



The Professional Center for Child Development  
Development Day School

# REOPENING SCHOOL 2020-2021

*POLICIES, PROCEDURES AND PROTOCOLS*

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## Introduction

This booklet is meant to provide you with information about the re-opening of school this September 2020. The closure of school due to the Coronavirus this past spring and summer, have caused many stressors to our staff and families we serve. The ongoing health and safety concerns are at the forefront of all our decisions. Therefore, you will see policies, protocols and procedures outlined in this booklet to let you know what changes may occur as we return. Much of the guidance has come from The Department of Elementary and Secondary Education (DESE) and The Center of Disease Control (CDC). Please take the time to read it carefully.

August 14, 2020

Dear PCCD Community,

We are writing to present a summary of our plans for the reopening of school at the PCCD in the fall. We received the Final Fall Guidance from Commissioner Jeffrey Riley on July 24th. The Initial Guidance document directed each district/school to devise three models for next year: remote learning, hybrid, and an all-in school. After surveying staff and the parents/guardians of our students we believe we have a plan that will meet the needs of our students while following the health and safety guidelines. Most of our staff and families support in-person learning. We will continue to provide remote learning to those students whose parents/guardians are not ready for their child to return to school. Please understand, as we have all experienced over the past months, our situation may change quickly, and we will need to remain flexible.

During the summer, we have identified what changes to make to the environment as well as policies and protocols. We are currently working on these items for the Developmental Day School @ PCCD to open school in the fall. The intent is to open and follow our regular school calendar on August 31<sup>st</sup> for staff training and students will begin on September 2nd. A completed reopening plan will be available to you by August 14<sup>th</sup> and will hopefully answer most of your questions. The following summarizes our plan that will be submitted to the Department of Education.

### **In-person learning model:**

Our intentions with this model will be to resume “normal” operations of our day school. In surveying our families, nine out of ten students requested in person learning. We feel that our previous program model design will allow us to provide all IEP services as stated in their individual IEP’s in a manner that is compliant with the guidance from DESE.

Our intention is to follow our previously approved school year calendar and daily schedule with no modifications within this model. We feel that this is appropriate given the low ratios and small class sizes that are stated in our approval. Our nine students will be in two separate classrooms with their respective teacher, teaching assistant and nurse. All therapies will occur in their own designated space, which allows us to sanitize the space in between each session.

PCCD is fortunate to own our facilities, which is shared with other agency programs such as Early Childhood and Early Intervention. We completed an environmental scan of the spaces used within the building as they pertain to DESE guidance and will make slight adjustments based upon our findings. These include removing curriculum materials that have fabric, spacing of their personal belongings, and individualizing instead of sharing the materials they require for art and other lessons. Overall, we feel that the previous set up of our environment was conducive to the environment that DESE is looking for us to support. This is due to the nature of the population we serve and the preexisting precautions that we had in place to support them.

Our protocols have been updated and new ones have been written to respond to DESE’s guidance. Here are some of the examples of the new protocols:

1. Daily Screening
2. Identifying and Handling Sick, Symptomatic
3. Exposed Students and Staff
4. Hygiene and Health Practices
5. Education & Training staff

Any changes we have made will not have an impact on the traditional in-person learning.

## Hybrid learning model:

Since we have a very small program and able to service all our students full-time and following our regular school calendar, we are not imposing a hybrid model. Having said this, we do have a small number of students who will receive their services remotely at the parent/guardian's request. We are prepared to implement this model with other families when needed or requested. At times we could be providing short term services remotely if we have a student who is out due to following the protocol for handling sick, symptomatic or exposed students or long term if a parent/guardian changes their mind and wants them to receive all of their services remotely instead of in-person. We will be doing both at times dependent on the numerous circumstances and scenarios that could arise.

## Remote learning model:

Our remote learning model will be utilized under four situations.

1. Order from the Governor to close our facilities.
2. Exposure within the building that requires us to close the building for any given timeframe
3. Decrease in staffing due t COVID that requires us to close the building for any given timeframe
4. A request from one of our families.

In our remote learning model, the teachers and therapists provide 1:1 instruction through video conferencing following each student's IEP. The therapists also provide consult to the parent/guardian individually and/or with the teacher, working collaboratively with the parent/guardian. Our students, given their multiple disabilities (cognitive and physical), as well as being medically complex, will need the availability of a parent/guardian/caretaker to facilitate these sessions. We will continue to use the HIPPA compliant version Teams through Office 365 as our main platform for video conferencing and communication. Which is supplemented with the use of Classroom Dojo. This allows our families to receive daily postings and communication from our educators and therapists. Using the video conferencing and traditional phone calls, our team will follow up with each parent regarding the implementation of their child's educational activities. Through this process we also work to identify needs and supports for the families. For example, we have learned that families do not always have the necessary equipment or materials to implement given lessons or therapeutic interventions. To accommodate for this, our team works to provide computer equipment and/or other supplies and curriculum, in order to participate in remote services.

Teachers will be tracking attendance and participation online as well as progress toward IEP goals and objectives. Our students do not normally receive grades, but progress reports will continue to be completed on a regularly scheduled basis.

As you know, the health, safety and educational needs of our students and staff have guided our decisions. We will continue to work together to make responsible decisions while being supportive to each other during this extraordinarily challenging time.

Warm regards,

*Deanne Cefalo*

Deanne Cefalo  
Program Director  
PCCD

*Chris Hunt*

Christian Hunt  
Executive Director  
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# HEALTH/SAFETY & HYGIENE POLICIES, PROTOCOLS AND PROCEDURES

## CORONAVIRUS POLICY

The novel coronavirus (“COVID-19”) is extremely contagious and believed to be spread from person-to-person contact, mainly through respiratory droplets produced when an infected person coughs, sneezes or talks. Spread is more likely when people are in close contact with one another. To prevent the spread, federal, state, and local governments, as well as federal and state health agencies, recommend several health and safety protective measures. Included in these measures are washing hands, maintaining distance between oneself and others, covering mouth and nose with a mask or face covering when around others, covering coughing and sneezing, cleaning and disinfecting surfaces frequently, and monitoring one’s health daily.

The Professional Center for Child Development’s Developmental Day School has put in place preventative measures, new procedures, protocols, and policies, undergone trainings, and purchased necessary protective safety equipment to reduce the spread of COVID-19. However, due to the contagious nature of COVID-19, your child may be exposed to or infected by COVID-19 while attending The Professional Center for Child Development’s Developmental Day School. As with any setting where individuals will be in contact with other individuals, the risk of exposure to COVID-19 exists. Though significant preventative measures are being taken, the contagious nature of this virus prevents elimination of risk of exposure.

We will continue to follow local, state and federal guidance to ensure safety and preventative measures are up to date and implemented as efficiently and effectively as possible.

