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COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

DATE: August 28, 2020

TO: Children's Residential Facilities (CRF)
Child Caring Institutions

FROM: Tara Ragland, Director, Division of Licensing Programs

RE: Revised CRF COVID-19 FAQs

The CRF COVID-19 FAQs were revised to reflect the current COVID-19 information and recommendations from the Centers for Disease Control (CDC) and the Virginia Department of Health (VDH). The revisions also include the Virginia Department of Labor and Industry ([VDOLI](#)) emergency temporary standard.

Please continue to stay informed on the COVID-19 public health emergency by regularly reviewing the [CDC](#) and [VDH](#) recommendations. The VDH updated the [COVID-19 Interim Guidance for Group/Congregate Residential Setting](#) guidance on August 27, 2020.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS
COVID-19 Frequently Asked Questions: Licensed Children’s Residential Facilities
Revised August 28, 2020

The Virginia Department of Social Services’ Division of Licensing Programs would like to thank the providers of the children’s residential programs for their commitment to the safety of residents and staff during this pandemic. Because COVID-19 is a novel virus and health care professionals continue to learn new information, it is critical that providers stay informed of updated COVID-19 recommendations from the [Virginia Department of Health](#) (VDH) and [Centers for Disease Control and Prevention](#) (CDC).

The guidance below is for providers of children’s residential facilities in response to the COVID-19 pandemic and is based on recommendations from the VDH and CDC.

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I. COVID-19 PREVENTION

A. What measures can providers take to prevent COVID-19 from spreading into the facility? **(revised 8/28/2020)**

COVID-19 is a virus that can spread from person to person. It is essential to learn ways to protect yourself and others from the virus. VDH provides these prevention steps for residential facilities to take now:

- Ensure all staff and residents are aware of the [symptoms of COVID-19](#). CDC recommends posting signs of these symptoms and prevention tips. You can find signs to post on the [CDC website](#).
- Establish flexible sick leave and absentee policies to allow staff who are sick or taking care of sick household members to stay at home.
 - Have an operation plan if absenteeism increases to the degree that it could interfere with the provision of services.
- Screen each person arriving at the facility for signs and symptoms of COVID-19 and do not admit any non-resident if they have COVID-19 symptoms.
- Maintain a log for staff and residents that is updated daily and includes identification and contact information, symptom status, group assignments, and location within the facility.
- Follow [social distancing guidelines](#).
- Practice frequent [hand washing](#) for at least 20 seconds and avoid touching your face, specifically the eye, nose, and mouth area.
- Establish a schedule for cleaning and disinfecting surfaces, focusing on commonly used areas including doorknobs and light switches.
- Develop advance planning to ensure coverage of new roles and responsibilities, including ensuring sufficient staff to perform more frequent cleaning/decontamination of surfaces, identifying staff to oversee infection control to ensure consistent implementation, and identifying who will be responsible for acting as a point of contact during any public health investigations.
- Continually assess the residential setting and revise operational plans to keep them consistent with the latest guidance and safely provide services to residents.
- Review the [VDH COVID-19 Interim Guidance for Group/Congregate Residential Program Settings](#) for additional preventative measures for COVID-19.

B. How do you practice social distancing in a residential facility? **(revised 8/28/2020)**

Social distancing, also called physical distancing, means keeping space between other people usually outside of your home by staying at least six feet apart. Social distancing should be practiced in combination with other [everyday preventative actions](#) to reduce the spread of COVID-19.

Social distancing is necessary inside the facility when staff care for symptomatic residents.

Here are ways to practice social distancing in a residential setting:

- Sleeping Arrangements
 - Increase spacing of beds to be at least six feet apart.
 - Reduce the number of residents in the bedroom if possible.
 - Arrange beds so individuals lay head-to-toe or toe-to-toe.
- Mealtimes
 - Stagger meal and snack times to avoid crowding.
 - Stagger schedules for shared kitchens and dining rooms.

- Do not allow snacking from shared bowls.
- Space tables as far apart as space allows, at least six feet apart.
- Bathrooms
 - Reduce the number of people using the facilities at the same time.
 - Provide a separate bathroom for a symptomatic resident if possible.
 - Instruct residents that sinks could be an infection source so they should avoid placing toothbrushes and other personal items directly on counter surfaces. Suggest use of totes for personal items to limit contact with other surfaces in the bathroom.
 - Hang [signs](#) in bathrooms on how to wash hands properly.
 - Clean shared bathrooms regularly, at least twice a day, using an appropriate product and following instructions for surface contact time. Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified for use against SARS-CoV-2, the virus that causes COVID-19.
- Recreation/Common Areas
 - Do not allow mixing of groups or larger group activities.
 - Identify a means of separating staff and residents into small groups and maintain social distancing of six feet or more during activities.

C. When should staff and residents wear a cloth face covering? (revised 8/28/2020)

The [CDC](#) recommends wearing cloth face coverings in public settings when individuals are around other people who do not live in the same household, especially when other social distancing measures are difficult to maintain.

