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Pandemic Health Site-Based Plan: DTAC

Designated COVID -19 Point of Contact

- Designate a staff person to be responsible for responding to COVID-19 concerns All staff and families should know who this person is and how to contact them.

Regional Outpatient Contact: Vicky Gee-Guyer

Regional Residential Contact: Shane Dieffenderfer

Site-Based Safety Team

Individual(s)	Team/Person Roles and Responsibilities	Stakeholder Group Represented
Site-Based Supervisor:	Health and Safety Site-Based Plan development, staff training, ensuring fidelity of implementation.	Both
Megan Traves – WP PHP	Direct Communication with Clients/Families of any Covid related updates.	
Gail Wise – DV PHP	Direct Communication with Clients/Families of any Covid related updates.	
Cristine Adams @ MT ARRTS	Direct Communication with Clients/Families of any Covid related updates.	
Corey Gallagher - @ DV ARRTS	Direct Communication with Clients/Families of any Covid related updates.	
Jeannie Council - @ WP ARRTS	Direct Communication with Clients/Families of any Covid related updates.	
Jill Laforme - @ BHRS	Direct Communication with Clients/Families of any Covid related updates.	
Alvin Weaver - @ MLC RTF	Direct Communication with Clients/Families of any Covid related updates.	
Shelly Diggan - @ LB RTF	Direct Communication with Clients/Families of any Covid related updates.	
Rich Rozell - @ The Cottages	Direct Communication with Clients/Families of any Covid related updates.	

Symptoms of COVID-19

People with these symptoms or combinations of these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever (CDC defines this as 100.4F or greater, or when one feels warm to the touch, or gives a history of feeling feverish)
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

COVID-19 Screening Questions – Applicable to Clients, Staff and Visitors

Lead Individuals: Site-based screening to be done by Designated Trained Staff_

Materials and Resources: Screening Questions, Screening Protocol, Temperature Checking Materials, Log Recording Sheet

Professional Development: Yes

COVID-19 Verbal Screening and Temperature Check Procedures for Staff and Visitors: Daily Surveillance

- A designated individual should be assigned to perform screenings at each building to ensure compliance and continuity.
- Temperature checks should occur prior to an individual entering the building at the entrance. The thermometer probe should be held 2-3 inches from the middle of the forehead. The mode should be in set in Fahrenheit. **If individual entering building refuses the check they will not be granted access.**
- A daily log with employee, client and visitor names, the screening questions, and temperature documentation should be kept for tracking purposes.
- Hand sanitizer containing at least 60% alcohol should be available at the screening procedure location and those entering the building should apply hand sanitizer prior to entering the building
- Disposable gloves should be worn by the screener but DO NOT need to be changed in between checks because the thermometers are non-contact thermometers.
- A mask shall be worn by the screener.
- Upon completion of screening procedures discard mask and gloves in trash. There is no evidence to suggest that facility waste needs any additional disinfection.
- The thermometer should be sanitized at the completion of screening process by using a soft cloth with alcohol to wipe the casing and the sensor surface or probe cavity. Do not use the thermometer before the alcohol is vaporized per operating instructions. Do not immerse the device in liquid.

COVID-19 Screening Questions for Clients, Staff and Visitors: (examples below)

1. Today or in the past 24 hours have you had any of the following symptoms: fever (100.4 or greater), chills, cough, or difficulty breathing?
2. In the past 14 days have you had contact with a person known to be infected with COVID-19 or been asked to self-quarantine?
3. Have you traveled outside of the state in the last 6 weeks?
4. Have you traveled to a “Hot Spot”/ “Red Zone”?
 - a. Have you traveled or plan to travel to an area where there are high amounts of COVID -19 cases (per the Office of the Governor and Department of Health)?

If employees or visitor answers “yes” to question 1 or 2 or if they become sick during the day they should immediately be separated from other employees and sent home.

If employees or visitors or Outpatient clients answers “yes” to question 3 or 4 additional follow up questions will be asked to determine entry.

We will continue to review the latest CDC guidelines and watch for school health updates from the Pa. Department of Health. We will update/change our proposed screening procedures and COVID-19 plans as necessary.