## DAILY SCREENING POLICY

As part of the social compact of re-opening, students and staff must stay home if they are feeling sick or have any symptoms associated with COVID-19.

### **DAILY SCREENING:**

The Day School must screen all staff and students before they are permitted to enter the school building following these requirements:

1. Students and staff must enter the program through the front entrance door to ensure that no individual enter the building until they successfully pass the screening.
2. Laura Eberth, Lisa Starkweather, and/or designee will conduct all screening activities.
3. The screening activities will occur at the front entrance of the building in the designated screening area that will allow for privacy in order to ask questions confidentially for staff in vehicles when students are dropped off by parents or transportation companies.
4. All health check responses must be recorded and maintained on file, for both students and staff.
5. **Parents will complete an attestation each day for their child and send into school before the student leaves home. We are hoping to have an app in place before the start of the school year for your convenience.**
6. Once the student has arrived at school the screener will verbally ask parents/guardians the following questions if dropping their child off at school. If any of the below are yes, the student must not be allowed to enter the building. The student must return home with their parent/guardian or caregiver. If students arrive on transportation, staff will ask the driver for a report when they screened the student and then do a visual inspection of the student as well. If any of the below are yes, staff must call parent to pick up their child OR if the bus company can return them back home, they will do so.
  - Today or in the past 24 hours, have you or any of your household members had any of the following symptoms?
    - Fever (temperature of 100.0 °F or above), chills or shaking chills
    - Cough (not due to other known cause, such as chronic cough)
    - Sore throat
    - Difficulty breathing or shortness of breath
    - Nausea, vomiting or diarrhea
    - Fatigue, when in combination with other symptoms
    - Headache, when in combination with other symptoms
    - New loss of smell/taste
    - Muscle aches or body aches
    - Nasal congestion or runny nose (not due to other known causes, such as allergies) when in combination with other symptoms
  - In the past 14 days, have you had close contact with a person known to be infected with novel coronavirus (COVID-19)?
  - In the past 14 days, I have not traveled to areas other than lower risk states including: Connecticut, Maine, New Hampshire, New Jersey, New York or Vermont.
7. Staff must make a visual inspection of each student for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue or extreme fussiness. Confirm that the student is not experiencing coughing or shortness of breath. In the event a student is experiencing shortness of breath or extreme difficulty breathing, call emergency medical services immediately.



8. All staff, parents and any individuals seeking entry into the program space must self-screen at home, prior to coming to the program for the day.
- Self-screening shall include checking for symptoms including fever, cough, shortness of breath, gastrointestinal symptoms, new loss of taste/smell, muscle aches or any other symptoms that feel like a cold. Anyone with a fever of 100.0°F or above or any other signs of illness must not be permitted to enter the program.
  - Parents and staff must sign written attestations daily regarding any household contacts with COVID-19, symptoms (e.g., fever, sore throat, cough, shortness of breath, new loss of taste/smell, or diarrhea), or if they have given their child medicine to lower a fever. Student and staff daily attestation forms will be filed in individual student or employee records.
  - Individuals who decline to complete the screening will **NOT** be permitted to enter the program space.

## Parent Attestation

Parents/Guardians must sign written attestations daily regarding symptoms of COVID-19 or any household contacts with COVID-19. Parents/Guardians must send along the attestation form with their child **each day**. Parents/Guardians, who decline to complete the screening, will result in the student not being permitted to enter the school.

By signing the sheet, you attest to the following:

Today or in the past 24 hours, my child has **NOT**, nor any household members have **NOT** had any of the following symptoms:

- Fever (temperature of 100.0°F or above), chills, or shaking chills
- Cough (not due to other known cause, such as chronic cough)
- Sore throat
- Difficulty breathing or shortness of breath
- Nausea, vomiting or diarrhea
- Fatigue, when in combination with other symptoms
- Headache, when in combination with other symptoms
- New loss of smell/taste
- Muscle aches or body aches
- Nasal congestion or runny nose (not due to other known causes, such as allergies) when in combination with other symptoms

In the past 14 days, my child has not had close contact with a person known to be infected with the novel coronavirus (COVID-19).

In the past 14 days, I have not traveled to areas other than lower risk states including Connecticut, Maine, New Hampshire, New Jersey, New York, or Vermont.

I have **NOT** given my child medicine to lower a fever.

Prior to coming school, a self-screen was done at home checking for the following symptoms: *fever, cough, shortness of breath, gastrointestinal symptoms, new loss of taste/smell, muscle aches, or any other symptoms that feel like a cold.*

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Identifying and Handling Sick, Symptomatic, and Exposed Student

Staff must actively monitor students throughout the day for symptoms of any kind, including fever, cough, shortness of breath, nausea, vomiting, diarrhea, abdominal pain or unexplained rash.

Students who appear ill or are exhibiting signs of illness must be separated from the larger group and isolated until able to leave the program. The identified medical waiting area is located at the end of the Day School hallway, the last door on the left and is marked (medical waiting room).

The Program Director, Nurse or designee will immediately contact parents to pick up the symptomatic student from school.

For a student suspected of having a fever, a non-contact thermometer will be used to check the student's temperature.

If a student appears to have severe symptoms, call emergency services immediately. Notify the transfer or medical facility if the student is suspected of having COVID-19. Severe symptoms include the following:

- Extreme difficulty breathing (i.e. not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion or inability to rouse the student
- New seizures or seizures that won't stop

### Isolation and Discharge

1. Isolated students must always be supervised while in the medical waiting area. Others must not enter the room without PPE appropriate to the care setting.
2. Post contact information for the Andover Board of Health.
3. Ensure masks and other cloth face coverings are available for use by students who become symptomatic.
4. Designate a separate exit for the exit used to regularly dismiss students and staff (this will be our emergency exit at the end of the hallway).
5. We have designated the staff bathroom to be made available for use for symptomatic individuals.

### If a Student Becomes Symptomatic

1. Immediately isolate the student from other students and minimize exposure to staff.
2. Whenever possible, cover student's nose and mouths with mask or cloth face covering.
3. Contact the student's parent/guardian and have them picked up as soon as possible.
4. Parents should follow up with the student's health care provider and obtain a test for COVID-19 infection.

### If a Student Contracts COVID-19

Students who are COVID-19 positive or symptomatic and presumed to have COVID-19 **must not return to school for a minimum of 10 days**. Most individuals who test positive have a relatively mild illness and will need to stay in self-isolation for at least 10 days. According to CDC, children who have medical complexity, who have neurological, genetic, metabolic conditions, or who have congenital heart disease might be at increased risk for severe illness from COVID-19 compared

to other children. Students who test positive can return to school and resume public activities after 10 days **AND** once they have:

- Remained fever free for 3 days without use taking fever reducing medications such as Tylenol or Motrin
- Experience significant improvement in symptoms
- Received clearance from public health authority contact tracers (local Board of Health where student resides or Community Contact Tracing Collaborative).

