

COVID-19 Preparedness Plan for Inter-County Community Council, Inc.

Inter-County Community Council, Inc. (ICCC) is committed to providing a safe and healthy workplace for all our employees. To ensure that, we have developed the following Preparedness Plan in response to the COVID-19 pandemic. Managers and employees are all responsible for implementing this plan. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces, and that requires full cooperation among employees and management. Only through this cooperative effort can we establish and maintain the safety and health of our employees and workplaces.

Our employees are our most important assets. We are serious about safety and health and keeping our employees working at ICCC. Our Preparedness Plan follows Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guidelines and federal OSHA standards related to COVID-19 and addresses:

- hygiene and respiratory etiquette;
- engineering and administrative controls for social distancing;
- housekeeping – cleaning, disinfecting and decontamination;
- prompt identification and isolation of sick persons;
- communications and training that will be provided to managers and employees; and
- management and supervision necessary to ensure effective implementation of the plan.

Screening and policies for employees exhibiting signs and symptoms of COVID-19

Employees are encouraged to self-monitor for signs and symptoms of COVID-19. The following policies and procedures are being implemented to assess employees' health status prior to entering the workplace and for employees to report when they are sick or experiencing symptoms. Employees are to self-monitor and are not to come to work if they are feeling sick. Employees are to contact their supervisor via phone call or text and let them know they are sick. Supervisors will work with employees to determine if telework is an option or if they need to be off from work.

ICCC has implemented leave policies (passed by the CARES act) that promote employees staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household. Please contact the HR department to learn more. Employees who need accommodations because of underlying medical conditions or who have household members with underlying health conditions are encouraged to contact the HR department.

ICCC will be informing employees if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine for the required amount of time.

In addition, ICCC will do as much as it can to protect the privacy of employees' health status and health information.

Handwashing

Basic infection prevention measures are being implemented at our workplaces at all times. Employees are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their day, prior to any mealtimes and after using the toilet. All visitors to the offices will be asked

to wash their hands immediately upon entering the facility or use hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol). Hand sanitizers can be used for hand hygiene in place of soap and water, as long as hands are not visibly soiled.

Respiratory etiquette: Cover your cough or sneeze

Employees and visitors are being instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing and to avoid touching their face, in particular their mouth, nose and eyes, with their hands. They should dispose of tissues in the trash and wash or sanitize their hands immediately afterward. Respiratory etiquette will be demonstrated on posters and supported by making tissues and trash receptacles available to all employees and visitors.

Social distancing

Social distancing is being implemented in the workplace through the following engineering and administrative controls: through use of telework, flexible work hours, staggered shifts to reduce the number of employees in the workplace at one time; maintaining six feet of distance between employees; provide signage or instructions for employees and visitors; regulate riding in or sharing of vehicles; support communications plans to address employee concerns. ICCC has provided protective supplies in the form of two handmade masks that should be washed after each use and have disposable masks available at each office locations. The masks will be required to be worn by all staff and visitors in all indoor spaces in accordance with the Governor's Executive Order 20-81. The following individuals are exempt from this order:

- Individuals with a medical condition, mental health condition, or disability that makes it unreasonable for the individual to maintain a face covering;
- Those who when wearing a face covering while on the job could be at risk of creating a job hazard for themselves or others; and
- Children who are five years old or younger.

Staff claiming an exemption to the mask mandate must notify Human Resources. Additional supplies such as gloves and disinfectant may be requested if needed. Each office location will be responsible for creating physical workplace changes needed, such as increased distance between workstations or between employees in common areas using or requesting barriers when spacing cannot be increased. Employees and visitors are prohibited from gathering in groups and confined areas and from using other employees' personal protective equipment, phones, computer equipment, desks, cubicles, workstations, offices or other personal work tools and equipment.

Housekeeping

Regular housekeeping practices are being implemented, including routine cleaning and disinfecting of work surfaces and areas in the work environment, including restrooms, break rooms, lunch rooms and meeting rooms. Frequent cleaning and disinfecting will be conducted in high-touch areas, such as phones, keyboards, touch screens, controls, door handles, railings, copy machines, etc. We ask that at the end of each day employees help to disinfect their area and common areas.

Communications and training

This Preparedness Plan was communicated via e-mail to all employees on May 14, 2020. Additional communication and training will be ongoing as needed by Executive Director through e-mail. Managers and supervisors are to monitor how effective the program has been implemented by observing practices and identifying areas of concern or room for improvement. This Preparedness Plan will be updated as necessary.

Certified by:

Catherine Johnson

Executive Director

Appendix A – Guidance for developing a COVID-19 Preparedness Plan

General

www.cdc.gov/coronavirus/2019-nCoV

www.health.state.mn.us/diseases/coronavirus

www.osha.gov

www.dli.mn.gov

<https://www.leg.state.mn.us/archive/execorders/20-81.pdf>

<https://staysafe.mn.gov/>

Handwashing

www.cdc.gov/handwashing/when-how-handwashing.html

www.cdc.gov/handwashing

<https://youtu.be/d914EnpU4Fo>

Respiratory etiquette: Cover your cough or sneeze

www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

www.health.state.mn.us/diseases/coronavirus/prevention.html

www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html

Social distancing

www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

www.health.state.mn.us/diseases/coronavirus/businesses.html

Housekeeping

www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html

www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Employees exhibiting signs and symptoms of COVID-19

www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

www.health.state.mn.us/diseases/coronavirus/basics.html

Training

www.health.state.mn.us/diseases/coronavirus/about.pdf

www.cdc.gov/coronavirus/2019-ncov/community/guidance-small-business.html

www.osha.gov/Publications/OSHA3990.pdf



Inter-County Community Council Head Start



ADDENDUM to the ICCC Business Pandemic Plan specific to the Head Start / Early Head Start Program Services

Management and direct service staff are responsible for implementing and complying with all aspects of this Preparedness Plan. ICCC supervisors have our full support in enforcing the provisions of this policy.

