

S^D Associates, LLC

Behavioral Services Assessment, Consultation, Training and Direct Service
www.sdplus.org referrals: (802) 662-7831

COVID-19 Program and Exposure Control Training Plan

Re-opening S^D on site programming

PURPOSE: The purpose of this program is twofold:

1. To continue to protect the health and safety of our work force and by extension their families, and our clients.
2. To implement the **Mandatory Health and Safety Requirements for all Business, Nonprofits & Governmental Operations** as required by:
 - The Vermont Department of Health ([Childcare Guidance](#), [Outpatient Services for Healthcare Providers](#), & [Public Health Response](#)),
 - [Centers for Disease Control and Prevention \(CDC\) Back to School Guidance](#)
 - [Vermont Occupational Safety and Health Administration \(VOSHA\)](#)
 - The Vermont Agency for Commerce and Community Development (ACCD) ([Restart Vermont](#) & [Human Services Sector Guidance](#))

Using the measures, guidance provided by these agencies, in addition to guidance from our company, will strive to protect the health of our employees. This program will document the measures we use to comply with the provided guidelines.

RESPONSIBILITIES:

Health/Safety Officers

- Responsible for ensuring compliance with the Executive Order and the Addenda thereto and applicable Restart Vermont guidance

- This person shall have the authority to stop or modify activities to ensure work conforms with the mandatory health and safety requirements

Our Health and Safety Officers are: Conor Simmons, Anthony Carace, Wendy Bronner (Williston), and Lindsay Carey (Montpelier)

Administrative Persons

Derek Barrows, Jacob Saunders, Sarah Kitchen and Lesha Rasco will be responsible for the administration of the following plan:

- Assess the hazards in this workplace (see Hierarchy of Controls in this document)
- Administer and update this program as necessary
- Regularly review guidance from the CDC, OPR
- Review the effectiveness of this program
- Participate in any investigation of employee complaints, failure to comply with company rules
- Provide effective training reference COVID-19 and the preventive measures the company has taken and that the employee must follow.

Employment Supervisors

- Ensure that all employees follow the protective measures outline in this program.
- Enforce compliance with this program using the existing disciplinary structure of the company
- Ensure training for COVID-19 protections has been completed and documented in accordance to the Restart Vermont guidelines

EXPOSURE DETERMINATION - General Information

- ❖ This information is provided from the **VOSHA's Mandatory Health and Safety Requirements for all Business, Nonprofits & Government Operation as required by the Vermont Dept of Health, CDC Guidelines and VOSHA**

<https://labor.vermont.gov/VOSHA>

- ❖ Workers that are in a medium exposure risk are:
 - Jobs that require frequent (i.e., more than a few minutes) and/or close (i.e., within 6 feet) contact with people who may be infected with SARS-CoV-2, but who are **not** known or suspected COVID-19 patients.

Positions at S^D Associates fall mainly under the Medium Risk category

Medium Risk Category

Behavior Instructors

Rationale: Our BI staff work with individuals with developmental disabilities, mostly in 1:1 settings. clients may require physical assistance for teaching and safety reasons, which may cause proximity between individuals closer than what is currently denied as “physical distancing.” This may include, but is not limited to, hand-over-hand physical motor guidance in the use of eating utensils or writing implements, as well as hands-on protective restraints during instances of aggression in which the client or others have the potential to become harmed.

Program Support Instructors, Program Managers, Behavior Analysts, Coordinators

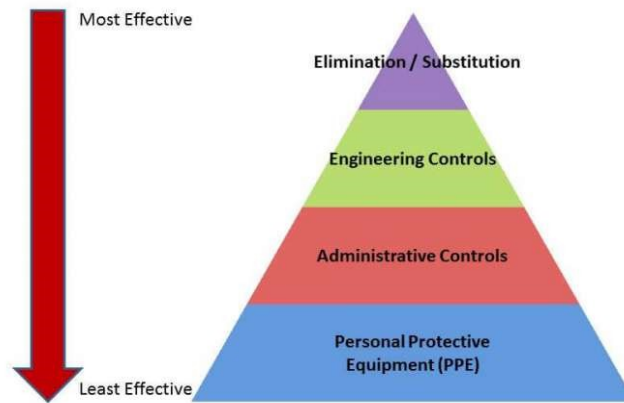
Rationale: Medium and Low risks based on given daily responsibilities. Some days these staff will operate in remote settings and have no direct contact with clients or staff, but may be asked to support staff and clients as-needed.