REPEAT TESTING PRIOR TO RETURN IS NOT RECOMMENDED.

The Program Director or designee will determine the date of symptom onset for the student. The Program Director or designee will determine if the child attended the program while symptomatic or during the two days before the symptoms began. The Program Director or designee will identify what days the attended during that time and determine who had close contact (staff and other students) with the child at the program during those days.

### **Notifying Required Parties**

In the event the Day School experiences an exposure, the Program Director or designee will notify employees and families about the exposure but maintain confidentiality.

The Health & Safety Coordinator or designee will notify the Andover Board of Health if a student is COVID-19 positive.

### **Self-Isolating Following Exposure or Potential Exposure**

In the event a student is determined to have been exposed or identified as a close contact of a confirmed or clinically diagnosed COVID-19 case from public health authority the following protocols must be followed:

1. The student must not be permitted to enter the program space and self-quarantine for 14 days after the last contact with the sick individual.
2. Close contacts without symptoms should be tested after they are notified of their exposure to COVID-19. The close contact is required to quarantine for 14 days, even following a negative test result. Because there may be a delay between the time a person is exposed to the virus and the time that the virus can be detected by testing, early testing after exposure may miss many infections.
3. Close contacts that develop any symptoms at any time during their quarantine period should be tested promptly. Testing should occur even if the student had a negative test result during the quarantine period.
4. The Health & Safety Coordinator, Program Director or designee will consult with public health authority (Andover Board of Health or Community Tracing Collaborative) for guidance on quarantine for other children or staff and if program space is safe for continued operation.
5. If an exposed student subsequently tests positive or clinically diagnosed with COVID-19 infection, they must isolate for a minimum of 10 days from first day of symptoms **AND** be fever free for 72 hours without fever reducing medications **AND** experience significant improvements in symptoms and received clearance from public health authority (local Board of Health where student resides or Community Tracing Collaborative).
6. If a household member tests positive for COVID-19, the student must self-quarantine for 14 days after the last

time they could have been exposed.

### **If an Exposed Student Remains Asymptomatic and/or Tests Negative for COVID-19**

If an exposed or close contact of a confirmed or clinically diagnosed COVID-19 case remains asymptomatic and/or test negative for COVID-19, they must remain in quarantine and continue to monitor for the full 14 days.

## Identifying and Handling Sick, Symptomatic, and Exposed Staff

Staff who appear ill or are exhibiting signs of illness will be separated from staff and students and isolated until able to leave the program.

Staff will isolate in the medical waiting area located at the end of the Day School hallway, the last door on the left and is marked (medical waiting room).

If a staff member appears to have severe symptoms, call emergency services immediately. Notify the transfer team or medical facility if a staff is suspected of having COVID-19. Severe symptoms include the following:

- Extreme difficulty breathing (i.e. not being able to speak without gasping for air)
- Bluish lips or face
- Persistent pain or pressure in the chest
- Severe persistent dizziness or lightheadedness
- New confusion or inability to rouse the student
- New seizures or seizures that won't stop

### Isolation and Discharge

1. Other's must not enter the isolation room with PPE appropriate to the care setting.
2. Have a staff back-up plan for staff coverage in case a staff becomes sick.
3. Post contact information for the Andover Board of Health.
4. Ensure masks and other cloth face coverings are available for use by students and staff who become symptomatic.
5. Designate a separate exit from the exit used to regularly dismiss students and staff (this will be our emergency exit at the end of the hallway).
6. We have designated our staff bathroom to be made available for use for symptomatic individuals.

### If a Staff Becomes Symptomatic

Immediately isolate the staff from students and other staff. They must cease all duties immediately and be removed from others until they can leave.

**Staff who exhibit any symptoms must get a test for COVID-19 infection prior to returning to the school.**

### If a Staff Contracts COVID-19

Staff who are COVID-19 positive or symptomatic and presumed to have COVID-19 **must not return to school for a minimum of 10 days**. Most individuals who test positive have a relatively mild illness and will need to stay in self-isolation for at least 10 days. According to CDC, children who have medical complexity, who have neurological, genetic, metabolic conditions, or who have congenital heart disease might be at increased risk for severe illness from COVID-19 compared to other children. Staff who test positive can return to school and resume public activities after 10 days **AND** once they have:

- Remained fever free for 3 days without use taking fever reducing medications such as Tylenol or Motrin
- Experience significant improvement in symptoms

- Received clearance from public health authority contact tracers (local Board of Health where student resides or Community Contact Tracing Collaborative).

REPEAT TESTING PRIOR TO RETURN IS NOT RECOMMENDED.

The Program Director or designee will determine the date of symptom onset for the staff. The Program Director or designee will determine if the staff attended the program while symptomatic or during the two days before the symptoms began. The Program Director or designee will identify what days the staff worked during that time and determine who had close contact (other staff and students) with the individual at the program during those days.

### **Notifying Required Parties**

In the event the Day School experiences an exposure, the Program Director or designee will notify employees and families about the exposure but maintain confidentiality.

The Health & Safety Coordinator or designee will notify the Andover Board of Health if a student is COVID-19 positive.

### **Self-Isolating Following Exposure or Potential Exposure**

In the event a student is determined to have been exposed or identified as a close contact of a confirmed or clinically diagnosed COVID-19 case from public health authority the following protocols must be followed:

1. The student must not be permitted to enter the program space and self-quarantine for 14 days after the last contact with the sick individual.
2. Close contacts without symptoms should be tested after they are notified of their exposure to COVID-19. The close contact is required to quarantine for 14 days, even following a negative test result. Because there may be a delay between the time a person is exposed to the virus and the time that the virus can be detected by testing, early testing after exposure may miss many infections.
3. Close contacts that develop any symptoms at any time during their quarantine period should be tested promptly. Testing should occur even if the student had a negative test result during the quarantine period.
4. The Health & Safety Coordinator, Program Director or designee will consult with public health authority (Andover Board of Health or Community Tracing Collaborative) for guidance on quarantine for other children or staff and if program space is safe for continued operation.
5. If an exposed student subsequently tests positive or clinically diagnosed with COVID-19 infection, they must isolate for a minimum of 10 days from first day of symptoms **AND** be fever free for 72 hours without fever reducing medications **AND** experience significant improvements in symptoms and received clearance from public health authority (local Board of Health where student resides or Community Tracing Collaborative).
6. If a household member tests positive for COVID-19, the student must self-quarantine for 14 days after the last time they could have been exposed.

### **If an Exposed Staff Remains Asymptomatic and/or Tests Negative for COVID-19**

If an exposed or close contact of a confirmed or clinically diagnosed COVID-19 case remains asymptomatic and/or test negative for COVID-19, they must remain in quarantine and continue to monitor for the full 14 days.