It is important to note that during the COVID-19 pandemic, information in this Preparedness Plan overrides existing policies and procedures that are in place, see the additional specific procedures on handwashing, cleaning/disinfecting, and health screenings below. All other policy statements are still valid and must be followed.

ICCC staff with concerns about ICCC's COVID-19 preparedness plan or HS / EHS Addendum can contact the ICCC Executive Director. ICCC staff with concerns about ICCC's COVID-19 preparedness plan or questions about their rights should contact MNOSHA Compliance at osha.compliance@state.mn.us, 651.284.5050 or 877.470.6742.

THE BEST WAY TO PROTECT YOURSELF AGAINST COVID-19

Staff have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19. The best way to protect yourself (you and your children) from COVID-19 is to:

- Stay home when you are sick;
- Wash your hands frequently with warm soapy water for at least 20 seconds;
- Avoid close contact (social distancing) – stay at least 6 feet from other people, do not gather in groups;
- Cover your cough;
- Cover your mouth and nose with a cloth face cover when around others; and,
- Clean and disinfect frequently touched objects and surfaces.

SOCIAL DISTANCING

Social distancing is being implemented in the workplace, including our classrooms and satellite offices, through the following engineering and administrative controls:

- Visitors will be limited to those providing essential services and parents/guardians dropping off or picking up their children.
- Staff are prohibited from gathering in groups and confined areas (break rooms, etc.).
- Meetings and events that require close contact or large numbers will be suspended (e.g. Parent Meetings and Events; Staff Meetings will be limited unless social distancing can be ensured).
- As stated in the agency-wide pandemic plan, masks are required when indoors in communal areas, in individual workspaces when you cannot maintain social distancing, when teachers leave their classroom, or when different staff need to step into the classroom to assist or consult.

IF PEOPLE ARE SICK

If children are sick, they should stay home, except to get medical care. Their parents should be encouraged to do the following. If staff are sick, they should stay home, except to get medical care and do the following:

- Separate yourself from other people.
- Monitor your symptoms.
- Call ahead before visiting the doctor.
- Wear a cloth covering over your nose and mouth.
- Cover your coughs and sneezes.
- Clean your hands often.
- Avoid sharing personal household items.
- Clean all “high-touch” surfaces every day.

If a child becomes sick during the day, the child should be kept in a space away from other children and staff while under the watch of one staff person that is 6 feet away, while waiting for parents/guardians to pick the child up.

Any child sent home should be encouraged to contact their health care provider for further guidance.

If a child is diagnosed with COVID-19, the Child Services Coordinator must notify HR and we will follow ATTACHMENT B and B.2, the agency COVID-19 Flowchart and MDH Decision Tree, as well as contact local public health / MDH for further guidance and contact tracing.

EMPLOYEES EXHIBITING SIGNS AND SYMPTOMS OF COVID-19

All staff will receive communication from the Human Resources department with updates regarding staff screening. Please see the ICCC COVID-19 Preparedness Plan for staff directions on leave / absence from work.

ICCC has implemented leave policies that promote workers staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household. All staff should follow directions in the ICCC COVID-19 Preparedness Plan regarding reporting to Human Resources of any potential exposure.

Staff should not return to work until the criteria to discontinue home isolation have been met, in consultation with your healthcare provider and local public health officials. Current MN Department of Health recommendations state that you must stay home until all three of these things are true:

- You feel better. Your cough, shortness of breath, or other symptoms are better AND
- It has been 10 days since you first felt sick AND
- You have had no fever for the last 24 hours, without using medicine that lowers fever

ICCC will follow CDC, MDH, and public health guidance to inform workers if they have been exposed to a person with COVID-19 at their workplace and will issue corresponding appropriate guidance on the required amount of time to be isolated or quarantined.

In addition, the following policies must be followed regarding protecting staff health status and health information:

- ICCC Personnel Policies, Section 2, HIPAA policy
- ICCC Head Start Human Resources Work Plan, Communication & Reporting policy
- ICCC Head Start Family Services – Community Engagement Work Plan, Confidentiality policy
- ICCC Head Start Code of Ethical Conduct annual signed statement

HANDWASHING

All visitors to the facility will be required to wash their hands prior to or immediately upon entering the facility. Centers will have hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) that can be used for hand hygiene, as long as it is followed by handwashing once the individual can get to a sink. ATTACHMENT D: Handwashing poster will be posted near sinks in the Head Start classrooms and areas. ATTACHMENT E: Handwashing Procedure.

