

Considerations

We know we will not be able to capture everything within this document, however, would like to provide the following list of items that you may want to consider at this time. We understand that adjusting existing practices for new priorities is a delicate balance act that requires a lot of forethought so as to not just focus on one set of needs to the detriment of another equally important set of needs. This is especially true in making housing classification designations, assignments, etc. Also, it is important to note that these screenings, etc., are going to have limited practical implications as all facility youth are going to ultimately have to intermingle, share common space, etc.

The following is a short list of prep actions that may have already been considered by facility staff:

- ✓ Check supplies of personal equipment and sanitation products – gloves, masks, gowns, hand sanitizer, cleaners, etc.
- ✓ Create a facility entry protocol to ensure staff and visitors arriving sanitize their hands before coming into contact with youth.
- ✓ Clean high touch surfaces more often – create a schedule for this and assign the duty by position type, shift, etc.
- ✓ Check your cleaning solution to ensure it is effective against the virus and appropriate for your setting. Ensure staff are trained in how to use according to manufactures recommendations for sanitizing.
- ✓ Set up means of medical isolation (if not already in place) and consider whether additional medical isolation space is needed.
- ✓ Check your population to identify those with auto-immune disorders or other immune-deficiencies and monitor them more closely.
- ✓ Create/review existing plan for covering staffing needs if staff are affected or have family members affected that require them to miss work.
- ✓ Visit with your courts to see if special protocols need to be implemented.
- ✓ Review visitation procedures paying close attention to any special populations more at risk that may enter the facility.

In reviewing foundational TAC 343 standards, consider the following:

- ✓ Review “health screening” standards (e.g., 343.406, etc.). Specifically, and in consultation with the facility health service authority, local public health district administrators, CDC guidelines, etc., create a COVID-19-specific health screening questionnaire that is a supplement to the existing health screening document/process. Given health care professionals are becoming more aware of COVID-19’s specific symptoms, risk factors, etc., make sure these infection-specific screening items are addressed within the formal screening process as soon as possible.

- ✓ Additionally, while TAC allows the health screening to be completed within 2 hours after admission, give serious consideration to at least accelerating the COVID-19 specific screening process, if not the entire screening process, to occur sooner in the admission/intake process if necessary/possible.
- ✓ With regard to pre-adjudication detention deliveries made by law enforcement, require that facility intake staff inquire of law enforcement about any symptoms the juvenile may have exhibited while in law enforcement custody (e.g., arrest, processing office hold, transport, etc.). For post-adjudication intakes, make same pointed inquiries of delivering JPOs, etc.
- ✓ Where and when applicable and possible, make housing classification decisions that have been informed by the modified health screening results, admission timelines, etc. Where applicable, this could mean assigning new/recent admissions to single occupancy housing, or if available, any medical isolation cells/wings with negative airflow system, etc., allowing them to be have had longer to be observed and creating some social distancing from the existing general population. This practice could act as a partial buffer from exposing more residents/staff to newly admitted residents until they could be better observed, screened, evaluated, tested, etc.
- ✓ With regard to facilities with “only” MOHU housing (i.e., secure post-adjudication facilities), include health screening information in making housing assignments when more than one MOHU exists.
- ✓ Consider accelerating the TAC 343.407 health assessment process which is required to be completed within 30 days after admission. This would be especially important for residents who’s screening profile identified high-risk characteristics, possible symptoms, and where the initial screening was not conducted by a licensed health care professional.