**QUICK REFERENCE SHEET: KEY ACTIONS FOR COVID-19 EVENTS**

EVENT	LOCATION OF EVENT	TESTING RESULT	QUARANTINE
<p><b>Individual is symptomatic</b></p>	<p>If a student is symptomatic at home, they must stay home and should get tested.</p>	<p>Student/individual tests <b><u>negative</u></b></p>	<p>Isolation for at least 10 days <b>and</b> until at least 3 days have passed with no fever and improvement in other symptoms.</p>
	<p>Students who become symptomatic at school will be sent home and should be tested.</p> <p>If a student’s parent or household member is symptomatic, they should consult their health care provider and be tested.</p>	<p>Student/individual tests <b><u>positive</u></b></p>	<p>Remain home, monitor symptoms, notify appropriate PCCD staff, assist in contact tracing efforts and answer the call from local board of health or MA Community Tracing Collaborative. Isolation for at least 10 days <b>and</b> until at least 3 days have passed with no fever and improvement in other symptoms.</p>
	<p>Staff must be sent home or discontinue visit depending on setting and get tested.</p>	<p>Student/individual <b><u>is not tested</u></b></p>	<p>Remain home in self-isolation for 14 days from symptom onset.</p>
<p><b>Individual is exposed to COVID-19 positive individual</b></p>	<p>If individual is at home when they learn they were in close contact with an individual who tested positive for COVID-19, they must stay home and be tested 4 or 5 days after their last exposure.</p>	<p>Student/individual tests <b><u>negative</u></b></p>	<p>Remain home and self-quarantine for 14 days from exposure.</p>
	<p>If an individual is at work at center or in community setting when they learn they were in close contact with an individual who tested positive for COVID-19, they should remain masked (adults) and adhere to strict physical distancing and go home as soon as possible. Individuals should stay at home and be tested 4 to 5 days after their last exposure.</p>	<p>Student/individual tests <b><u>positive</u></b></p>	<p>Remain home, monitor symptoms, notify appropriate PCCD staff, assist in contact tracing efforts and answer the call from local board of health or MA Community Tracing Collaborative. Isolation for at least 10 days <b>and</b> until at least 3 days have passed with no fever and improvement in other symptoms</p>
		<p>Student/individual <b><u>is not tested</u></b></p>	<p>Remain home in self-quarantine for 14 days from exposure.</p>



## Medical Waiting Room

### Purpose

- To provide a separate space from the nurse's office or classroom space for providing medical care.
- It is located at the end of the Day School hallway, last door on the left and is labeled. It is located right next to an exit.
- The medical waiting room will be used when a student or staff is presenting with COVID-19 symptoms and needs to be separated.

### Staffing

- When occupied, the medical waiting room will always be monitored by a staff member, while following necessary protective and safety measures. We have all PPE required at this time.

### Masks required:

- Masks are always strictly required in this space. Exceptions are made for medical reasons.
- The individual supervising this space must wear all necessary PPE, which includes a gown, mask (including N95 respirator), gloves, face shield or goggles.

### Hand hygiene

- There is a sink and hand sanitizer available in this space. Hand hygiene will be performed when entering and leaving the space.

### Food/drink

- If any food or drink must be consumed before the student is picked up, the individual should be walked outside to consume food or drink if possible (because mask will have to be taken off for eating).
- If not possible to go outside, the student may consume food or drink in the medical waiting room. Staff will be required to wear N95.

### Ventilation

- This space has a window that opens and provides direct ventilation to the outdoors.

### Size

- Given the number of students and staff is very small, we can accommodate one student at a time with a supervising staff person. If it is a staff person in the medical waiting room, another staff person may accompany them, but they must keep physical distance.

## Hygiene and Health Practices

### Resources and Supplies

To ensure that the Day School has adequate supplies to promote frequent and effective hygiene behaviors the program must have the following materials and supplies:

- Handwashing facilities with soap, water and disposable paper towels will be readily accessible to all students and staff. Handwashing instructions are posted near every handwashing sink and where students and staff can easily see them
- Hand sanitizer with at least 60% alcohol may be utilized at times when handwashing is not available, as appropriate to the ages of students and only with written physical order to use per the Department of Public Health and Department.
  - Hand sanitizers will be stored securely and used only under supervision of staff.
  - Staff will make sure students do not put hands wet with sanitizer in their mouth and will teach students proper use.
  - While hand sanitizer may be used by children over 2 years of age with a physician's order, handwashing is the preferred and safer method.
- Hand hygiene stations are to be set up at the entrance of the premises, so that students and staff can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol and allow use in accordance with the guidance above. If hand sanitizer use is not appropriate or not approved and there is no soap and water at the entrance, students must be instructed to go to the nearest handwashing station upon entry. Keep hand sanitizer out of student's reach and supervise use.

### When to Wash Hands

Students and staff will wash their hands or use hand sanitizer often, making sure to wash all surfaces of their hands (e.g., front and back, wrists, between fingers, thumbs and fingertips). Reinforce to staff and students that they must be regularly washing their hands with soap and water for at least 20 seconds and should wash hands whenever the following criteria are met:

- Upon entry into and exit from program space
- When coming into the program space from outside activities
- Before and after eating
- After sneezing, coughing or nose blowing
- After toileting and diapering
- Before handling food
- After touching or cleaning surfaces that may be contaminated
- After using any shared equipment like toys, computer keyboards, mouse, climbing walls
- After assisting students with handwashing
- Before and after administration of medication
- Before entering vehicles used for transportation of student
- After contact with facemask or cloth face covering
- Before and after changes of gloves

### Respiratory Etiquette

Students, families, and staff should avoid touching their eyes, nose, and mouth. Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hand with soap and water or hand sanitizer (if soap and water are not readily available and with a physician's order and careful supervision as appropriate to the ages of the student.

## Additional Healthy Habits

PCCD staff are encouraged to teach, model, and reinforce the following healthy habits:

- Staff must know and follow the steps needed for effective handwashing (use soap and water to wash all surfaces of their hands for at least 20 seconds, wait for visible lather, rinse thoroughly and dry with individual disposable towel).
- Build in monitored handwashing for students at all necessary times throughout the day (e.g., upon arrival, before and after meals, after toileting and diapering, after coughing or sneezing, after contact with bodily fluids). Post visual steps of appropriate handwashing to assist students or cue them for approximately 20 seconds as the length of time they need to wash their hands.
- Assist students with handwashing.
- Keep hand sanitizer out of the reach of students and monitor use closely. Due to its high alcohol content, ingesting hand sanitizer can be toxic for a child. Supervise students when they use hand sanitizer to make sure they rub their hands until completely dry, so they do not get hand sanitizer in their eyes or mouth.
- Explain to students why it is not healthy to share drinks or food.
- Teach students to use tissue to wipe their nose and to cough inside their elbow. They must wash their hands with soap and water immediately afterwards.
- Ask parents and caregivers to wash their own hands and assist in washing the hands of their children before dropping off, prior to coming for pick up, and when they get home.