Low Risk Category

Directors, Operations Staff

Rationale: These staff operate primarily in remote settings and do not make direct contact with clients or staff.

Hierarchy of Controls



A. Hazard Elimination

We have enacted a telecommuting policy for the time being that allows for them to work remotely when they are able to meet their job responsibilities. Staff have been instructed to work remotely whenever possible. Meetings of any nature are conducted via web-based meeting rooms, and in-person interactions between staff and clients and between staff and other staff have thus far been extremely limited. Uses of remote-monitoring cameras and telemedicine models have also been implemented where possible to ensure client support can still be provided while eliminating the possibility of exposure.

B. Engineering Controls

Within each workspace, use of either physical barriers and/or preventative positioning to limit face-to-face exposure will be implemented alongside physical distancing and PPE. The building will be divided into separate areas, each with their own maximum capacities (25% of carrying capacity) and no staff or clients will cross between designated building areas as assigned that day.

Clients will be assigned individual spaces and client-to-client contact will be limited. Team sizes, or number of staff working with a particular client, will also be limited. Efforts will be made to maintain physical distancing whenever possible and appropriate.

Each night, and as necessary during business hours, window fans will be used to intake and

exhaust air through the building as well as air conditioners will be utilized to maximize air flow.

Fridges will be provided for each of the sections. Staff and clients will be asked to keep all personal belongings in one contained area of the fridge. Clients will not be allowed to independently access fridges, and handles will be disinfected upon each use. Staff and clients will have an area designated to them for keeping other personal belongings in their designated location/environment to minimize cross contamination of items.

Other environmental controls in place include, but are not limited to...

- Paper plates and plastic utensils will be provided for staff and client use to avoid overuse of common space and minimize germs.

- Staff will be asked to either dress in layers, wear button shirts when appropriate (and will be offered option of button down shirt if they need one), as well as bring extra clothing to change in to if items are soiled. Clients will also be expected to pack extra clothing to change as appropriate.

- Soiled clothes will be put in a plastic bag and sealed to be cleaned prior to reuse.

- Items will not be shared between clients when possible

Client eligibility for live (in person) services

[Health Guidance Link](#) Page 4

Anyone diagnosed with COVID-19 or awaiting test-results should self-isolate until:

1. It's been 3 full days of no fever without the use of fever-reducing medication, and
2. Other symptoms have improved, and
3. At least **10** days have passed since symptoms first appeared.

If symptoms begin while receiving services, the client must be sent home as soon as possible.

Keep sick clients separate from healthy clients and limit staff contact as much as possible, while ensuring the safety and supervision of the client until they leave.

- Staff can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo. Staff will be provided with bins/bags to safely place soiled items until they can be cleaned. Those that haven't worn a button-down shirt and who have had close contact with the client sent home, should assess the need to leave the facility to shower and change clothes, depending on proximity of contact.
- Staff should change button-down shirt if there are secretions on it.
- Staff should wash their hands, neck, and anywhere touched by a client's secretions.

Hygiene

We will provide staff with hygiene breaks throughout their shift and they can request them as needed throughout the day. Towels and body wash will also be provided to ensure opportunity for thorough cleaning.

- Staff will change the client's clothes if secretions are on the client's clothes, including drool.
- Contaminated clothes will be placed in a plastic bag or washed in a washing machine.

People (staff and clients) with a temperature greater than 100.4 F will be sent home until they have had no fever for 72 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).

Materials, toys, and furniture touched by the client who is sent home, should be thoroughly cleaned and disinfected.

The health department encourages all providers and families to coordinate decision making around the client's care with the family health care provider if there are specific health concerns, chronic disease, or complex social or emotional dynamics in the home.

Clients who arrive from out-of-state need to quarantine for 14 days or be tested at day 7 before receiving in-person services.