<https://www.cdc.gov/coronavirus/2019-ncov/community/general-business-faq.html#Suspected-or-Confirmed-Cases-of-COVID-19-in-the-Workplace> (Updated May 3 2020)

If employees or visitor answers “yes” to any of the screening questions or if they become sick during the day they should immediately be separated from other employees and sent home.

Steps to take in relation to isolation or quarantine when a staff member, child, or visitor becomes sick or demonstrates a history of exposure: Immediately separate staff member, child or visitor from general population take them to the designated quarantine room in the building. If the symptomatic staff member, visitor or client is not wearing a face covering a face covering should be provided. If a staff member verbalizes a history of exposure upon daily screening questions the staff member should be sent home immediately prior to entering the building. For outpatient clients, a parent will be notified immediately to pick up their child who is experiencing symptoms. The client will remain in the designated quarantine room until going home or to a healthcare facility based upon symptoms. For residential clients, they will be placed in designated quarantine room. Covid Response Team will follow outlined protocols.

Guidelines for when an isolated or quarantined staff member, child, or visitor may return to Outpatient Program. ([CDC Guidelines for Returning to Work](#)):- updated 7/20/2020. Per CDC someone who thinks or knows they had COVID-19 can be with others after they have:

- 24 hours with no fever **and**
- [Symptoms](#) improved **and**
- 10 days since symptoms first appeared

For Anyone Who Has Been Around a Person with COVID-19:

Anyone who has close contact with someone with COVID-19 should stay home based on CDC Close Contact/Quarantine Guidelines.

Preparing for When Someone Gets Sick ([CDC Considerations for Schools](#))

DTAC may consider implementing several strategies to prepare for when someone gets sick.

- **Advise Staff and Families of Sick clients of Home Isolation Criteria**
 - Sick staff members or clients should not return until they have met CDC's [criteria to discontinue home isolation](#).
 - Collaborate with families to determine the best ways for multi-generational families to isolate to prevent further spread of disease.
- **Isolate and Transport Those Who are Sick**
 - Make sure that staff and clients/ families know that they (staff) or their clients (families) should not physically come to DTAC if sick. Clients and/or Staff should notify DTAC officials (e.g., the designated COVID-19 point of contact) if they (staff) or their client (families) become sick with COVID-19 [symptoms](#), test positive for COVID-19, or have been [exposed](#) to someone with COVID-19 symptoms or a confirmed or suspected case.
 - Clients will be immediately set up with Telehealth Services
 - Staff should consult with HR regarding employment options
- **Clean and Disinfect**
 - Close off areas used by a sick person and do not use these areas until after [cleaning and disinfecting](#)
 - Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children.
- **Notify Health Officials and Close Contacts**
 - In accordance with state and local laws and regulations, DTAC Director of Clinical Operations should notify [all appropriate regulatory agencies](#). [Designated staff will be assigned to notify any staff, and families immediately of any case of COVID-19 IF they are deemed as in "close contact" while maintaining confidentiality in accordance with the \[Americans with Disabilities Act \\(ADA\\)\]\(#\).](#)

COVID -19 Pandemic Health and Safety Protocols

Note about [Green Phase](#) and [Yellow Phase](#): It may be necessary to increase the frequency of existing protocols during the yellow phase of the COVID -19 pandemic per [Governor Wolf](#):

Monitoring Client and Staff Health

Lead Individuals: Site-based supervisors, Regional Administrators:
 Site-Based Supervisor develop and educate the expectations in this section to all staff.
 Ensure education of protocols to clients.

