

# *S<sup>D</sup> Associates, LLC*

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

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## **COVID-19 Program and Exposure Control Training Plan**

### **Re-opening S<sup>D</sup> on site programming**

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**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 - 7.13.2020](#), [School Guidance – 8.11.2020](#), [Outpatient Services for Healthcare Providers - 8.5.2020](#), & [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, we will strive to protect the health of our employees. This program will document the measures we use to comply with the provided guidelines. Since the original release of the plan, important new information has become available, including but not limited to, recommendations from the American Academy of Pediatrics and the National Academies of Sciences, Engineering, and Medicine. This information informs many of the revisions.

## PLAN UPDATES

This plan is a living document and will be updated regularly as new information becomes available and requirements change over time. When changes to the plan do occur they will be highlighted in yellow and the document will be updated. Staff will be notified via the weekly “Hoopla” email on Wednesdays that changes have occurred and to review the document.

## DEFINITIONS

**COVID-19** - COVID-19 is a respiratory disease spread from person to person, mostly through droplets that are released when people talk, cough, or sneeze. SARS-CoV-2 is the virus that causes COVID-19.

**Close Contact** – Close contact means being within 6 feet, for a total of 15 minutes or more over a 24-hour period, of someone who has tested positive for COVID-19 during their infectious period. The infectious period starts two days before any symptoms began – or for people with COVID-19 who don't have symptoms, two days before they got tested – and continues until they are recovered.

~~Maintaining proximity of 6 feet or less with another person for 15 minutes or more.~~

**Exposure** - Coming into *close contact* with a person who has COVID-19 within the last 14 days.

**PPE** - Personal Protective Equipment worn to minimize exposure to, and transmission of, diseases and biological hazards.

### Materials 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 and should be worn throughout entire day while interacting with staff, clients, and/or in an S<sup>D</sup> or home location.

**Face Shield** -A clear face covering that protects the eyes, nose and mouth; extending below the chin and to the ears laterally with no gap between the forehead and the shield's headpiece. Mainly used to supplement surgical face masks for those at potentially higher exposure levels (E.g. Safety Officers conducting screenings or BIs working with students that do not wear a

facial covering).

**Goggles** - Eye covering that fully protects from droplets/liquids on all sides. Goggles can be vented, but lab goggles with holes may not be used.

**Isolation Gowns** – Disposable gowns that cover the torso, arms and top half of the legs.

These can be used in conjunction with other required forms of PPE when cleaning contaminated areas where secretions or bodily fluids are involved.

### **Materials that are not PPE**

**Cloth Face Masks** - 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.

## **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, Jake St. Pierre (Williston), Lindsay Carey (Montpelier), and Libby Dusablon, Maggie LaFlame (Georgia), Matt Rodovick (Mt. Abe), Josie Thibault (BHS).

### **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

### **Employees**

Follow all rules and practices created by the company, including, but not necessarily limited to:

- Participate in all trainings relative to COVID-19
- Stay home if you are sick
- Wash hands frequently
- Practice Social Distancing – 6 foot minimum as much as possible, even when outside
- Report to your HR person if you feel sick, have a temperature, or you have had close contact with a person suspected of having COVID 19
- Wear protective PPE as outlined by this company
- Wear protective cloth mask as outlined by this company

### **Travel to High Risk Areas**

Please use the link below to find more information about travel to high risk areas and general guidance about traveling to, from, and throughout the state.

<https://www.healthvermont.gov/response/coronavirus-covid-19/traveling-vermont>

### **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<sup>D</sup> 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**

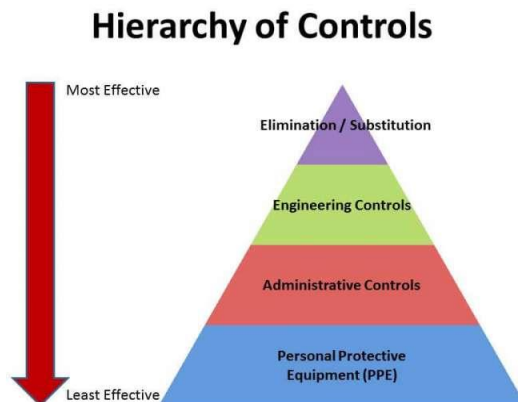
Rationale: These staff operate primarily in remote settings and do not make direct contact with clients or staff.