Staff serving as bus monitors will use hand sanitizer to clean their hands while on the bus.

TOOTHBRUSHING

Until further notice, there will be no toothbrushing at the classrooms or on home visits by staff and / or children. Parents / Guardians should be encouraged to brush their children's teeth twice daily. Toothbrushes and brushing supplies will be provided to families regularly.

RECRUITMENT

Prior to conducting face-to-face visits, a family health screening must take place. The staff must call the family and review the health screener regarding anyone in the household. Face-to-face contact can occur as long as social distancing is maintained, with the visit to take place outside the home.

Upon completion of the visit, leave the family with any items possible – including plastic bags, extra papers that need not be returned, and pens. Any other items must be cleaned immediately following the visit, prior to visiting any other households or returning to the office.

The priority is to determine eligibility and verify the information on the Head Start application. If possible, a phone or virtual interview should take place first, and then a home visit should follow in order to verify and obtain a signature.

Staff will assess with each family what will work best for them. Options include phone, virtual, or face-to-face contact - can be done at the office, outside the home (e.g. back yard), or outside in a community space.

Staff must wear masks. Disposable masks will be offered to family being visited.

For door-knocking, displaying posters, and visiting agencies, practice social distancing at all times.

CLOSE CONTACT WITH CHILDREN

Due to the nature of working with young children, it is realistic to expect that the children will require close, physical contact with our staff. This may happen on a home visit or in a classroom. This may be due to a minor injury, a social-emotional experience, or many other things. Staff should do their best to maintain proper social distancing at all times, however, we realize this may take place.

If a staff member has close contact, such as a hug or other physical contact to console a child, staff should determine if there was any exchange of body fluids (tears, snot, phlegm, etc.). If there was an exchange, staff should excuse themselves from the classroom as soon as possible to change their exposed clothing. If there was no exchange of body fluids, no action need be taken.

If a staff member has close contact, such as a handshake, high five, etc., staff should wash their hands or use hand sanitizer as soon as possible.

FAMILY ORIENTATION / ENROLLMENT

The Family Orientation / Enrollment process will be modified to support the health and safety of families and staff. Families must be scheduled by appointment only. Those families enrolled will be provided an appointment for Family Orientation. A portion of the Family Orientation process will be done on a backyard visit or virtually, the remaining items will be completed at our classroom or office.

All Family Orientation / Enrollment visits, whether a backyard visit or on-site, will follow the above safety protocols for home visits or classroom services.

On-Site:

- Hearing and Vision Screening
- Lead
- Hemoglobin
- Height and Weight
- Blood Pressure

- Immunization Review

On Visit:

- Consent to Screen
- ASQ: SE2 / Social-Emotional Screening
- Brigance / Child Developmental Screening
- Health History / Nutrition Screening
- Receive Parent Handbook / COVID Pandemic Plan information – review In Kind, Mandated Reporting, Family Events and Parent Meetings, and Policy Council
- Review Area Resource Handbook
- Family Partnership Agreement
- Release of Information
- Medical Release
- Dental Release
- Review Class Dojo
- Well Child Check Review
- Classroom / Center specific forms
 - Emergency Contact Form
 - Transportation forms
 - Permission to Administer

VENTILATION AND AIR FLOW

When possible, ICCC encourages staff to open windows to allow for increased air flow and circulation throughout our offices and classrooms. If additional fans / heating is used the air flow should be directed away from people, to avoid blowing directly on any staff, student or volunteer.

When possible, ICCC will work to utilize HEPA filtration, however, we are limited by being located within public school buildings.

In addition, ICCC will encourage teaching staff to do as much outdoor learning as possible, weather permitting.

COMMUNICATIONS AND TRAINING

Training for all center staff will be provided as soon as each program opens to face-to-face services regarding this Preparedness Plan and other safety precautions. Additional communication and training will be ongoing as the need arises.

The Child Services Coordinator, Data Management Coordinator, Family Engagement Coordinator and Health Coordinator will co-train.

This Preparedness Plan has been certified by ICCC management. It will be reviewed and approved by the ICCC Board and Policy Council. It must be posted in all satellite offices and classrooms. The plan will be updated as necessary.

CLEANING & DISINFECTING

Regular cleaning and disinfecting practices are being implemented, including routine cleaning and disinfecting of work surfaces, equipment, playgrounds, and areas in the work environment, including restrooms, break rooms, lunch rooms and meeting rooms. Frequent cleaning and disinfecting will be conducted in high-touch areas, such as phones, keyboards, touch screens, controls, door handles, railings, copy machines, etc. See ATTACHMENT F: Clean-Disinfect Procedure for specific directions and frequency. Staff will be provided with cleaning & disinfecting instructions and checklists.

Staff who perform cleaning will be trained. Supervisors will identify which staff will perform different cleaning functions. Material Safety Data Sheets (MSDS) will be provided on site at each office/classroom to ensure staff are aware of the safety concerns regarding each product provided, as well as the proper use.