Requirement(s)	Strategies, Policies and Procedures
<p>* Monitoring clients and staff for symptoms and history of exposure</p> <p>* Isolating or quarantining clients, staff, or visitors if they become sick or demonstrate a history of exposure</p> <p>* Returning isolated or quarantined staff, clients, or visitors to school</p>	<p>Daily Screening Protocols:</p> <ul style="list-style-type: none"> COVID-19 Verbal Screening and Temperature Check Procedures for Staff and Visitors: Daily Surveillance, Random Screening, and Self Reporting as possible in response to community outbreaks. Daily Screening will address new onset of cough, shortness of breath, fever, exposure to COVID positive AND exposure constitutes being within six (6) feet of someone for greater than fifteen (15) minutes without a mask, starting from within the forty-eight (48) hours of contact with a positive COVID symptom onset. <p>Processes for monitoring clients & staff for symptoms & hx. of exposure:</p> <p>Clients:</p> <ul style="list-style-type: none"> Temperature checks will occur prior to the client entering the building. A daily log with client names and temperature documentation will be kept for tracking purposes. The screener should make a visual inspection of the client for signs of illness which could include flushed cheeks or rapid breathing. Clients will be asked if they have been exposed to anyone who has been ill prior to entering the school building. <p>Staff & Visitors:</p> <ul style="list-style-type: none"> Temperature checks will occur prior to an individual entering the building at the entrance. A daily log with employee names, screening questions, and temperature documentation will be kept for tracking purposes. <p>Returning Isolated or Quarantined to the building (possible recommendations)</p> <ul style="list-style-type: none"> Identify an isolation room or area to separate anyone who exhibits COVID-19 like symptoms. <ul style="list-style-type: none"> Considered no longer contagious when this criteria is met: No fever for three (3) days without fever reducing medicine AND Improvement in symptoms AND Either ten (10) days from onset of symptoms OR two (2) negative tests >24 apart Establish procedures for safely transporting sick individuals home. Close off areas used by a sick person and do not use before cleaning and disinfection. Notify local health officials, staff, and families of exposure or confirmed case while maintaining confidentiality. Implement flexible sick leave policies and practices, if feasible. Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures. Refer to most recent DOH Guidance on Home Isolation or Quarantine and Returning to Work. <p>Communication Plan: Make sure that staff and families know that they (staff) or their children (families) should not come to school, and that they should notify school officials if they (staff) or their child (families) become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case. Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures.</p>

Requirement(s)	Strategies, Policies and Procedures
	<p>Immediately separate staff and clients with COVID-19 symptoms (such as fever, cough, or shortness of breath) at school. Individuals who are sick should go home or to a healthcare facility depending on how severe their symptoms are, and follow CDC guidance for caring for oneself and others who are sick.</p> <p>Identify an isolation room or area to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. Standard and Transmission-Based Precautions should be used when caring for sick people.</p> <p>DTAC should work with their local health department in determining what PPE and supplies should be available at each site.</p> <p>DTAC should work with their local health department or other appropriate community resources to determine protocols for caring for clients who are sick.</p> <p>Basic information on COVID-19 and measures families can take to stay safe when not at DTAC. (DHS fact sheet).</p> <p>Refer to most recent https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/returning-to-work.html</p>

Social Distancing, Face Coverings, Hand Hygiene and Respiratory Etiquette

Lead Individuals: Site-based supervisor, Regional Administrators
Responsibility for development of protocols: CEO
Responsibility to educate all staff: Site-based Supervisor
Responsibility to educate all clients: Professional Staff; Site based supervisor
Materials and Resources: Safety Protocols in Health and Safety Plan
Professional Development: Yes
 Site-Based Supervisors educate the expectations in this section to all staff.
 Ensure education of protocols to clients.

Social Distancing / Physical Distancing
 Limiting the physical interactions of clients is one way to mitigate exposure to infectious disease. **All sites should consider** their ability to physically distance clients to the extent possible. When it is not feasible to provide sufficient physical distance, DTAC should use cloth face masks as a mitigation strategy. The Center for Disease Control (CDC) recommends wearing cloth face coverings in settings where physical distancing measures are difficult to maintain. (“[Use of Cloth Face Coverings to Help Slow the Spread of COVID-19](#)”)

Face Coverings: REQUIRED – MANDATORY
 In an effort to protect the spread of COVID-19 across the Commonwealth, the Secretary of Health issued an [executive order on Thursday, July 1, 2020](#), that has extended masking requirements in all public space, including schools and Intermediate Units. Please see the attached for the actual order. **This order applies immediately to DTAC, including all staff, visitors, and to clients over the age of two years.**

Action Needed: If you cannot wear a mask due to a medical condition, please contact Human Resources Director. Alternatives such as a face shield may be considered.