### **Additional Risk Considerations**

-Some individuals are at higher risk of developing severe COVID-19. Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at higher risk. Older adults working around clients and those with specific underlying medical conditions are encouraged to talk to their healthcare provider to assess their risk and to determine if they should avoid in-person contact in which physical distancing cannot be maintained.

A list of conditions for individuals who *might be* at increased risk for severe illness from

COVID-19 can be found on the [CDC's website](#).



### **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 13**

Clients must be able to pass a health screening in order to receive in person services.

Thoughtful planning with families and team members must occur to ensure the safety and appropriateness of services for each client. Individual Exposure Plans will be made for each client, added to their Behavior Support Plan, and based around their risk levels and specific needs.

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. If a person in the client's household plans to travel to or has



returned from out-of-state the child *may* remain eligible for services. If this situation arises, the families should consult Operations to determine the client's eligibility.

**Contact:** [lesha.rasco@sdplus.org](mailto:lesha.rasco@sdplus.org)

## **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 if clothes are soiled. Additional PPE in the form of face shields, disposable gloves and gowns will also be available upon request.

## **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 three 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**

Safety Officers (or individuals trained to do so by a 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.**

**Below are the prescreening questions you need to be prepared to answer each day before coming to work.**

- In the past 14 days have you had close contact with a person confirmed to have COVID-19?
- Have you traveled outside of VT since last coming to work? What type of travel? What county and state? <https://www.healthvermont.gov/response/coronavirus-covid-19/traveling-vermont>  
Does the VT Dept of health guidance say you have to quarantine? Yes or No
- In the past 24 hours have you had a fever (100.4 F or higher) or been using fever reducing meds?
- Do you have any of the following symptoms?
  - Cough
  - Shortness of breath or difficulty breathing
  - Chills
  - Fatigue
  - Muscle pain or aches
  - Headache
  - Sore throat
  - New loss of taste or smell
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea

Following these questions a temperature screening will take place, where a temperature of less than 100.4 F must be read in order for a person to be granted access to a building, or to work with students, or to receive services.

**If you answer yes to any of the prescreening questions, please follow the below steps:**

1. If on direct services call third # line first – They will just ask who you are scheduled with.
2. Then call your supervisor, if they don't answer they will get back to you by 10am that am.
3. If you have not heard back from your supervisor by 10am please call 662-7831 and ask for HR to call you back.

All staff will be assigned a safety officer for when you are not coming to the office to sign in too. If you are not coming to the office before coming to work, you will be asked to call the assigned Safety officer to be pre-screened. If you do not have a thermometer at home to use , please let your supervisor know by Thursday 3pm and we will have other options for you that may require driving to spot for a check in before going to your first place of work.

Information for Supervisors: If a staff calls you because they will be answering yes to any of the prescreening questions, you will do the following:

1. Prescreen the staff using the screening tool and ask who their safety officers they were assigned to.
2. Send an email to HR, the staff you screened and the safety officer they were assigned to
  - Stating what questions they answered yes to (assumption is all others were a NO) and when those symptoms occurred.
  - Safety Officer will chart information in Staff daily log.
3. HR will give them guidance of what to do next, they will reply to staff and safety officer.
  - Staff, Supervisor and Safety Officer will follow directions given by HR.
  - All information will be documented on HR COVID tracker daily and will be logged by Safety Officer daily.