C. Administrative Controls

The Administrative Controls that this company has implemented are:

1. Training – All staff will receive VOSHA training and direct support from Safety Officers as well as thorough review of this document.
2. Behavior Modification - physical distancing will be implemented when appropriate/possible for all staff and clients.
 - 2a. Personal Cleanliness: Hand washing will occur immediately upon entering the building and before leaving for all staff and clients. Hand sanitizing stations are set up in each room for regular access and all staff and clients will wash hands prior to eating, when they have become soiled, and/or on a scheduled basis.
 - 2b. All staff are required to wipe down their area after use- All contact points will be disinfected minimally 3x per day by staff as well immediately after use, whenever possible.
3. Work Surface Cleanliness
 - 3a. Support staff will Wipe down and disinfect ALL touched surfaces minimally 3x per shift as well as after contact, when possible.
4. Employee self-monitoring – Employees have been advised to stay home if they are feeling ill and will also be pre-screened before being permitted entry into the building to work with clients.
5. Temperature testing – Each staff and client will have their temperature taken, along with pre-screening questions, prior to being permitted entry into the building.
6. No more than two people, staff or client, are permitted to ride in a single vehicle. All occupants must wear appropriate PPE (staff) or face coverings (client) and the staff will clean in and out of the vehicle.
7. Work shifts will be staggered, as will arrival times for clients, to limit the number of potential contact points between individuals.
8. We will aim to have staff work in one location per day when possible to schedule this.
9. Safety officers have received special training and will be responsible for either facilitating, or directly carrying out, the supply of any necessary materials to staff and clients.

Daily Health Screening

o Safety officer (or individuals trained to do so by the safety officer) will conduct a Daily Health Check for the **clients receiving services and staff upon arrival each day. Parents will be asked screening questions if the client is not able to reliably report on their health.**

If a client or staff does not pass the safety screening, the Safety Officer will contact their supervisor for further guidance.

Procedure:

1. In the past 14 days, have you (staff or client) had close contact with a person confirmed to have COVID-19?
2. Today or in the past 24 hours, have you (staff or client) had any of the following symptoms?
 - Cough
 - Shortness of breath or difficulty breathing
 - Fever (>100.4 F) or felt feverish
 - Chills
 - Muscle Pain
 - Sore throat
 - New loss of taste or smell

o Safety officer will conduct a temperature screening, using the protocol provided below.

Temperature check protocol: *Health screening will occur prior to entrance.*

→ Safety Officer will wear a face mask/PPE, eye protection if appropriate or needed, and a single pair of disposable gloves. Preventative positioning may be used in lieu of eye protection.

→ Check the client/staff temperature. If the temperature is >100.4 F, guidance from Safety Officer's supervisor is required before continuing with procedure.

→ If performing a temperature check on multiple clients, ensure that a clean pair of gloves is used for each client and that the thermometer has been thoroughly cleaned in between

each check. *If disposable or non-contact thermometers are used and the screener did not have physical contact with a child, gloves do not need to be changed before the next check. If non-contact thermometers are used, they must be cleaned routinely. Follow instructions provided by the manufacturer for any device used.*

→ Remove and discard gloves in between clients

→ Wash hands immediately upon entry to the building

Close Contact and COVID Cases in Programs

[COVID-19 isolation, quarantine, and self-observation guidance](#)

If a staff person, client, or parent/caregiver has been identified as a close contact to someone who is diagnosed with COVID-19, they should self-quarantine. Please refer to the Health Department's link above for what it means to be in close contact and for instructions for isolation, quarantine, and self-observation.

Contact tracing is a strategy used to determine the source of an infection and how it spreads. At S^D Associates, prescreening procedures will allow us to conduct contact tracing as needed.

Finding people who are close contacts to a person who has tested positive for COVID-19, and therefore at higher risk of becoming infected themselves, can help prevent further spread of the virus. A contact tracing team from the Vermont Department of Health calls anyone who has tested positive for COVID-19. They ask the patient questions about their activities within a certain timeframe – to help identify anyone they have had close contact. (Close contact means being closer than 6 feet apart for a long time while the person was infectious.) Those contacts might include family members, co-workers or health care providers.

When there is a confirmed case of COVID-19 at a S^D facility; we will be able to consult with the contact tracing team at the Vermont Department of Health. To reach this team directly, you may call **802-863-7240**.

If COVID-19 is confirmed in a client or staff member: [Link to guidance: Page 6](#)

Close off areas used by the client or staff member who is sick.

Open outside doors and windows to increase air circulation in the areas.

- Wait up to 24 hours before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
- Clean and disinfect all areas used by the client or staff member who is sick, such as offices, bathrooms, and common areas.
- If more than 7 days have passed since the client or staff member who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
- Continue routine cleaning and disinfection.
- Communicate with staff and parents/caregivers with general information about the situation. It is critical to maintain confidentiality.

→ Decisions about extending closure should be made in consultation with the Vermont Department of Health at 802-863-7240.