- Teach and reinforce use of [cloth face coverings](#). Face coverings may be challenging for clients (especially younger clients) to wear in all-day settings. Face coverings should be worn by staff and clients, as feasible, and are most essential in times when physical distancing is difficult. Individuals should be frequently reminded not to touch the face covering and to [wash their hands frequently](#). Information should be provided to staff, clients, and clients' families [on proper use, removal, and washing of cloth face coverings](#).
- Provide families with instructions on how to wear, sanitize, and properly maintain cloth face coverings.
- Note: [Cloth face coverings](#) should not be placed on:
 - Children younger than two years old
 - Anyone who has trouble breathing or is unconscious
 - Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance
 - [Clients with certain disabilities or health conditions](#)
- [Cloth face coverings](#) are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms.
- Cloth face coverings should be washed routinely depending on frequency of use. A washing machine should suffice in adequately cleaning cloth face coverings. DTAC should consider that not all families have access to washing machines and should have alternatives in place in order to equitably promote the health and wellness of all clients.
- Cloth face coverings are not medical grade Personal Protective Equipment (PPE), and medical grade PPE should be utilized instead of cloth face coverings in cases where care is being provided to a patient with COVID-19 symptoms in a residential setting.

Proper Use, Removal, and Washing of Cloth Face Coverings.

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Wear a face covering to help protect others in case you're infected but don't have symptoms
- Keep the covering on your face the entire time you're in public
- **Don't** put the covering around your neck or up on your forehead
- **Don't** touch the face covering, and, if you do, wash your hands
- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine
- Be careful not to touch your eyes, nose, and mouth when removing and wash hands immediately after removing

Guidelines on the use of face coverings (masks or face shields) for older clients as appropriate:

CDC recommends face coverings should be worn by clients (particularly older clients) as feasible, and are **most** essential in times when physical distancing is difficult.

Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. [Cloth face coverings](#) are not surgical masks, respirators, or other medical personal protective equipment.

Hand Hygiene and Respiratory Etiquette

- Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds, and increase monitoring to ensure adherence among clients and staff.
- If soap and water are not readily available, hand sanitizer that contains at least [60% alcohol](#) shall be used (for staff and older children who can safely use hand sanitizer).
- Encourage staff and clients to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash, and hands washed immediately with soap and water for at least 20 seconds.
- If soap and water are not readily available, hand sanitizer that contains at least [60% alcohol](#) shall be used (for staff and older children who can safely use hand sanitizer).

- Consider any additional staff or supply resource that may be necessary to assist clients who have physical or emotional disabilities with proper handwashing techniques, or alternatives to handwashing if practical.

Key times to wash hands

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- **Before, during, and after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** [changing diapers or cleaning up a child who has used the toilet](#)
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage

During the COVID-19 pandemic, you should also clean hands:

- After you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
- Before touching your eyes, nose, or mouth because that's how germs enter our bodies.

Resource: <https://www.cdc.gov/handwashing/when-how-handwashing.html#keyTimes>

Other Considerations for Clients and Staff

Lead Individuals: Site-based supervisor

Materials and Resources: TBD

Professional Development: Yes

Adequate Supplies

- Support [healthy hygiene](#) behaviors by providing adequate supplies, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible).

Regulatory Awareness

- Be aware of local or state regulatory agency restrictions related to group gatherings to determine if events can be held.

Gatherings, Visitors, Field Trips

- Pursue virtual group events, gatherings, or meetings, if possible, and promote physical distancing of at least six feet between people if events are held. Limit group size to the extent possible.
- Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible, especially with individuals who are not from the local geographic area (i.e., community, town, city, county).
- Pursue virtual activities and events in lieu of field trips, assemblies, and site-wide parent meetings, as possible.

Identifying Small Groups and Keeping Them Together (Cohorting)

- Ensure that client and staff groupings are as static as possible by having the same group of children stay together and with the same staff (all day for young children, and as much as possible for older children).
- Limit mixing between groups if possible.

Staff Training

- Train staff on all safety protocols.

- Conduct training virtually or ensure that [physical distancing](#) is maintained during training.