## Handwashing and Hand Sanitizing Stations

Handwashing removes pathogens from the surface of the hands. While handwashing with soap and water is the best option, alcohol-based hand sanitizer (at least 60% ethanol or at least 70% isopropanol) may be utilized when handwashing is not available. In the Developmental Day School, we use the wipes for our students not the gel. Any use of hand sanitizer for a student must be accompanied by a doctor's order.

We have provided sinks in every classroom for handwashing and/or hand sanitizer, as well as hand sanitizing stations in the following common areas and ensure there are enough supplies (soap and sanitizer) at all times to accommodate frequent hand washing and sanitizing:

- All entries and exits
- In bathrooms
- In all classrooms, gross motor room and therapy spaces

## Classroom Suctioning Protocol

In the Day School, we have students that require suctioning. Suctioning is identified by CDC as an aerosol generating procedure requiring N95 masks (for the nurse) and done in isolation. We have a trifold screen in a corner of the room set up with the nurse's PPE so that she can attend to the student quickly. There may be a student in your child's classroom that requires this procedure.

1. Suction machine and rinse water will always be easily accessible for student(s)
2. Assess the student in need of suctioning
3. Have teacher or teaching assistant position student behind medical screen in corner of the classroom
4. "Transport person" to perform hand hygiene after positioning student behind medical screen
5. If possible, position other students a minimum of 6 feet from suctioning area with masks on
6. RN to don PPE
  - o Put on gown
  - o Put on N95 respirator & secure to assure proper fit (**a new N95 mask must be worn for each student**)
  - o Put on face shield
  - o Put on gloves
7. Behind medical screen, turn on suction & RN to suction as needed
8. Clear out suction tubing with water as needed
9. RN to assess respiratory status
10. RN to ensure that student is ready to return to classroom activities
11. Before student leaves suctioning area:
  - o Disinfect suctioning equipment
  - o Use disinfectant wipes to wipe down wheelchair surfaces such as wheelchair handles, tray, brakes, etc.
  - o Wipe student's hand with Sani-Hand cloths
12. Have teacher or teaching assistant return student to classroom area
13. Clean and disinfect suctioning area with disinfectant wipes including medical screen
14. RN to doff PPE
  - o Remove gloves
  - o Remove gown
  - o Place in trash receptacle
  - o Exit suction are
  - o Perform hand hygiene
  - o Apply new gloves
  - o Remove face shield and clean with disinfectant wipe
  - o Remove N95 and discard in trash receptacle
  - o Perform hand hygiene

## INSERT DIAPER CHANGING PROCEDURE

## DAILY OPERATIONS AND FACILITIES

## Visitors and Volunteers

### Reduce non-essential visitors

- No outside visitors or volunteers will be allowed
- Exceptions:
  - contracted service providers for the purpose of special education support services, or program monitoring as authorized by the school or district
  - emergencies

### Single entry/exit

- The front entrance is designated as the single entry and exit point for all visitors and volunteers to be visually screened and logged in.
- For visitors who need to enter, they should first gain approval, be briefed on school COVID-19 policies, and verify they do not have symptoms.
- We will ensure that these individuals all are always wearing masks covering their nose and mouth and are aware of any other health and safety protocols for the school.

### Track visitor log

- A log of all visitors will be kept and maintained for 30 days
- The log should include:
  - Date
  - Contact phone number
  - Arrival/departure times
  - Areas visited within the building for each visit

### Minimize parent/family visits

- Parent/family visits will occur only in the school office and/or outside spaces, if appropriate.
- Visitor's necessary for drop off or pick up must wear masks.
- Only one guardian is encouraged to visit the building when possible and continue to utilize virtual communication options with families (e.g., for parent- teacher conferences).

## Entry and Exit Points

### Arrival to school

- All staff and students who are attending/working at the Developmental Day School will enter through the front entrance, which is a touchless door. All other staff and students/children in the building will have a different entrance/exit point in order to prioritize overall health & safety considerations.
- If student is being transported by a parent/caregiver, they will wait in their cars (and be masked) until a nurse approaches them to observe the student. Then they will transport the student into the school. If the student has any symptoms, the parent/caregiver will return him/her home.
- If the student is being transported by a bus, they will wait until a nurse approaches to receive a report from the bus driver and observe the student before transporting him/her into the school. If a student has any symptoms, a staff member will contact the parent/guardian to either have them returned on the bus (if transportation is able to do this) or have the parent/guardian pick them up at the school.



- We will have appropriate signage and reminders about the health and safety requirements posted that everyone needs to follow.
- We have hand sanitization available upon entry, as well as appropriate disposal containers.
- We will ensure that all staff, visitors (only essential), and students who are able to (except those with noted exceptions for medical needs), are wearing masks covering their nose and mouth.
- We will ensure that additional masks are available at the entry, as may be necessary.
- We will have a staff monitoring entry to ensure everyone properly disinfects their hands and is wearing masks.
- There will be screening procedures required at the point of entry for students, staff, and visitors.

#### **Dismissal from school:**

- All staff and students who are attending/working at the Developmental Day School will exit through the front entrance, which is a touchless door. All other staff and students/children in the building will have a different entrance/exit point in order to prioritize overall health & safety considerations.
- Before students are dismissed, confirm they have gathered all personal belongings before leaving, especially those that require cleaning at home.

### **Transitions & Hallways**

Students will be transported to and from therapy areas, as the SLP, OT and PT all have their own spaces now. Only one student is allowed in our small hallways at one time. This applies when students are going out to the playground as well. During arrival and dismissal, the staff will be careful to monitor this.

### **Cohorts**

Within the Day School, this refers to your child's classroom. The students will only be with the peers within their classroom. We will not be bringing the classes together for large groups such as library, guest speakers or special occasions. We will be accessing only our section of the building and the playground. The preschool and early intervention will have their own designated sections of the building as well as separate entrance/exit points.

### **Recess**

The following procedures and protocols will be followed during outdoor recess:

- Hand Hygiene – We have both hand washing sinks and hand sanitizer available to be used upon entering and leaving the outdoor space.
- Cohorting – We have collaborated with the Preschool and Early Intervention groups in regard to scheduling our time outdoors and when we do not have students who are in different cohorts, we will be in designated areas that can support physical distancing (at least 10 ft.) while still providing recess opportunities.

- Cleaning and disinfecting – will be performed on all outdoor high touch surfaces made of plastic or metal between cohort uses throughout the day.
- Masking – while outdoors, we will maintain a distance of at least 6 feet from other students in the same cohort, as this will be considered an unmasked time for all of them. Staff will need to wear a mask as they will be close to the students.