If we are notified that a staff member, or a client in our care is being tested for COVID-19 with symptoms anyone considered a close contact should quarantine for 48 hours or until test results come back. If the test results are:

- **Positive** (child or staff member has COVID-19), then continue to quarantine for 14 days.
- **Negative** (child or staff member does not have COVID-19), then complete self-observation.

Physical Distancing Strategies: Class Size and Group activities

Physical distancing is still the best way to slow the spread of the virus, although it is recognized that this is frequently not possible in some settings with clients. All clients will have 1:1 support from staff in order to help them maintain distancing when possible and appropriate.

We will be following guidelines as designated in the Health Guidance for Childcare Programs, including:

1. There will be absolutely no large group activities. Physical distancing practices will be in place which means different groups of clients must not have contact with one another.
2. Facilities and programs will maintain operations up to 25% of the total occupancy limits for their programs as long as children/clients are separated into classrooms as above and do not share common places (e.g. outside play area, eating areas, indoor gross motor rooms, etc.) at the same time.
3. Increase the distance between children during table work. When possible, staff will also maintain distancing.
4. Planning will occur to ensure activities that do not require close physical contact between multiple children/clients.
5. Common use items such as water or play tables will not be used by multiple clients at the same time. Clients and staff will wash hands immediately before and after any use of these tools and items will be cleaned between client usages.
6. When/if standing in line clients should be spaced apart as much as possible and maintain social distancing.
7. Staff should ensure that one group passes through or uses a corridor or hallway at a time. At S^D this means sticking to designated environments for different groupings and if common areas are accessed that groups do not enter at same time and all areas are cleaned before a new group enters.
8. Windows will be opened frequently when air conditioning is not being used. Air conditioners will be used in areas when able to do so. Window fans will be provided, when able, to circulate air.
9. The system that circulates air through the facility will be adjusted to allow for more fresh air to enter the program space.
10. There will be **no outside visitors or volunteers allowed in S^D buildings except for employees or contracted service providers for the purpose of special education or required support services.**
11. Each client will have a transition/conversation log, or a phone conversation when able to do so, to have conversations about a client's day as communication with caregivers will be kept at a minimum at drop off and pick up to ensure physical distancing and minimize exposure.

Healthy Hand Hygiene Behavior for Staff and Clients

1. All clients, staff, and contracted service providers should engage in hand hygiene at the following times:

- o Arrival to the facility
- o After staff breaks
- o Before and after preparing food or drinks
- o Before and after eating or handling food, or feeding clients
- o Before and after administering medication or medical ointment
- o After diapering
- o After using the toilet or helping a client use the bathroom
- o After coming in contact with bodily fluid
- o After playing outdoors
- o After playing with sand and sensory play
- o After handling garbage
- o After cleaning

WASHING HANDS PROCEDURE: All staff and clients will be expected to follow these guidelines:

- a. Wet your hands with clean, running water (warm or cold), turn off the tap with paper towel and apply soap.
- b. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
- c. Scrub your hands **for at least 20 seconds**. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- d. Rinse your hands well under clean, running water.
- e. Dry your hands using a clean towel or air dry them.

Wash hands with soap and water **for at least 20 seconds**. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily

available. Use of hand washing in designated areas is encouraged over use of hand sanitizer as much as possible. Follow these 5 steps for hand washing or hand sanitizing every time.

Staff will supervise clients when they use hand sanitizer to prevent ingestion.

Staff will assist clients with handwashing ensure thorough handwashing is achieved.

After assisting clients with handwashing, staff should also wash their hands.

Posters have been posted describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

As much as possible, we will have lotion to support healthy skin for clients and staff.

Cleaning & Disinfecting, including bathrooms, toys & bedding

Caring for Our Children sets national policy for cleaning, sanitizing, and disinfection of educational facilities for children.

SD Associates will engage in frequent thorough cleaning each day. **At a minimum, common spaces, such as kitchen or cafeterias, and frequently touched surfaces and doors will be cleaned and disinfected at the beginning, middle and end of each day.** A cleaning checklist has been created per environment. Staff will utilize this checklist and cleaning will be monitored. This will include cleaning all areas accessed by staff and clients. Location-specific procedures will be in place to disinfect contact areas throughout the day as staff and clients use items, in addition to the minimum cleaning outlined above.