Signage

- Posters on each door indicating symptoms of COVID -19, requirements for the building, among other related topics. (UPMC adapted)

Health and Safety Plan Communications

Lead Individuals: Site-based supervisor, Regional Administrator

Responsibilities listed in the communication chart below

Materials and Resources: TBD

Professional Development: No

Timely and effective family and caregiver communication about health and safety protocols and schedules will be critical. Additionally, DTAC programs should establish and maintain ongoing communication with local and state authorities to determine current mitigation levels in your community.

Communication Systems

Effective and ongoing communications is a critical component before, during, and after any crisis. Implementing specific communication procedures and protocols will allow staff, clients, families, and the community to safely remain engaged.

Develop an Effective Communications Procedure

- **Who:** Identify who, or which department, will issue information to key audiences. A central point of contact is vital to assuring key messages are accurate and consistent.
- **What:** Determine central and supporting messages. The central message must always be tied to client and staff safety.
- **When:** Determine when information will be shared. Prior to the schedule for releasing information is determined, all DTAC employees will be notified.
- **How:** Determine which communication tools will be the most effective in reaching primary audiences.
 - Keep all information in a central clearinghouse/website.
 - Work with community agencies, local government, and health-related groups, to provide consistent and factual messaging.
 - Use multiple modalities for message dissemination to ensure that communities without internet access receive all communication.
- Put systems in place for:
 - Consistent with applicable law and privacy policies, having staff and families self-report to DTAC if they or their child have [symptoms](#) of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with [health information sharing regulations for COVID-19](#) (see “Notify Health Officials and Close Contacts” in the Preparing for When Someone Gets Sick section below) and other applicable federal and state laws and regulations relating to privacy and confidentiality.
 - Notifying staff, clients and families, of DTAC conversions to Telehealth and any restrictions in place to limit COVID-19 exposure (i.e., limited hours of operation).

Communicating with staff and families if there is a potential exposure/close contact at DTAC or by a DTAC employee will be done by the Regional Administrator only. Exposure/Close contact is defined by CDC:

Close Contact (revised 10/21/2020)

Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define “close contact;” however, 15 cumulative minutes of exposure at 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.*

External Communication Systems:

Notify Health Officials and Close Contacts

- In accordance with state and local laws and regulations, DTAC should notify [local health officials](#), staff, and families that are deemed as a “close contact” immediately of any case of COVID-19 while maintaining confidentiality in accordance with the [Americans with Disabilities Act \(ADA\)](#).
 - DTAC should confer with local health officials to determine what other entities should be notified and who will make notification.
- Options to consider when informing those who are identified as having close contact with a person diagnosed with COVID-19:
 - Stay home and [self-monitor for symptoms](#), and follow [CDC guidance](#) if symptoms develop.
 - Obtain test
 - Continue to work with proper use of mask and social distancing. Daily work screening and self-monitoring for symptoms.
- Consult with local health departments for guidance and support with implementing health considerations related to COVID-19.

Prepare Communications for Parents / Guardians:

- Information notifying of start date.
 - Information on the health and safety measures that DTAC is taking to ensure clients can return to DTAC.
 - Health Protocols: DTAC will work closely with the local health department or other governing entities to develop appropriate safety protocols for clients and others entering DTAC facilities.
- The expectations of parents and clients if Telehealth is implemented.
- Basic information on COVID-19 and measures families can take to stay safe when not at DTAC ([DHS fact sheet](#)).
- Clear direction on when to keep a client home and the process for notifying DTAC.
- Information on trauma informed practices
- Information on helping children cope with stress and tragedies (Helping Children Cope with Changes Resulting from COVID-19)

Prepare Communications to Clients:

- Put up posters in all buildings and provide other messaging on hand washing and covering coughs and sneezes.
- Ensure consistent messaging across DTAC.

Prepare Communications to the Public:

- Post reminders at entryways not to enter the site if experiencing signs of illness.

Internal Communication Systems:

System for ensuring ongoing communication with families around the elements of the local Health and Safety Plan including ways that families can practice safe hygiene in the home.

- Post Health and Safety Plan in common areas.
- Provide regular update via emails and in parent flyers/letters.

- Encourage caregivers and families to practice and reinforce good prevention habits at home and within their families.
- Remind parents to keep child at home if sick with any illness.