Home Visitors and Family Advocates will be provided with the following items for cleaning while on home visits:

- Caddy to carry cleaning supplies
- Plastic clipboard
- Portable chair for home visits
- Garbage can / liners for agency vehicle
- Kleenhanz disinfecting wipes for cleaning children's toys that may be mouthed
- Disinfecting wipes OR disinfecting spray and paper towels for non-mouthed objects
- Disinfecting spray for soft/cloth items
- Disposable and washable masks
- Gloves
- Hand sanitizer (with at least 60% alcohol)
- Lotion
- Tissues

Classroom sites will be provided supplies to clean with soap and water, as well as disinfectant. The disinfectant provided will be specific to each site. Training will be provided that is site-specific to ensure staff understand the contact time for each disinfectant used.

If a sick person is in our facility, additional cleaning-disinfection procedures will be provided.

PARENT / GUARDIAN COMMUNICATION

Communication for parents will be provided through letters, phone calls, text messages, Class DoJo, postings on site, and Zoom virtual sessions. This communication may come from the main office, or directly from their child's home visitor or teacher.

The following items will be posted at each office / classroom, some for parents to see, others for staff to follow:

- ATTACHMENT A: Health Screening Checklist
- ATTACHMENT B.2: MDH Decision Tree for COVID-19 Exposure
- ATTACHMENTS D, D.1, D.2: Handwashing Posters
- ATTACHMENT E: Handwashing Procedure
- ATTACHMENT F: Cleaning / Disinfecting Procedure and Checklist
- ATTACHMENT G: Health Screening Procedure for Center / LDO classrooms
- ATTACHMENT H: How to Safely Wear Your Mask poster
- ATTACHMENT I: Stop the Spread of Germs poster
- ATTACHMENT J: COVID-19 Symptoms poster

FLEXIBLE PLANNING

Below, our plan has 3 options in preparation for future services. As the state phases back into in-person or face-to-face services, we will utilize the plans below. This will allow staff to plan for needed PPE, classroom / home visiting supplies, and staffing. Below you will find specifics for each program option with these plans. We will continue to monitor the status of each school district within our service area and work to mirror the services that they are providing to simplify things for families. If one county should have an outbreak, we will identify how we can modify services for that area to reflect the current status in the county.

PLAN A – back to “normal” services

PLAN B – a hybrid of services between in-person and virtual

PLAN C – fully virtual services

COVID-19 Preparedness Plan for HOME BASED Program Option

FAMILY HEALTH SCREENING AND HOME VISITS

Prior to conducting face-to-face home visits, a family health screening must take place. The staff member must contact the family and review the health screening questions regarding anyone in the household. Staff will use ATTACHMENT A as a reference with families to screen for any COVID-19 related symptoms.

PLAN A

Home visits will be conducted weekly. When possible / weather permitting, staff are encouraged to host visits outdoors. Virtual visits can continue to be offered when necessary, but in person is preferred. Staff are encouraged to social distance whenever possible.

Staff MUST leave enough time in between visits to conduct cleaning between the visits.

Home Visitors / Family Advocates must wear masks upon entering the home. If the educational aspect of the visit requires removal of the mask, social distancing must be maintained and a face shield should be worn in place of the mask. Follow ATTACHMENT H: How to Safely Wear A Mask for proper application or removal of the mask. Disposable or washable/reusable masks will be provided for the adult family members to minimize trash and efficient use of available PPE. At this time, children will not be required to wear masks due to the inability to reliably put on, take off, care for their masks or minimize the touching of their face.

Home Visitors / Family Advocates must use hand sanitizer immediately before and after each home visit. When regular handwashing is not possible, all staff would use hand sanitizer when they would normally wash their hands. All hand sanitizer should be kept out of reach of the children and should only be used around the children when it can be supervised by an adult. All hand sanitizer made available must be at least 60% alcohol content. See ATTACHMENT E: Handwashing Procedures.

Following each home visit, staff will be required to clean their assigned chairs, clipboards, and other materials brought on the visit. See ATTACHMENT F: Cleaning & Disinfecting Procedures. This should be conducted prior to going on another visit, or re-entering the office with the equipment.

Family Events and Parent Meetings will take place in person, with limited attendance. Attendance limits will be guided by state large group meeting size recommendations at the time. Events will be set up to allow for as much social distancing as possible. When social distancing is not possible, masks will be required. Events will be encouraged to be hosted outdoors. Family Events and Parent Meetings can continue to be hosted virtually.

Staff will be allowed to work from home or the office. Staff are required to set their schedule, in coordination with their supervisor, and document this in their Outlook calendar.

PLAN B

No home visits will be conducted inside the home. Home Visits for Home Based children will be based on the comfort of the family and staff member. The priority is to connect with the family during their normally scheduled visit time. Home Visitors will assess with each family what will work best for them. Options include phone, virtual, packets sent home, or face-to-face contact - can be done at the center, outside the home (e.g. back yard), or outside in a community space. Staff will provide regular supply drops for families so they can conduct activities in home when visits need to be virtual, and to limit any cross contamination of supplies that cannot be disinfected between visits.

Staff will be encouraged to stagger their home visits to every other week, if a large number of families are interested, to allow time for cleaning between visits.

Home Visitors / Family Advocates are encouraged to social distance whenever possible, and must wear masks or face shields if social distancing cannot be maintained. Disposable or washable/reusable masks will be provided for the adult family members to minimize trash and efficient use of available PPE. At this time, children will not be required to wear masks due to the inability to reliably put on, take off, care for their masks or minimize the touching of their face.