S^D will ensure that the following is completed:

1. Clean and disinfect frequently-touched objects and surfaces, especially surfaces where clients are eating
 - o Bathrooms -in addition to beginning, middle and end of shift staff will clean his/her way “in and out” of the bathroom upon each use
 - o Frequently used equipment including electronic devices
 - o Door handles and handrails

- o Items clients place in their mouths, including toys “to be cleaned” bins will be located in areas for staff to put items that cannot be cleaned immediately. This will be kept out of reach and items will be cleaned before returning the item to the space.
 - o Playground equipment to the best of our ability
2. Specifically, regarding shared bathrooms: specific bathrooms will be assigned to each assigned building section.
 - o If there are fewer bathrooms than the number of groups, assign which groups will use the same bathroom. For example, bathroom A is assigned to groups 1, 2 and 3; and bathroom B is assigned to groups 4 and 5.
 - o Bathroom sink areas including faucets, countertops and paper towel dispensers need to be cleaned after each use (staff or client has finished.)
 3. Toys that cannot be cleaned and sanitized should not be used, including items such as soft toys, dress-up clothes, and puppets. Families and clients are discouraged from sending these types of items into the office.
 4. When possible staff and clients will have designated areas/spaces for their belongings so that individual’s items are not touching. Staff and clients will be encouraged to have extra clothing for changing as necessary and these items once soiled will be kept in a sealed plastic bag.
 5. Children’s books, art supplies and other paper-based materials such as mail or envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfection procedures.

APPROVED CLEANING MATERIALS FOR USEAGE:

The following products may be used for disinfecting:

- Diluted household bleach solutions
- Alcohol solutions with at least 60% alcohol
- Most common EPA-registered household disinfectants
- See List N: Disinfectants for Use Against SARS-CoV-2

Diaper changing procedures:

1. When diapering a client, wash your hands and wash the client’s hands before you begin. Always wear gloves. Follow safe diaper changing procedures.

2. After diapering, wash your hands (even if you were wearing gloves) and clean and disinfect the diapering area.
3. If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/ guardians or laundry service.

- Staff can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.
- Staff should wash their hands, neck, and anywhere touched by a client's secretions.
- Staff should change the client's clothes if secretions are on the client's clothes, including drool.
- Should change the button-down shirt, if there are secretions on it, and wash their hands again.
- Contaminated clothes should be placed in a plastic bag or washed in a washing machine.

Clients and staff should have multiple changes of clothes on hand in the office.

Food Preparation and Meal Service

1. Each client will have a designated space for eating while maintaining physical distancing.
2. Clients will wash hands with soap prior to eating and staff serving them will also wash hands.
3. Staff will have designated locations for eating as well. This will be done in an area without other people so that masks can be removed temporarily. The staff will be expected to following the cleaning checklist for that area before and after accessing the space.
4. When possible, at this time, paper plates and disposable utensils will be utilized during meals. Staff may bring their own items to be placed in their lunchbox to wash at home.
5. Staff should ensure that they are washing hands in between handing different clients different materials or food items.
6. Refrigerators for food storage will be available, but families are encouraged to use coolers or lunchboxes with icepacks as necessary to prevent spoilage.

Daily Preparation – Contamination Packs

Every staff and each client will be expected to come to the office with a "Contamination Pack."

This pack must include the following:

- Two (2) full changes of clothes

Towel

Antibacterial Soap

Contamination Response

In the event an employee comes into contact with a secretion of a client, whether that is via a sneeze, spit, sweat, cough, or nasal discharge, this will be the plan to follow for disinfecting:

1. Individual will call in their designated support person, who will provide the *contaminated individual (CI)* with a plastic bag and then take their place with the client.
2. Before leaving the room, the CI will contact the support person for the zone they will be passing through, notifying them of their potential contamination and the need for the support person to disinfect frequently touched surfaces in the areas the CI will have passed through.
3. After removing themselves from the room, CI will grab their *contamination pack (CP)* and proceed to the full bathroom upstairs in the old portion of the building.
4. All affected areas will be cleaned/disinfected and there will be access to a shower as-necessary.
5. Contaminated clothes will be placed in a sealed container.
6. Once the CI is fully clear of the bathroom, the support staff assigned to that section of the building will then proceed to disinfect frequently touched surfaces in the bathroom: handles, faucets, edge of the shower curtain, etc.

CI will then return to their assigned client, freeing up the support person who had taken their place.

