMMING, EDUCATION AND ACTIVITY ALTERNATIVES DURING CORONAVIRUS PANDEMIC:

A. JJYS is committed to changing young lives while keeping communities safe.

COVID-19 poses challenges to programming and activities in which youth are involved. However, JJYS staff are committed to safe, engaging alternatives. Many of the solutions and ideas being implemented are on a local level, facility by facility. But some examples are:

1. Delivering dosage and school work to youth to ensure adequate supervision. Completing work and dosage through technology with the youth individually
2. Increasing technology visits to preserve family engagement (e.g., Google hangouts, telehealth, FaceTime)
3. Continued Child and Family Team Meetings through technology to ensure engagement with youth, family and program
4. Youth parole hearings and court hearings through technology
5. Face-to-face home visits as outlined in JJYS community visit form for youth at home, and traditional TAL settings.
6. Online Youth Services
7. Board games and video game platforms, OS Computers
8. In facility - delivering dosage (DBT, CBT, SUD, etc.)
9. School is operating - approach varies by location
10. Cooking classes, greenhouse, gardens

VII. COMMUNITY PROVIDERS:

Providers are critical to achieving the mission of JJYS. The Department of Health and Human Services is coordinating efforts and works with providers during this time. Additional resources for providers can be found here.

VIII. STAFF REDUCTION PLAN/FACILITY CLOSURE:

Program Directors have full authority to assign staff to a facility to compensate for reduced workforce while managing COVID-19. These assignments may be from other facilities, community programs (case management, youth services) or other JJYS entities.

JJYS Command Team may also consolidate, close, or expand operations in any facility to ensure adequate staffing or to control, triage and stagger youth populations. These decisions will be made only if and when required.

IX. FFCRA AND EFMLA:

JJYS falls within this exemption as it operates correctional institutions and is a key component in the law enforcement and public safety continuum in Utah. JJYS staff are necessary to maintain the function and operation of JJYS facilities and programs. Furthermore, JJYS staff are needed to provide aid and responsiveness during this declared emergency. At this time JJYS is specifically exempt from all childcare and school related provisions of the FFCRA and EFMLEA.

X. INTERNAL WORKING DOCUMENT:

This document represents a "real time" internal working document, based on the best information available at the time of its drafting. It is informed by directions given to the agency by the Governor's Task Force for Coronavirus (coronavirus.utah.gov), The Utah Department of Health and Human Services, the Center for Disease Control, medical professionals and other administrators and partners in the juvenile justice field. JJYS administration may choose to share parts or all of this document at any time. However, given the rapidly changing situation relating to COVID-19, all protocols, policies and directives for the agency may be changed at any time, as needed, to ensure JJYS' ability to fulfill its mission and statutory obligations. Examples given throughout this document should be considered illustrative and not exhaustive.