Home Visitors / Family Advocates must use hand sanitizer immediately before and after each home visit. All hand sanitizer should be kept out of reach of the children and should only be used around the children when it can be supervised by an adult. All hand sanitizer made available must be at least 60% alcohol content.

Following each home visit, staff will be required to clean their assigned chairs, clipboards, and other materials brought on the visit. See ATTACHMENT F: Cleaning & Disinfecting Procedures. This should be conducted prior to going on another visit, or re-entering the office with the equipment.

If visit is held at an ICCC worksite (classroom/office) cleaning of the high touch areas must be cleaned following the visit. See cleaning and disinfecting below.

Family Events and Parent Meetings will take place virtually where possible.

Staff will be allowed to work from home or the office. Staff are required to set their schedule, in coordination with their supervisor, and document this in their Outlook calendar.

PLAN C

All home visits will be conducted virtually.

- Staff will send out Miss Me packets for families. These are packets with learning materials for children and parents. Each will be individualized where possible.
- Staff will host weekly visits with the families either on Zoom or over the phone.
- Staff will provide regular communication / video clips through Class Dojo.
- Program will provide a monthly supply drop for families so that they can do activities in home with staff connected virtually

All staff will work from home with limited access to the office for picking up / delivery supplies, printing Miss Me packets, and other necessary tasks. Staff must schedule their office time with their supervisor to limit exposure to other staff within the office.

COVID-19 Preparedness Plan for CENTER / LDO BASED Program Option

CENTER / LDO SERVICES, HEALTH SCREENINGS AND HOME VISITS

PLAN A

Enrolled children will attend their assigned center / LDO classroom the full program option classroom days with no limitation.

Groups will not be allowed to intermingle. This means that each group will go to the playground, cafeteria/lunch room at separate times. They will also have separate, designated arrival and departure times where possible.

Families will be offered their designated number of home visits for their program option. If preferred, these visits will be conducted virtually. When home visits are conducted in person, Home Visitors / Family Advocates must wear masks upon entering the home. If the educational aspect of the visit requires removal of the mask, social distancing must be maintained and a face shield should be worn in place of the mask. Follow ATTACHMENT H: How to Safely Wear A Mask for proper application or removal of the mask. Disposable or washable/reusable masks will be provided for the adult family members to minimize trash and efficient use of available PPE.

Family Advocates must use hand sanitizer immediately before and after each home visit. When regular handwashing is not possible, all staff would use hand sanitizer when they would normally wash their hands. See ATTACHMENT E: Handwashing Procedures.

Staff are encouraged to leave enough time in between visits to conduct cleaning between the visits.

Following each home visit, staff will be required to clean their assigned chairs, clipboards, and other materials brought on the visit. See ATTACHMENT F: Cleaning & Disinfecting Procedures. This should be conducted prior to going on another visit, or re-entering the office with the equipment.

Family Events and Parent Meetings will take place in person, with limited attendance. Attendance limits will be guided by state large group meeting size recommendations at the time. Events will be set up to allow for as much social distancing as possible. When indoors or social distancing is not possible, masks will be required. Events will be encouraged to be hosted outdoors. Family Events and Parent Meetings can continue to be hosted virtually.

Staff will be allowed to work from home or the office when children are not present. Staff are required to set their schedule, in coordination with their supervisor, and document this in their Outlook calendar.

PLAN B

Enrolled children will be split into smaller groups and have the number of days each week limited. For example, center children will receive 2 consecutive days each week, with increased family contact from the Family Advocate.

No home visits will be conducted inside the home. Home Visits will be based on the comfort of the family and staff member. The priority is to connect with the family during their normally scheduled visit time. Family Advocates will assess with each family what will work best for them. Options include phone, virtual, packets sent home, or face-to-face contact - can be done at the center, outside the home (e.g. back yard), or outside in a community space. Staff will provide regular supply drops for families so they can conduct activities in home when visits need to be virtual, and to limit any cross contamination of supplies that cannot be disinfected between visits.

Staff will be encouraged to stagger their home visits, if a large number of families are interested, to allow time for cleaning between visits.

Family Advocates are encouraged to social distance, and must wear masks or face shields if social distancing cannot be maintained. Disposable or washable/reusable masks will be provided for the adult family members to minimize trash and efficient use of available PPE. At this time, children will not be required to wear masks due to the inability to reliably put on, take off, care for their masks or minimize the touching of their face.

Family Advocates must use hand sanitizer immediately before and after each home visit.

Following each home visit, staff will be required to clean their assigned chairs, clipboards, and other materials brought on the visit. See ATTACHMENT F: Cleaning & Disinfecting Procedures. This should be conducted prior to going on another visit, or re-entering the office with the equipment.

If visit is held at an ICCC worksite (classroom/office) cleaning of the high touch areas must be cleaned following the visit. See cleaning and disinfecting below.

Family Events and Parent Meetings will take place virtually where possible.

Staff will be allowed to work from home or the office when children are not present. Staff are required to set their schedule, in coordination with their supervisor, and document this in their Outlook calendar.

PLAN C

All program services will be conducted virtually.