**Additional Considerations for the Safety Officers**

1. The Safety Officer will wear a face mask/PPE, eye protection (goggles or face shield), and a single pair of disposable gloves. Preventative positioning should also be used. Note: Personal glasses and safety glasses are inadequate.
2. 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.
3. 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.
4. Remove and discard gloves in between clients
5. Wash hands immediately upon entry to the building

## Close Contact, Contact Tracing, and COVID-19 Cases in Programs

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

[Health Guidance Link](#) Pages 10, 11

### IF SOMEONE HAS A CONFIRMED CASE OF COVID-19

S<sup>D</sup> Associates will work closely with The Vermont Department of Health with concerns about COVID-19. If a case of COVID-19 is confirmed in a client or staff member, the Health Department will provide detailed guidance and information, help identify close contacts, and work in consultation with S<sup>D</sup> Associates on next steps. Below is a general list of what to expect if there is a confirmed case of COVID-19.

- Schools and families will only be informed by the Health Department about an individual with COVID-19 if they were believed to be in a school or in close contact with your child while infectious. If someone tests positive for COVID-19 but was not in the school or in close contact with your child while they were infectious, there are no additional steps necessary because there was no risk for COVID-19 exposure.
  - Close contact means being within 6 feet, for a total of 15 minutes or more over a 24-hour period, of someone who has tested positive for COVID-19 during their infectious period.
  - The infectious period starts two days before any symptoms began – or for people with COVID-19 who don't have symptoms, two days before they got tested – and continues until they are recovered.
- The Health Department will work with S<sup>D</sup> Associates to determine the period in which the person with COVID-19 was infectious.
- There may be misinformation circulating and concerns about getting COVID-19. We ask that you remember to treat clients and staff with respect and confidentiality.
- You may be notified of a case of COVID-19 in the following ways:
  - The Health Department may contact you.
  - You may be informed by S<sup>D</sup> Associates Human Resources

To know when it is safe for a client or staff to return to programming, refer to the following two strategies:

1. For people who have symptoms, use the symptom-based strategy. Exclude from work until:
  - Fever has resolved for at least 24 hours without the use of fever-reducing medications, and other symptoms (like cough or shortness of breath) have improved; and
  - At least 10 days have passed since symptoms first appeared.
2. For people who do not have symptoms, use the time-based strategy. Exclude from work until 10 days have passed since the date of their first positive COVID-19 test if they have

not developed symptoms. If they develop symptoms, then use the symptom-based strategy outlined above.

People who had close contact with someone with COVID-19 will be asked by the Vermont Department of Health to stay home from work/programming for 14 days since the last day they were in contact with the person who tested positive. People in quarantine can contact their primary care provider about getting tested on or after day 7 of their quarantine period if they have had no symptoms. If the test is negative, they may notify S<sup>D</sup> Associates to end quarantine early and go back to work/programming.

### **Additional Contact Tracing Considerations**

- Records will be kept of all staff, clients and outside service providers entering the building each day.
- Documentation of what contacts will occur between staff and client, and if those contacts extend outside of the daily pod/section.
- Any illnesses that are identified during the daily health screenings will be recorded.
- Staff and families are encouraged to maintain personal contact journals to support contact tracing should it be needed.

### **Staff or Clients are Symptomatic Inside Program Spaces**

If there is a confirmed case of COVID-19 within the building, or someone is presenting symptoms, they should be isolated and sent home as soon as possible. Response plans and procedures will be specific to each program building/location, but will include the following.

- A specific location used for isolating sick individuals
- Closing off affected areas until they can be properly disinfected
- Increasing ventilation in affected areas

### **Testing**

Staff may randomly be asked to take an asymptotic test at a pop-up test site. Staff will be paid for that time and, in good faith, provide the results. If staff are asked to test and have concerns, they are encouraged to speak with the company's Human Resources department.

### **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<sup>D</sup> 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<sup>D</sup> buildings except for employees or contracted service providers for the purpose of special education or required**

**support services. However, individuals who ensure the health and safety of the program/building, such as licensors, inspectors, maintenance, etc. are allowed following proper screening procedures and do not count in the group size.**

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.