Following VDH recommendations, instruct residents to wear cloth face coverings any time they are not in their individual room or on their bed in a shared sleeping area.

Providers shall comply with the [§ 16VAC25-220](#), Virginia Department of Labor and Industry (DOLI) Emergency Temporary Standard, Infectious Disease Prevention: SARS-CoV-2 Virus that Causes COVID-19, regarding cloth face coverings for staff.

D. How do providers screen staff and residents when they enter the facility? (revised 8/28/2020)

When staff arrive at the beginning of the shift or residents return to the facility after leaving with or without permission, each person should be screened and monitored for COVID-19 symptoms upon arrival. Staff who are screening must follow the [VDH guidelines](#) for screeners in a congregate residential program setting

Based on the CDC and VDH guidelines, you should screen individuals by:

- Identifying an area where everyone can be safely screened before entering the facility.
- Checking to see if the person has a temperature and symptoms each time they enter the facility. Ask if the person has taken any medications to lower their temperature.
- Asking if the person had any contact with a person who was exposed to or tested positive for COVID-19. Do not allow a sick staff person or visitor to enter the facility.

Staff with a fever, cough, or shortness of breath or who have a household member with COVID-19 should not be allowed to enter the facility. Immediately separate a resident that shows symptoms of COVID-19 (fever, cough, or shortness of breath). If symptoms persist or worsen, call the resident's healthcare provider for further guidance and notify the placing agency as soon as possible.

Providers shall comply with the [§ 16VAC25-220](#), Virginia Department of Labor and Industry (DOLI) Emergency Temporary Standard, Infectious Disease Prevention: SARS-CoV-2 Virus that Causes COVID-19, for staff screening.

II. VISITATION

A. How do residents maintain contact with their family and support systems if visitation is restricted?

COVID-19 virus can cause fear and anxiety in children and adults. It is especially important during this time to ensure that residents are able to communicate with friends, family, and loved ones if visitation is restricted. Residents can connect with loved ones through the telephone, email, mail, text messages, social media, and video chat. Connections will reduce the feeling of loneliness and isolation. If possible, allow residents to participate in virtual activities together, such as virtual dinners, crafts, concerts, watching TV, or playing video games.

When the visitation policy changes, the resident, parents, and resident's legal guardian or placing agency must receive a copy of the revised visitation policy. The visitation policy should outline in detail the revised visitation changes and when the change will be discontinued.

III. EXPOSURE OR POSITIVE COVID-19 CASE

A. What steps do providers need to take when a resident is confirmed to have COVID-19? (revised 8/28/2020)

- Notify the local health department, placing agency/guardian, and VDSS licensing inspector.
 - The health department will need to collect the following information: number of staff and residents in the facility, number ill, symptoms and dates of illness, locations of illness within the facility, and measures in place to limit the spread of disease.
 - The health department will make recommendations on laboratory testing to confirm the cause of illness and provide additional advice to limit the spread of the virus. Talk to the health department to determine the extent to which services can continue to be provided if multiple cases occur.
- Immediately quarantine any resident who becomes sick or symptomatic.
- Contact the resident's medical provider and evaluate the resident to determine the need for hospitalization.
- Identify single rooms with doors that can be used for medical isolation of residents identified with symptoms of COVID-19 or who have confirmed COVID-19, but do not require hospitalization. Ideally, these rooms should have an attached private bathroom.
- The ill resident should stay in that area and not leave unless medically necessary. If the resident must leave the area, he or she must cover the nose and mouth with a facemask or, if supplies are limited, a cloth face covering.
- Provide meals in that private room.
- Help manage the resident's anxiety and ensure continuity of regular care and essential services.
- Develop a communication plan to discuss the resident's health status with his or her family and placing agency.

- Keep a list of all individuals who may be exposed to the infected person and notify them of potential exposure.
- Put your infection control plan into action. Staff should strictly follow basic infection control practices between residents (e.g., hand hygiene, cleaning and disinfecting shared areas). Adhere to [cleaning and disinfection guidance](#) outlined by the CDC for when someone in the building or facility has COVID-19.
- Actively monitor other residents and staff for COVID-19 symptoms.
- Allow only essential staff to enter COVID-19 designated care areas. Staff should practice hand hygiene, socially distance when possible, and don proper PPE before entry. See CDC guidelines on [proper PPE and donning and doffing PPE](#) practices. The ill resident should be asked to wear a face mask or cloth face covering when interacting with staff.
 - Post signs to clearly identify areas for symptomatic individuals and areas for well individuals.
- For congregate settings, the test-based strategy is recommended when testing is available and feasible. The state laboratory prioritizes testing for ill persons who reside or work in congregate settings; this includes testing to help determine when to discontinue transmission-based precautions.
- Review [VDH COVID-19 Guidance for Group/Congregate Residential Program Settings](#) for additional guidance.

Providers shall comply with the [§ 16VAC25-220](#) Virginia Department of Labor and Industry (DOLI), Emergency Temporary Standard, Infectious Disease Prevention: SARS-CoV-2 Virus that Causes COVID-19.