- Staff will send out Miss Me packets for families. These are packets with learning materials for children and parents. Each will be individualized where possible.
- Staff will host weekly visits with the families either on Zoom or over the phone.
- Staff will provide regular communication / video clips through Class Dojo.
- Staff will provide a weekly virtual classroom session, with all children in the group invited to attend.
- Program will provide a monthly supply drop for families so that they can do activities in home with staff connected virtually

All staff will work from home with limited access to the office for picking up / delivery supplies, printing Miss Me packets, and other necessary tasks. Staff must schedule their office time with their supervisor to limit exposure to other staff within the office.

PRECAUTIONARY MEASURES – To Be Followed in any scenario for on-site services

For our classrooms located in other school / child care buildings, or using school based services, we will work with that location to follow their precautionary measures and protocols when possible to streamline services for children and families.

Volunteers and visitors should be limited. Although we cannot deny parents coming into our classrooms, we should encourage them to not enter in order to help us protect against the spread of the virus.

All adult visitors will be required to wear masks.

Staff will be provided shirts to allow for staff to have a change of clothing on-site in case of frequent close contact and potential exposure to bodily fluids. Staff will be provided with a long sleeve smock to be worn for health screenings, any individual child /developmental screening, and when you anticipate close contact with a child.

Staff must wear face shields or masks. Masks will be made available at the entrance to the center for visitors/volunteers that are allowed on site. Staff will be provided with washable/re-useable face shields or masks. They may launder their

masks on site with other laundry items or take them home to launder themselves. They must be washed when soiled or at a minimum of daily. Disposable masks will be available for staff, in case they forget their re-useable mask at home. At this time, children will not be required to wear masks due to the inability to reliably put on, take off, care for their masks or minimize the touching of their face.

Staff will be provided with goggles or face shields to be worn when conducting health screenings or individual child / developmental screening. These will be reusable and will be disinfected following the cleaning procedures.

Staff must wear their hair up and off their face and neck. Children with long hair will be encouraged to have their hair up as well.

Staff must keep their nails clipped shorter for easier cleaning when hand washing / sanitizing. Children will be encouraged to keep their nails clipped shorter as well.

Staff can bring personal belongings into the center, but we ask that you keep it to a minimum and separate from other employee items.

Parents are discouraged from sending personal belongings to the center with their child (i.e. backpacks, blankets, toys, stuffed animals, etc.). Extra clothes (extras from home or soiled clothes from the center) can be sent in a plastic sealable bag.

All hand sanitizer should be kept out of reach of the children and should only be used around the children when it can be supervised by an adult. All hand sanitizer made available must be at least 60% alcohol content.

ON-SITE SCREENING and ENTRANCE PROCEDURES

The Child Services and Health Coordinators will work to identify the appropriate staff at each classroom location to serve as the Screener. All staff will be trained in the screening procedure, in case of illness or required quarantine of the designated individual.

The Screener will be required to be the first person on-site each day. The Screener will screen each child or visitor/volunteer as they enter the building / classroom. See ATTACHMENT G: Center/LDO Screening Procedure.

The Child Services Coordinator will work with each site's staff to determine a staggered arrival schedule so that not all staff arrive at the same time to overwhelm the Screener.

All staff, children and visitors/volunteers will use the same entrance. Screening must occur at the entrance, conducted outside when possible. Those waiting to be screened must maintain social distance of 6 feet.

- Child Screenings include:
 - A temperature check – temperature should be below 100.4°. Non-contact thermometers must be cleaned with an alcohol wipe between each person. Screeners may re-use the same wipe as long as it remains wet.
 - A visual assessment of the child for signs of illness which could include:
 - Flushed cheeks;
 - Rapid breathing or difficulty breathing (without recent physical activity);
 - Fatigue; and/or
 - Extreme Fussiness.
 - Screening staff will ask the adult/guardian/parent dropping the child off the health screening questions.
 - If the temperature is below 100.4° AND the assessment shows no signs of illness, the child can enter the program space. The child must proceed to wash their hands before having any contact with other children or staff. Younger children may need additional support from staff to use good handwashing techniques. If soap, water and sink are not available in the immediate location, hand sanitizer may be used then followed by immediate handwashing.
 - If the assessment shows signs of illness OR the temperature is above 100.4°, the child or visitor WILL NOT BE ALLOWED to enter the program space and will be asked to return home.