12. Younger clients, those 8 years old and under (E.g. the S<sup>D</sup> Sparklers) should be spaced at least 3 feet apart.

13. Staff within schools should maintain a distance of 6 feet from students as much as possible, however, brief periods of closer contact are expected and permitted. In these cases, staff should stand/kneel/sit side-by-side near clients (rather than face-to-face).

### **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.

## **Disinfecting Schedule Checklists**

Specific checklists will be supplied on location and may consist of daily or weekly formats. Hard copies of the checklists will be monitored, filed and completion documented on a digital database on the S<sup>D</sup> Cloud.

## **Disinfecting, including bathrooms, toys, bedding and playgrounds**

Caring for Our Children sets national policy for sanitization and disinfection of educational facilities for children.

S<sup>D</sup> Associates will engage in frequent, thorough disinfecting each day. **At a minimum, common spaces, such as kitchen or cafeterias, and frequently touched surfaces and doors will be disinfected at the beginning, middle and end of each day.** A disinfection checklist has been



created per environment. Staff will utilize this checklist and disinfecting will be monitored. This will include disinfecting 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<sup>D</sup> will ensure that the following is completed:

1. 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 disinfect 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 disinfected”; bins will be located in areas for staff to put items that cannot be disinfected immediately. This will be kept out of reach, and items will be disinfected before they are returned 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 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 disinfection procedures.
6. Children may use playground equipment under the following conditions:

- Plastic and metal equipment (company owned) must be cleaned before and after each group.
- The targeted use of disinfectants can be done effectively, efficiently, and safely on outdoor plastic and metal surfaces and on objects frequently touched by multiple people (e.g., handrails, metal/plastic benches); make sure disinfectant has thoroughly dried before allowing clients to play.

7. When possible, toys may be rotated and placed away from use for a minimum of 3 days and returned for use without disinfecting.

### **APPROVED CLEANING MATERIALS FOR USEAGE:**

The following products may be used for disinfecting:

- Diluted household bleach solutions
- Alcohol solutions with at least 70% 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. Additional PPE, such as gowns, will be available to staff upon request.

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 up-do.
- 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 Responses**

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

1. Individual will call in their designated support person, who may don additional PPE as-necessary (E.g. gown, gloves, etc.) and 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 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.**

### **Disinfecting Procedure Following Physical Intervention**

**Should staff be required to physically assist a client, the following procedure will take place to ensure proper disinfecting/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 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. with disinfectant. Support staff will wear gloves while disinfecting.

### **Disinfecting Procedure During Program Day**

1. Disinfecting 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 disinfect the space upon arrival. This will include using appropriate disinfecting products on door handles and work surfaces (other areas may require disinfection as well, such as windows). Please reference disinfecting checklist designated for the work environment.
3. Support staff or BIs will disinfect contacted areas during the middle of a given shift.
4. Support staff will attempt to routinely disinfect areas that staff and/or clients have come in contact with, including the areas mentioned above, and any other area which the ratio staff may note as needing to be disinfected. Support staff are encouraged to ask if there are any additional areas which need to be disinfected upon speaking with the ratio staff.
5. At the end of the shift and once the client has left the space, ratio staff will disinfect 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 disinfection.
6. Staff will sign off that the area has been disinfected on a sheet located in the student's space.

### **Bathroom Cleaning Procedure**

1. Bathrooms will be disinfected before, during, and after the duration of a shift (see Disinfections 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

Wearing facial coverings has been shown to be effective in reducing the risk of spreading coronavirus. This is because the virus can spread even if a person does not have any symptoms.

**All staff must wear a PPE face mask while providing care.** Facial coverings are recommended for clients with additional guidance (see below). Instructions for wearing and making facial coverings can be found on the [CDC website](#). Face shields can also be provided to staff that are concerned about secretions.