### Meal Preparation & Consumption

All meal preparation must happen at home and be sent into school. We are able to heat up meals in a microwave. Please pack your child’s lunch or snack with a cold pack if it needs to stay cold. We have limited room in our small refrigerators. Students will eat their food within the classroom as they always have but be kept 6ft away from their peers. Another option is for a student or students to eat outside at a designated area of the playground weather permitting. Staff will not eat within the classroom but will have breaks to do so outside of the classroom (including outdoors at a designated area).

**Cooking lessons** can still happen, but they will look differently. Staff will not be able to use the oven in our kitchen or “cook” items. The students are not able to share but will have their own individual ingredients and/or materials in order to participate in the lesson.

### Classes that Involve Increased Respiration

This information was written for classes such as chorus, singing, brass & woodwind instrument use, dance, theatre, and physical education activities, which are done typically in groups. DESE is recommending that if they are held in person they must be outdoors and with masks when able and if not they must be 10ft apart from each other.

This guidance pertains to the students in the Day School in two ways; music therapy and singing within the classroom. In regards to music therapy, we have not decided at this time if we will have it at the start of school year. More conversations and collaboration need to happen with our music therapist to decide if there is a safe way to do this. We will keep parents/guardians updated, as we know that the students enjoy it very much. One idea is having the music therapist come to the students virtually (as we do have Smart Boards in the classroom). Regarding singing, the teachers and therapists have found other ways to incorporate music without singing in a group. Some examples are recording their regularly used songs they sing during meeting/circle time on a switch, use other recorded music on their iPads and/or Alexa. Their may be times when working 1:1, wearing a mask and face shield and/or barrier that they could sing (although this is still in discussion). The staff will often use music (singing) to engage, motivate and instruct a student. Don’t worry, the staff still plan on making the lesson fun and engaging!

### Personal Belongings

When packing your child’s belongings, consider the following:

- Send only the essentials in each day and if possible, put orthotics on prior to coming to school.
- Pack the items in bags that can be easily sprayed or wiped down when they get to school and when they return home, (e.g. instead of fabric such as canvas replace with nylon or plastic).

- Make sure to include an extra set of clothing each day and remove items sent home, as well.
- Lunchboxes need to be easy to wipe/clean or it could be a paper/plastic bag that we dispose of.
- Refrain from packing any special toys for children, as they cannot be brought into school.
- In school, your child will have their own cubby, as always, but there will be an empty cubby in between each student's belongings. If they have more than can fit in a cubby, we will have a designated area in our storage closets to hold them.

## **Attendance**

Attendance will be taken daily whether you are attending school in person or remotely.

## **Sharing of Materials**

We have removed all items from the classroom that are typically shared and made of fabric, as they cannot be sanitized between students. If we have a specific toy that cannot be sanitized, it will be assigned to only one student. Items such as blankets will be used only once with a student and laundered. Boppies will have covers on them that can be sanitized. All of our positioning equipment that is shared will be sanitized between each student. New mats have been purchased for the classrooms that can also be sanitized. Teachers and therapists will be setting up individual materials that students will not share when they can. Examples of this are the art tools, cooking supplies, writing utensils, curriculum materials and/or eating/feeding items. We have also made sure to have enough switches and technology so that the students are not sharing as much as possible. When they do need to share, we will sanitize properly.

## Physical Intervention and Restraint Protocols

*Physical Restraint and COVID-19: These guidelines are to be used in conjunction with Massachusetts regulations outlined in 603 CMR 46.00 and local procedures.*

**As you know, we do not implement restraint procedures with our current student population. We included this protocol should that ever change in the future.**

Direct service providers should be mindful that seeing staff putting on protective equipment or being approached by staff wearing protective equipment can create anxiety in students. Use a student-centered approach and offer reassurance throughout interactions.

### **Limiting Risk of Infection Prior to a Physical Restraint**

- Plastic protective gowns that can be easily ripped or torn are not advised, as they may become a hazard.
- Ensure staff is wearing disposable gloves, disposable masks, face shields, and long sleeves to the maximum extent possible.
- Only staff required for safely restraining a student should be involved; one additional staff member should monitor and address protective equipment needs for those staff that are involved in the restraint in the event that protective equipment needs to be altered or adjusted.

### **Limiting Risk of Infection During a Physical Restraint**

- Keep hands clear of eyes, mouth, and nose of self and others.
- First responders should be relieved as soon as possible if not wearing appropriate protective equipment.
- Given the risk of COVID-19, it is even more important than usual to try to avoid long and extended restraints.

### **Limiting Risk of Infection After a Physical Restraint**

- Remove and dispose of and/or clean protective equipment immediately in the manner that you were trained.
- Avoid touching your face and limit contact with hard surfaces before immediately washing hands.

To minimize exposure, it is recommended that staff have a change of clothes available should their clothes become contaminated.

Once all health and safety issues have been addressed, follow debriefing and reporting procedures or the restraint.

## How to Clean and Disinfect Schools

Cleaning and disinfecting are part of a broad approach to preventing infectious diseases in schools. Staff will adhere to the following principles adapted from the CDC: <https://www.cdc.gov/flu/school/cleaning.htm> :

### **Know the difference between cleaning, disinfecting, and sanitizing**

**Cleaning removes germs**, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

**Disinfecting kills germs** on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

**Sanitizing lowers the number of germs** on surfaces or objects to a safe level, as judged by public health standards or requirements. This process **works by either cleaning or disinfecting** surfaces or objects to lower the risk of spreading infection.

### **Clean and disinfect surfaces and objects that are touched often**

Follow your school's standard procedures for routine cleaning and disinfecting. Typically, this means daily sanitizing surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys. Some schools may also require daily disinfecting these items. Standard procedures often call for disinfecting specific areas of the school, like bathrooms.

Immediately clean surfaces and objects that are visibly soiled. If surfaces or objects are soiled with body fluids or blood, use gloves and other standard precautions to avoid coming into contact with the fluid. Remove the spill, and then clean and disinfect the surface.

### **Simply do routine cleaning and disinfecting**

It is important to match your cleaning and disinfecting activities to the types of germs you want to remove or kill. Most studies have shown that the flu virus can live and potentially infect a person for up to 48 hours after being deposited on a surface. However, it is not necessary to close schools to clean or disinfect every surface in the building to slow the spread of flu. Also, if students and staff are dismissed because the school cannot function normally (e.g., high absenteeism during a flu outbreak), it is not necessary to do extra cleaning and disinfecting.

Flu viruses are relatively fragile, so standard cleaning and disinfecting practices are sufficient to remove or kill them. Special cleaning and disinfecting processes, including wiping down walls and ceilings, frequently using room air deodorizers, and fumigating, are not necessary or recommended. These processes can irritate eyes, noses, throats, and skin; aggravate asthma; and cause other serious side effects.