- If any symptoms are noted during the screening, the child or visitor is excluded in accordance with the MDH COVID-19 guidelines for 10 days or 24 hours with no fever.
- Children’s temperatures and health screening documentation will be kept as confidential as possible during the screening process and will be filed in each classroom’s locked filing cabinet. To begin the year, screeners will use a paper form, then enter into ChildPlus. If possible, we will move to direct entry into ChildPlus as the year progresses. The paper forms will be submitted to Oklee monthly with all other checklists / paperwork.
- Adult Visitor / Consultant Screenings include:
 - A temperature check – temperature should be below 100.4°. Non-contact thermometers must be cleaned with an alcohol wipe between each person. Screeners may re-use the same wipe as long as it remains wet.
 - An interview asking the following questions, as well as a copy of ATTACHMENT A: Health Screening will be posted on site:
 - In the past 10 days, including today, have you had symptoms of acute respiratory illness that cannot be attributed to anything else (e.g., acute cough, shortness of breath, difficulty breathing, sore throat, fever >100.4 or feeling feverish, new loss of taste or smell, headache, chills, diarrhea, nausea, vomiting, fatigue, congestion, muscle aches or weakness, or runny nose)?
 - In the past 14 days, have you or anyone in your family been in close contact (closer than 6 feet for more than 15 minutes) or live with someone with suspected (symptoms but not tested) or with a confirmed diagnosis of COVID-19?
 - In the past 14 days have you or anyone in your household been told by a healthcare provider / public health that they may have been exposed to COVID-19?
 - Are you, anyone in your household, or any close contacts awaiting test results for COVID-19?
 - If the temperature is below 100.4° AND the answer to all questions is “No”, the staff/visitor can enter the program space. The staff/visitor must proceed to wash their hands before having any contact with children or other staff.
 - If the answer to any of the questions are “Yes” OR the temperature is above 100.4°, the adult visitor/consultant WILL NOT BE ALLOWED to enter the program space and will be asked to return home.
 - If any symptoms are noted during the screening, the adult is excluded in accordance with the MDH COVID-19 guidelines for 10 days or 24 hours with no fever.
 - Staff will document their health screening in ChildPlus using the Management Tab / Personnel / COVID Health Screening Tab. Staff feeling unwell with COVID possible symptoms should contact HR directly. Staff documenting themselves as unwell will have follow up documentation from their supervisor.
 - Staff will self-screen one time per day prior to entry.

After passing the screening procedure, all must wash their hands or use hand sanitizer upon entering. Adults MUST have a mask or face shield on to enter the building.

If a staff or family will not arrive during their designated arrival time, they must call the center/classroom as soon as possible to ensure a screener will be present for their arrival to conduct their screening.

When the Screener completes the screening process for all in attendance that day, they must remove all PPE, wash their hands, and put their scrub jacket in the laundry to be laundered.

Screeners must wear gloves, a mask, a long sleeve scrub jacket, and goggles or a face shield to protect from sneezes and coughs during the screening. Screening station should have the following available nearby:

- Documentation forms
- Pens
- Hand Sanitizer / or nearby sink
- Disposable masks
- Trash can
- Tissues
- Thermometer
- Disposable gloves
- Goggles or face shields

Screener will ask staff and visitors the health screening questions. See ATTACHMENT A: Health Screening Checklist. Screener will observe the child and take their temperature using the provided no-touch thermometer. Any adult that fails their screening questions or a child with a fever over 100.4, will be asked to return home. Follow ATTACHMENT B: COVID-19 Flowchart and ATTACHMENT B.2: MDH Decision Tree to determine appropriate steps for a failed screening, refusal to screen, or if an employee has or is in close contact with COVID-19.

The thermometer will be wiped between screenings using an alcohol wipe or cotton ball/isopropyl alcohol combination. Wipe / cotton ball can be reused as long as it remains wet and does not become contaminated if the thermometer touches the person being screened.

Documentation forms will be submitted in weekly paperwork.

NAPS & REST

During naptime, cots will be distanced as space allows. Whenever possible, cots will be placed 6 feet apart, on all sides, with children laying head to toe. If classroom space does not allow cots to be placed 6 feet apart on all sides, staff will distance cots as much as possible, with children laying head to toe. Bedding will be washed daily.

FAMILY STYLE EATING

We will not be implementing family style dining. If the school districts do not provide pre-dished trays, staff will dish up each component of the meal using gloved hands. Children will not be able to touch serving utensils. If possible, children should be spaced further apart from each other at tables. Staff will continue to model positive eating habits. Staff and children will be expected to wash their hands or use hand sanitizer before and after every meal and snack.

OUTDOOR PLAY AND WALKS

It is permissible for staff to remove their masks when taking children for walks and when playing outdoors, as long as staff are at least 6-feet from anyone. The masks must be completely taken off and not slid down the face in order to not cause contamination.

When staff and children leave the building for outdoor play and walks, they are expected to wash or sanitize their hands before they leave and upon return to the building. If anyone should cough or sneeze into their hands while outside, staff will have hand sanitizer available.

CLASSROOM GUIDANCE

We will work toward keeping enrollment to 10 children per day. If above 12, children will be split into two groups and reduce the number of days per week. (TRF and Bagley – 2 days per week, and will work with LDOs to limit group size)

- **Arrival/Departure:** Staff will limit wait time for handwashing and bathrooms. Staff will take small groups of children to bathrooms outside of the classroom and keep children distanced at cubbies, tables, or other areas that are utilized while waiting for all children to arrive and/or depart.
- **Choice Time:** All interest areas will only allow a limited number of children in the area at one time. Interest areas will be labeled with the number of children allowed, and children will use nametags to identify the area in which they are choosing to play. Staff will monitor children's movement between the areas, and between each side of the classroom.
- **Indoor Water/Sand Tables** will not be used.
- **Outdoor Sandbox** if used, sand toys will be disinfected between groups.