Facilities Cleaning, Sanitizing, Disinfecting and Ventilation

Lead Individuals: Site-based supervisor

Materials and Resources: All DTAC sites are contracted with professional cleaning services to assure proper maintenance cleaning and any additional disinfecting services.

Professional Development: Yes

Site-Based Supervisor educate the expectations in this section to all staff.

Ensure education of protocols to clients.

Requirement(s)	Strategies, Policies and Procedures
<p>* Cleaning, sanitizing, disinfecting, and ventilating learning spaces, surfaces, and any other areas used by clients (i.e., restrooms, drinking fountains, hallways, and transportation)</p>	<p>Cleaning: (How often throughout the individual school day) <u>Clean and disinfect</u> frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the site and in site vehicles at least daily or between use as much as possible. Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between use.</p> <p>Develop a schedule, at the site-based program, for increased, routine cleaning and disinfection.</p> <p>How to clean: CDC Recommendations</p> <ul style="list-style-type: none"> • Wear disposable gloves to clean and disinfect. • Clean surfaces using soap and water, then use disinfectant. • Cleaning with soap and water reduces number of germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces. • Practice routine cleaning of frequently touched surfaces. <ul style="list-style-type: none"> ○ More frequent cleaning and disinfection may be required based on level of use. ○ Surfaces and objects in public places, such as shopping carts and point of sale keypads should be cleaned and disinfected before each use. • High touch surfaces include: <ul style="list-style-type: none"> ○ Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc. • Regular cleaning staff can clean and disinfect community spaces. <ul style="list-style-type: none"> ○ Ensure they are trained on appropriate use of cleaning and disinfection chemicals. • Wash your hands often with soap and water for 20 seconds. <ul style="list-style-type: none"> ○ Always wash immediately after removing gloves and after contact with a person who is sick. ○ Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water. <p>Sanitizing / Disinfecting: Discourage sharing of items that are difficult to clean or disinfect.</p>

Requirement(s)	Strategies, Policies and Procedures
	<p>Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.</p> <p>Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each client their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.</p> <p>Avoid sharing electronic devices, toys, books, and other games or learning aids.</p> <p><u>Playground or outdoor spaces:</u> (How often throughout the individual school day)</p> <ul style="list-style-type: none"> • Outdoor areas, like playgrounds in schools and parks generally require normal routine cleaning, but do not require disinfection. <ul style="list-style-type: none"> ○ Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies <p><u>Restrooms:</u> Site by site basis. It is expected that each individual properly clean up after themselves to mitigate the spread of germs. The use of a disinfectant wipe (such as Clorox) should be used throughout the day to help mitigate any spread of germs as well.</p> <p><u>Electronic Devices:</u> For electronics, such as tablets, touch screens, keyboards or remote controls.</p> <ul style="list-style-type: none"> • Follow manufacturer's instruction for cleaning and disinfecting. <ul style="list-style-type: none"> ○ If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly. <p>Laundry (if applicable): For clothing, towels, linens and other items</p> <ul style="list-style-type: none"> • Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely. • Wear disposable gloves when handling dirty laundry from a person who is sick. • Dirty laundry from a person who is sick can be washed with other people's items. • Do not shake dirty laundry. • Clean and disinfect clothes hampers according to guidance above for surfaces. • Remove gloves, and wash hands right away. <p><u>Transportation:</u> (Upon arrival and dismissal) Any DTAC vehicles should be wiped down after daily use. All riders should wear a mask and be positioned in the car in the best way to achieve social distancing. All riders will have a temperature check before entering a company vehicle. Gloves and masks are provided to mitigate any spread of germs.</p>

Other Considerations for Clients and Staff

Lead Individuals: Site-based supervisor

Materials and Resources:

Professional Development: Yes

Site-Based Supervisor educate the expectations in this section to all staff.

Ensure education of protocols to clients.

Identifying and restricting non-essential visitors and volunteers

- Procedural changes for entry into the buildings
 - Screenings will be done on all approved visitors to include: temperature check, screening questionnaire and visual observation for symptoms of Covid-19.
 - Options to have visits done via teleconferencing/video-conferencing will be assessed on a case by case basis.
- Restrictions on nonessential visitors, volunteers, and activities with large groups