### **Clean and disinfect correctly**

Always follow label directions on cleaning products and disinfectants. Wash surfaces with a general household cleaner to remove germs. Rinse with water and follow with an EPA-registered disinfectant to kill germs. Read the label to make sure it states that EPA has approved the product for effectiveness against the coronavirus.

If a surface is not visibly dirty, you can clean it with an EPA-registered product that both cleans (removes germs) and disinfects (kills germs) instead. Be sure to read the label directions carefully, as there may be a separate procedure for using the product as a cleaner or as a disinfectant. Disinfection usually requires the product to remain on the surface for a certain period of time (e.g., letting it stand for 3 to 5 minutes).

Use disinfecting wipes on electronic items that are touched often, such as phones and computers. Pay close attention to the directions for using disinfecting wipes. It may be necessary to use more than one wipe to keep the surface wet for the stated length of contact time. Make sure that the electronics can withstand the use of liquids for cleaning and disinfecting.

### **Use products safely**

Pay close attention to hazard warnings and directions on product labels. Cleaning products and disinfectants often call for the use of gloves or eye protection. For example, gloves should always be worn to protect your hands when working with bleach solutions.

Do not mix cleaners and disinfectants unless the labels indicate it is safe to do so. Combining certain products (such as chlorine bleach and ammonia cleaners) can result in serious injury or death.

Ensure that custodial staff, teachers, and others who use cleaners and disinfectants read and understand all instruction labels and understand safe and appropriate use. This might require that instructional materials and training be provided in other languages.

### **Handle waste properly**

Follow your school's standard procedures for handling waste, which may include wearing gloves. Place no-touch wastebaskets where they are easy to use. Throw disposable items used to clean surfaces and items in the trash immediately after use. Avoid touching used tissues and other waste when emptying wastebaskets. Wash your hands with soap and water after emptying wastebaskets and touching used tissues and similar waste.

## **Preventive Measures to Minimize the Spread of COVID-19**

This cleaning plan was created to ensure reasonable measures are in place to minimize exposure to disease through germs, fluids, and excretions. The Day School at PCCD has intensified general cleaning, sanitizing and disinfecting routines. Additionally, extra attention is given to high touch or high use surfaces or those specifically touched by symptomatic or ill individuals. In addition, to the cleaners who on a daily basis after students and staff have left, an individual has been hired to disinfect all identified high touch areas throughout the building on a daily basis.

The Day School has purchased cleaning and disinfecting supplies and materials in a 3-month supply. These include but not limited to:

- Disinfecting wipes and materials
- Hand sanitizer and hand sanitizing wipes
- Paper towels

- Soap
- Dishwasher detergent

The following is the cleaning schedule that identifies what items must be cleaned, sanitized, or disinfected and with what frequency. This daily cleaning schedule for staff (before, during, and after programming) is to ensure all areas, materials, furniture, and equipment used by students and staff are properly cleaned, sanitized or disinfected. The Day School staff will be doing all ongoing cleaning, sanitizing and disinfecting in their own classrooms and therapy spaces.

## PCCD EARLY CHILDHOOD, EARLY INTERVENTION & DAY SCHOOL SCHEDULE FOR CLEANING, SANITIZING AND DISINFECTING

### *Amended from Appendix K: Caring for Our Children: National Health and Safety Performance Standards*

- Post-COVID 19 changes are added in blue to create PCCD Early Childhood Program Cleaning Plan
- Post-COVID 19 changes are added in green to reflect Developmental Day School Cleaning Plan
  - Items crossed off indicate changes made to increase cleaning

Areas	Before Each Use	After Each Use	Daily (At the End of the Day)	Weekly	Monthly	Comments
<b>Food Areas</b>						
• Food preparation surfaces	Clean, Sanitize	Clean, Sanitize	Through dishwasher at end of day			Use a sanitizer safe for food contact Cafeteria trays in use for eating
• Eating utensils & dishes		Clean, sanitize	Through dishwasher at end of day Dishwasher end of day and as needed			Washing of dishes, utensils, bottles and trays will be done with the use of an automated dishwasher to sanitize
• Tables & highchair trays	Clean, Sanitize	Clean, Sanitize	Disinfect daily			Consider adding more tables as children should eat 6 feet apart
• Countertops		Clean	Clean, Disinfect			Use a sanitizing wipe after food contact, and will allow appropriate dwell time before wiping dry
• Food preparation and appliances		Clean <del>Clean</del>	Clean, Disinfect <del>Clean, Sanitize</del>			Microwave only. Disinfect handle between use. Food prep is not allowed. Staff will sanitize hands and change gloves between helping each child with their own food
• Mixed use tables	Clean, Sanitize	Clean, disinfect Clean, disinfect				Before serving food Offer individual cafeteria trays when serving food
• Refrigerator					Clean	Wipe handle with disinfectant wipe after each use Do not use.
<b>Child Care Areas</b>						

• Plastic mouthed toys		Clean	Clean, Disinfect			Oral motor toys/materials only to be used by individual student & washed in dishwasher if dishwasher safe After use by each child. Mouth toys should not be shared.
• Shared toys and materials that can be cleaned		Clean	Clean, Sanitize			-Disinfect after use by each child -Rotate small collections -Reduce amount offered
• Shared materials and toys that cannot be cleaned						Provide individual supply to student. Replace as needed. For example playdough must be removed, we will offer each child their own individual supply, replace often
• Water tables, Sensory tables, Sand table activities						Provide opportunities individually. Must be removed, consider offering each child their own supply, replace often
• Pacifiers, Lovies		Clean	Clean, Sanitize Send home daily for laundry			Reserve for use by only one child; Pacifiers: use dishwasher or boil for one minute
• Hats			<del>Clean</del>			<del>Remove</del> <del>Clean after each use if head lice present</del> Remove
• Door & cabinet handles, banisters		Disinfect	Clean, Disinfect			
• Teacher Clothing <i>*Note long sleeve button down shirts are required, staff must change after close contact</i>			Laundry, set up laundry station, changing station			After supporting children with close contact care (diapering, feeding, washing, dressing, particularly of infants and toddlers, teacher must change clothing afterwards)



## Education and Training

It is essential that staff training be provided before in-person instruction to students with disabilities can be conducted. In addition, it is equally important to educate and train students on health and safety considerations, as well as newly adopted routines and protocols.

### **Training Plan**

- The Developmental Day School will identify staff that will need to be trained and what that training should address.
- The Developmental Day School will determine who will provide the training and what materials will need to be procured for the training. School will ensure trainers are qualified to conduct associated trainings and utilize resources from accredited organizations when possible.
- The Developmental Day School will develop a timeline for training needs including what trainings need to be conducted prior to the start of in-person instruction and what trainings need to be provided as ongoing support.
- The Developmental Day School will develop a system for monitoring staff completion of required trainings and identify staff responsible for ensuring all staff have met the training requirements prior to beginning in-person work.
- The Developmental Day School will consult current vendors and/or affiliated health and safety organizations to determine what resources are readily available. Consult with other approved special education schools to share resources related to training.
- The Developmental Day School Staff will be encouraged to communicate additional training needs.
- The Developmental Day School will determine what training, if any, may be needed for families of students.