B. How do providers determine when to end quarantining a resident?

Quarantine the resident from other residents until he or she is no longer infectious. See VDH guidance "[When It is Safe to be Around Others: Ending Isolation in Non-Health Settings.](#)"

IV. ADMISSION

A. Should we continue to accept new admissions during this pandemic? (revised 8/28/2020)

Providers should continue to follow their normal admission policy and procedures for residents who do not have symptoms or exposure to the COVID-19 virus. When accepting new admissions of a positive COVID-19 individual, the facility needs to determine that they are able to provide the necessary care for the resident without jeopardizing other residents and staff (e.g., physical capacity to isolate residents and staff coverage). Screen and test new admissions using pre-identified testing procedures if symptoms of COVID-19 are present prior to admission.

If implementing quarantine of new residents, providers should identify single rooms with doors and an attached private bathroom that can be used for routine intake quarantine of new admissions to the facility before entering the general population (e.g. being placed with a roommate, etc.).

Placement of readmitted residents, such as those returning from a hospital stay, should be assessed on a case-by-case basis and will depend on the level of infection control precautions recommended for the individual's care at the time of return to the facility.

V. MENTAL HEALTH

A. How do we support residents that are experiencing stress or anxiety because of COVID-19?

Each person responds differently during a crisis. The timing of the reaction varies as some react right away while others take time to show signs of stress or anxiety. Responses vary according to the child's age, previous experiences of trauma, and how the child normally copes with stress. Strategies to address the child's mental health needs should be individualized. Here are ways to help children cope during emergencies:

- If the resident has a therapist, contact the therapist for guidance. If the child does not have a therapist, assess the child to see if a therapist is needed, especially if stress gets in the way of daily activities for several days.
- Talk with the resident about the COVID-19 virus, reassure the resident, and help the resident find positive ways to express feelings.
- Keep residents connected to their family, friends, and loved ones.
- Try to maintain familiar routines.
- Incorporate recreational activities when possible
 - Exercise or light movement like stretching, walking, yoga, or dancing
 - Do cardiovascular exercise if possible. Research suggests cardio activities assist with easing anxiety and increase one's ability to sleep.
 - Read/listen to books
 - Learn a new skill
 - Journal/write
 - Arts and crafts projects
 - Games and puzzles
 - Gardening
 - Cooking
- Read resources on how to assist residents and staff during this pandemic. Additional information is available under VII. Additional Resources.

VI. LICENSING REQUIREMENTS AND WAIVERS

A. We are having a difficult time obtaining routine medical and dental appointments as well as TB screenings. What options do we have? (revised 8/28/2020)

The VDSS Commissioner, in accordance with Executive Orders issued by the Governor during the COVID-19 pandemic, has authorized temporary regulatory and operational flexibility for the Division of Licensing Programs (DOLP).

Leniency has been granted for dental and medical examination timeframes in 22VAC40-151-730 and 22VAC40-151-740 and the time requirement for annual TB testing for staff and residents in 22VAC40-151-190. Waivers are effective for the duration of the declared state of emergency. Providers are expected to comply with all requirements once the state of emergency has ended. Visit the [VDSS website](#) for a full list of [CRF licensing leniency items](#).

B. Can providers delay background checks during the pandemic?

Background checks continue to be required in accordance with the law. If a provider is having difficulty obtaining a background check due to Fieldprint office closure, follow the guidance on the VDSS website for "[Procedures for Fieldprint Site Closures](#)." At this time, the Office of Background Investigations (OBI) continues to process applications timely.

C. When should providers contact the Division of Licensing Programs?

Providers should contact their licensing inspector at any time with any questions or concerns. Providers should also contact their licensing inspector if there are any programmatic changes such as ceasing to accept new admissions. Immediately report any positive COVID-19 case to the licensing inspector and VDH.

VII. ADDITIONAL RESOURCES

Mental Health

<https://www.nami.org/getattachment/Press-Media/Press-Releases/2020/COVID-19-and-Mental-Illness-NAMI-Releases-Importan/COVID-19-Updated-Guide-1.pdf?lang=en-US>

<https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>

https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html

<https://www.cdc.gov/childrenindisasters/helping-children-cope.html>

Child Welfare Professionals

<https://www.dss.virginia.gov/geninfo/corona.cgi>

<https://www.cwla.org/coronavirus/#cwresponse>

Residential Facilities

https://www.thenationalcouncil.org/wp-content/uploads/2020/03/NCBH_COVID19_Guidance_for_BH_Facilities.pdf?daf=375ateTbd56

https://www.dss.virginia.gov/files/division/licensing/crf/intro_page/current_providers/notices/multi_agency_directives_for_crf.pdf

https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>

COVID-19

<https://www.vdh.virginia.gov/coronavirus/>

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>

Department of Labor and Industry

<https://www.doli.virginia.gov/covid-19-outreach-education-and-training/>