### For clients:

- Cloth facial coverings for clients are recommended at the S<sup>D</sup> Office.
- Clients who have a medical/behavioral reason for not wearing a cloth facial covering will not be required to wear one. Specific Exposure Plans will be created for each client based on their specific needs and added to their respective BSPs.
- 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.
- Clients can remove facial coverings during outdoor activities when they can maintain physical distancing and have ready access to put them back on as needed when activity stops.
- Facial coverings should not be worn while sleeping, eating, or swimming. Staff should always attempt to use the best conservative and functional approach to also practice social distancing during meal times.

**For staff:**

It is required that all staff face masks/PPE while providing care. S<sup>D</sup> will provide face masks/PPE to staff daily.

- Staff should always attempt to use the best conservative and functional approach to practice social distancing when they need a break, food, or water, and when a client is eating.
- Face masks should not be worn while sleeping, eating, or swimming. Staff should always attempt to use the best conservative and functional approach to also practice social distancing during these times.
- Staff may remove facial coverings indoors for brief periods of time including during eating and drinking while also using best-judgement while distancing and orienting away from others.

**Face shields:** The use of clear facial shields is allowable. Face shields should extend below the chin, to the ears on both sides. And there should be no exposed gap between the forehead and the child's headpiece. They should be cleaned if condensation or droplets are visible on the inside of the shield. They should also be cleaned regularly and handled like face coverings when putting on or removing (e.g. wash hands after handling). Face shields will be used in conjunction with a face mask and primarily used by the Safety Officers during screenings and by staff whose clients currently do not wear a face covering. This does not include younger clients, such those in the S<sup>D</sup> Sparklers. They may also be provided to any staff that are concerned about secretions while working with a client.

**For families:**

Adults doing drop-off and pick-up are **required** to wear cloth facial coverings. This includes during at-home screenings where S<sup>D</sup> staff are transporting a client. Instructions for wearing face masks and cloth facial covering and making cloth facial coverings can be found on the [CDC website](#).

Family members must also wear facial coverings when within 6 feet of clients and staff within home-based settings.

## **Employee Training**

**THE SAFETY OFFICERS** will train each **EMPLOYMENT SUPERVISOR** on the information contained in this document. Each **EMPLOYMENT SUPERVISOR** will then train their respective **SUPERVISEES** and document the training, as outlined below. Training will be provided at no cost to the employee and during working hours.

This includes, but is not limited to:

- A general explanation of the symptoms of COVID -19
- An explanation of the modes of transmission of COVID -19
- An explanation of SD Associates' exposure Control Plan and the means by which employees can get a copy of the plan
- Instruction on how to properly put on and take off gloves, and cloth masks
- An explanation on the basis for the selection of PPE
- Information of how to contact someone if the employee has a temperature or does not feel well
- What to do if the employee traveled to high risk areas or have been exposed to possible COVID-19 cases
- Hand washing techniques
- Cleaning schedules
- Pre-screening before work

All staff members were required to complete the VOSHA training on transmission of COVID and completed a quiz on **5/1/2020** following the training to ensure comprehension of the material. All staff hired after **5/1/2020** will be required to complete the VOSHA training as a part of onboarding.

### **Training Documentation:**

Documentation will include the name of the employee, date of training, summary of training and the name of the trainer/s. We maintain our training records for at least (3) years or for the duration of the employment, whichever is longer. The Safety Officers will be responsible for maintaining the training documents.

- a. Training records required by the VOSHA standard are made available to employees, employee representatives, or to VOSHA representatives for examination and copying.



**Medical Records**

- a. Medical records shall be maintained for at least the duration of employment plus 30 years.
- b. If **S<sup>D</sup> Associates** ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director of NIOSH, US Department of Health and Human Services, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

Issue Date:	<b>5/28/2020</b>
Reissue Date:	9/2/2020
Safety Monitor:	Derek Barrows, Sarah Kitchen & Jacob Saunders
Company Exec.	Lesha Rasco