### **Staff Training**

- Training will be provided by qualified professionals.
- Training will include all staff who have contact with students, including but not limited to educators, support and related services staff, administrators, clerical staff, custodial staff, and food service providers.
- Training for staff will include the following but should not be limited to:
  - Safe and effective use of protective equipment (putting on and taking off protective equipment and disposing and/or washing protective equipment)
  - General information related to COVID-19 from the CDC
  - How COVID-19 is spread
  - How to prevent the spread of COVID-19
  - Symptoms of COVID-19
  - When to seek medical assistance for students or staff who exhibit symptoms or become sick
  - Proper cleaning and disinfecting techniques
  - Restraint/behavior intervention with COVID-19
  - Communicating with parents during this time
  - Communication and assisting children during this time
  - All New policies/procedures/protocols

### **All New Policies/Procedures/Protocols**

- Social distancing
- Where possible there will be a 6-foot distance between all students and staff
- Where a 6-foot distance is not possible, staff and students will wear masks, staff should make best efforts to reduce amount of time within close proximity to student
- Where it is not possible for students to wear masks, staff will wear a mask and other PPE as needed, staff should make best efforts to reduce amount of time withing close proximity to student
- Identify situations where distance is attainable
- Identify situations where distance is not attainable & identify what PPE is required

- Infection control
- Classroom activities
- Classroom/building design/layout
- Barriers
- Spacing
- Taping visual guides/signage
- Use of hallways
- Use of bathrooms
- Staggered time outside of classroom
- Meals/snacks
  - Cleaning and disinfecting before and after eating
  - No sharing between students
  - Considerations for students who need to be fed or need assistance while eating
- Cleaning and disinfection
  - High touch areas
  - Frequency
  - Step by step method
  - Create signage with specifics with easy to follow instructions
- Utilization of PPE
  - Proper techniques for putting on and taking off
  - Proper disposal techniques
  - Guidance about what PPE is necessary at what times and in what situations
  - System for tracking how much PPE is used, practicality of use, challenges or need for different PPE
- Toileting
  - Create specific PPE requirements as well as cleaning and disinfecting procedures
  - Toileting and diapering areas must be cleaned and disinfected after each use
  - Clean – physically removing dirt, debris, sticky film by washing, wiping, and rinsing
  - Disinfect – kill nearly all germs on hard, non-porous surface with recommended chemical to remove bacteria
  - Disinfecting must be done when students are not in area
  - Place signage in bathrooms or other changing area with easy to follow steps
  - Students and staff clothing must be changed when soiled with secretions or bodily fluids
  - Staff must be trained on proper removal of PPE and handwashing before donning and after removing PPE
  - Staff should assemble all necessary supplies, or they should be available in changing area/bathroom before bringing the student to be changed or use the bathroom
  - Students hands must be washed after toileting/diaper change
  - Staff must thoroughly wash their own hands after toileting/diaper change
- Physical intervention and restraint
  - Consider how to best protect all involved in a restraint and provide realistic guidance for safely doing so
  - Students will likely feel anxiety when approached by a staff with PPE or seeing staff begin to put it on – use student centered approach and offer reassurance
  - Limiting risk of infection prior to restraint
  - Ensure staff is wearing disposable gloves, disposable masks, face shields and long sleeves to maximum extent possible
  - Plastic protective gowns/disposable gowns are not advised
  - Only staff required in safely restraining a student should be involved
  - One additional staff should monitor, and address PPE as needed (provide more, adjust, etc.)
  - Limiting risk of infection during restraint
    - Keep hands clear of eyes, mouth and nose of self and others involved
    - First responders should be relieved ASAP if they are not wearing appropriate PPE
    - As always, but even more important with the risk of COVID-19, try as best possible to avoid long

- and extended restraints
- Limiting risk of infection after a restraint
  - Remove/dispose or clean PPE immediately in manner trained
  - As soon as possible, wash hands
  - Avoid touching face and limit contact with hard surfaces before washing hands
  - Clean and disinfect areas that may have been touched
  - Staff should have a change of clothes available if clothes become contaminated
  - Once all health/safety issue have been addresses, follow debriefing/reporting procedures for the restraint
- Transportation
  - Districts and schools should work with families to determine their ability to transport their child
    - If parents are unable, districts must coordinate and provide transportation. Communicate with parents around district coordination.
    - If parents are able, communicate with them new procedures for pick-up/drop-off
  - Procedures for when students arrive and enter school
  - Procedures for when students leave school
  - Staggered timing of drop-off/pick-up
    - Consider which students are receiving transportation services
    - Consider which students have their parents transporting them
- Communication with parents and districts around COVID-19 and new practices
  - Provide clear and timely communication with all parties about COVID-19 policies/procedures/protocols
  - Ensure there are open lines of communication
  - Allow parents the opportunity to discuss safety concerns or questions they have
  - Provide information through several means of communication (call, email, mail, posting on website, posting on portals, etc.)
- Attendance for both students and staff
  - When to stay home
  - Symptoms to be aware of
  - Exposure at home/outside of school
  - Exposure at school
  - Testing positive
  - Returning after recovery
- Informed consent
- Liability waiver
- Plans for reassessing, monitoring effectiveness of all that has been implemented
  - Create team to meet frequently and discuss new policies/procedures/protocols
    - What is working
    - What is not working
    - What needs to be changed to address issues
    - How can changes be implemented
    - What materials are needed
    - Impact on all students
    - Impact on all staff

### Education for Students on Safety Protocols

Students will be trained on the following at their comprehension level:

- Students should be provided with training through direct instruction and/or embedded content in lessons and activities, as developmentally appropriate.

- Training content must include general information related to COVID-19 from the CDC as well as content to ensure students are familiar with changes to their regular school practices, such as routines for entering and exiting the school, snacks/meals, assembling, passing in hallways, being transported via bus or van, and accessing the bathroom.
- Social stories, visual cues, and other appropriate developmental strategies should be used to reinforce these new concepts and protocols.
- Trainings for Students must include:
  - General information about COVID-19
  - Information to ensure they and their families understand changes to regular school practices
  - Routines for entering/exiting school
  - Snacks/meals
  - Assembling
  - Passing in halls, walking through the building
  - Transportation
  - Staggered time moving through the building, transportation
  - Remaining in same space
  - Accessing bathrooms
  - Staff using PPE
  - Students using PPE
  - Cleaning/disinfecting
  - Processing all that is happening/changing