Cleaning Procedure Following Physical Intervention

Should staff be required to physically assist a client, the following procedure will take place to ensure proper cleaning/health measures are followed:

1. If physical intervention techniques are required, the BI staff will call for assistance from the support staff via the buzzer.
2. The BI staff will instruct the support staff on how to proceed with the incident, whether that is simply observing and taking data or physically assisting the ratio staff with implementing a

protective hold. Support staff will put on a pair of gloves prior to entering the room to assist the ratio staff.

3. Following an incident, a support staff will sit with the client. The BI staff will then follow the decontamination procedure as outlined previously.

4. The support staff will sit with the client at this time. If necessary, they can assist the client with changing if clothes have likewise come into prolonged contact with a staff.

5. Once the BI staff has cleaned themselves, the support staff will thoroughly sanitize the area. This will include wiping down table surfaces, windows, walls, floor, etc. Support staff will wear gloves while cleaning.

Cleaning Procedure During Program Day

1. Cleaning will take place throughout the course of operating hours. This will take place at the beginning, middle, and end of a shift.

2. For individual client spaces, staff will clean the space upon arrival. This will include using appropriate cleaning products on door handles and work surfaces (other areas may require cleaning as well, such as windows). Please reference cleaning checklist designated for the work environment.

3. Support staff or BIs will sanitize contacted areas during the middle of a given shift.

4. Support staff will attempt to routinely sanitize areas that staff and/or clients has come in contact with, including the areas mentioned above, and any other area which the ratio staff may note as needing to be cleaned. Support staff are encouraged to ask if there are any additional areas which need to be cleaned upon speaking with the ratio staff.

5. At the end of the shift and once the client has left the space, ratio staff will sanitize the area once more, focusing on work area surfaces, chairs, door handles, and any other area which they and the client may have come into contact with since the last cleaning.

6. Staff will sign off that the area has been cleaned/sanitized on a sheet located on the door to the client's space.

Bathroom Cleaning Procedure

1. Bathrooms will be cleaned before, during, and after the duration of a shift (see Cleaning Procedure during Course of Program Day).

2. Support staff will use disinfecting solutions to wipe down any commonly touched areas of the bathroom, including faucet, toilet, seat, door handles, and railings.
3. Support staff will follow this procedure following the use of the bathroom by a client.
4. ANY staff who use the bathroom are required to follow this procedure after they have used the bathroom themselves.

Break/Lunch Room

Access to common areas, break or lunch rooms will be closed or controlled.

No more than one person will be allowed in a break/lunch space at a time. Staff will clean in and out of these spaces with appropriate disinfectants.

D. Personal Protective Equipment

Face Masks/PPE

It is required that all staff face masks/PPE while providing care. S^D will provide face masks/PPE to staff daily. Adults doing drop-off and pick-up are encouraged to wear cloth facial coverings. Instructions for wearing face masks and cloth facial covering and making cloth facial coverings can be found on the [CDC website](#).

Cloth facial coverings for clients are recommended at the S^D Office.

Clients who have a medical/behavioral reason for not wearing a cloth facial covering will not be required to wear one.

Clients will be required to wear cloth facial coverings when accessing the community or in order to participate in small group activities (2-4 clients in a single space engaging in a shared activity and from separate households, each with 1:1 support) when possible. While there will be no instances of large group gatherings, small groups may occur based on clients' goals.

Tolerance training can be provided if/when appropriate to do so. Providers and staff may take off their facial covering in very select instances, such when a parent/caregiver is hearing impaired and reads lips to communicate.

Clients will be encouraged to join all of the adults in behaviors that prevent the spread of germs. It is developmentally appropriate for clients to wear cloth facial coverings when clients can properly put on, take off, and not touch or suck on the covering.

Gloves

Sterile gloves will be available to staff for the check-in procedure and in emergency situations.

DEFINITIONS:

COVID-19 - COVID-19 is a respiratory disease spread from person to person. SARS-CoV-2 is the virus that causes COVID-19.

Things that are PPE;

Gloves: various gloves protect against varying hazards, most commonly, medical grade Nitrile or latex gloves are used to protect against pathogenic hazards

Surgical face masks – Healthcare-grade face masks. Single use per day to be worn throughout entire day while interacting with staff, clients, and/or in an S^D or home location.

Face Mask - Cloth – Often homemade, but not considered PPE, have been determined to be helpful in protecting others from coughing, sneezing or spraying droplets when talking. Recommended use by clients and families.