- **Playdough or similar items:** If these materials are used, each child will have their own container, labeled with their name, and used only in small group lesson so staff can ensure children are using only their designated materials.
- **Art Materials:** All art materials will be stored in individual containers for each child, labeled with their name, and put away immediately after use.
- **Dramatic Play:** Only washable items and dress up clothes will be available. Dress up items that are worn on the face (sunglasses, masks, etc.) will not be used. Washable dress up items will be laundered daily.
- **Large Groups/Circle Time and Group Read Aloud:** Activities and lessons previously occurring during large group time will instead occur in small groups or individually during Choice Time and/or a scheduled Small Group Time. Staff will keep children distanced as much as possible during small group activities.
- **Wait Time/Lines:** Staff will limit lines and wait times as much as possible for bathroom use, handwashing, and transitions to/from the playground and bus. Other center staff will be utilized when possible to help keep children distanced during transitions, and to help reduce wait time during meal prep/set up, arrival, and/or departure times.
- **Limit Changes within Classrooms:** will work on scheduling with classroom staff to limit the movement of staff between classrooms, to limit the number of adults that the children are exposed to. Groups of children will be kept the same throughout the week / program year to limit the exposure of children to other children/families. We will utilize technology when possible to limit physical access to classrooms, but not limit the support from our Practice Based Coach or our Mental Health Consultants.
- **Social Distance:** staff and children are encouraged to social distance where possible. Staff will work with children to learn what this means, demonstrate it as often as possible, even when outdoors. ICCC will provide each classroom with items that can be stuck to the floor to give a visual demonstration of 6 feet for lining up and proper spacing.

CLEANING & DISINFECTING

Regular cleaning and disinfecting practices are being implemented, including routine cleaning and disinfecting of work surfaces, equipment, playgrounds, and areas in the work environment, including restrooms, the multi-purpose room, staff offices and meeting rooms. Frequent cleaning and disinfecting will be conducted in high-touch areas, such as phones, keyboards, touch screens, controls, door handles, railings, copy machines, etc. See ATTACHMENT F: Cleaning & Disinfecting Procedure. Staff who perform cleaning will be trained. Child Services Coordinator will identify which staff will perform the different cleaning functions.

Each of our classrooms will use the cleaning product provided by their facility:

- Thief River Falls – NCTC will provide Morning Mist and Buckeye ECO S23 Neutral Disinfectant for disinfecting, as well as bleach mixture as described below
- Fosston, Oklee, and Win-E-Mac will provide their school district specific cleaners
- The Clubhouse will provide specific cleaners, primarily bleach. ICCC will assist when possible with cleaning supplies if we can acquire them.
- Bagley – ICCC will purchase bleach and other disinfectant (to be determined) for the classroom.
- Other products may be substituted as necessary due to inability to obtain identified products.

If bleach is used to clean, use the following concentration.

Mix 5 tablespoons (1/3 cup) of bleach per gallon of water

OR

4 teaspoons of bleach per quart of water

* Make only enough diluted bleach solution that can be used in 24 hours. Bleach solution must be dumped at the end of each day.

CLEANING & DISINFECTING INDOOR/OUTDOOR PLAY EQUIPMENT

Outdoor play equipment must be cleaned and disinfected between groups of children. Surfaces that are high touch areas such as hand rails, edges of slides, sand toys, trike handles, etc. must be cleaned and sanitized. Any other portions of the play equipment that are outwardly dirty should be cleaned and disinfected as well. Follow the ATTACHMENT F: Cleaning & Disinfecting Procedure.

- **Cleaning:** When surfaces are dirty, they should be cleaned, using a soap or detergent and water solution, prior to disinfection. Outdoor play equipment should be sprayed with soapy water and then wiped down. Follow the Cleaning & Sanitation Policy (ATTACHMENT D).
- **Disinfecting:** After cleaning, spray indoor/outdoor play equipment with appropriate disinfecting solution and allowed to dry to the product's designated amount of time. Children must not be present while using the disinfecting solution. Ensure the outdoor play equipment is dry before allowing it to be utilized. Some of the cleaning products may need to have an additional rinse following the identified contact time for the product.

Centers/classrooms will follow the playground schedule which includes times for cleaning/disinfecting and times that each group of children are able to play on/with the outdoor play equipment. The Child Services Coordinator will work with the TRF classrooms, as well as the public schools/ Clubhouse for all other ICCC classrooms to determine an appropriate playground schedule and designate the person responsible for the cleaning of the outdoor play equipment.

Information from this plan was developed using information from the Center of Disease Control and the Minnesota Department of Health.

This Preparedness Plan was reviewed by:

- Polk County Public Health
- ICCC Head Start Health Advisory Committee
- Head Start Management Team
- ICCC Head Start Policy Council

This Preparedness Plan is certified by:

D'Anne Johnson
Head Start Director

** This plan is subject to change based on current guidelines and executive orders.



Health Screening Checklist

In the past 10 days, including today, have you had any of these symptoms that you cannot attribute to another health condition?

MORE COMMON to COVID SYMPTOMS

- Fever (100.4 F or higher), or feeling feverish?**
- Chills?**
- New or acute cough?**
- Shortness of breath? Or difficulty breathing?**
- New loss of smell or taste?**

LESS COMMON to COVID SYMPTOMS

- A sore throat?**
- A runny nose?**
- Muscle aches or weakness?**
- New headache?**
- New diarrhea, nausea, vomiting or fatigue?**

In the past 14 days, have you or anyone in your family been in close contact (closer than 6 feet for more than 15 minutes) or live with someone with suspected or confirmed diagnosis of COVID-19?

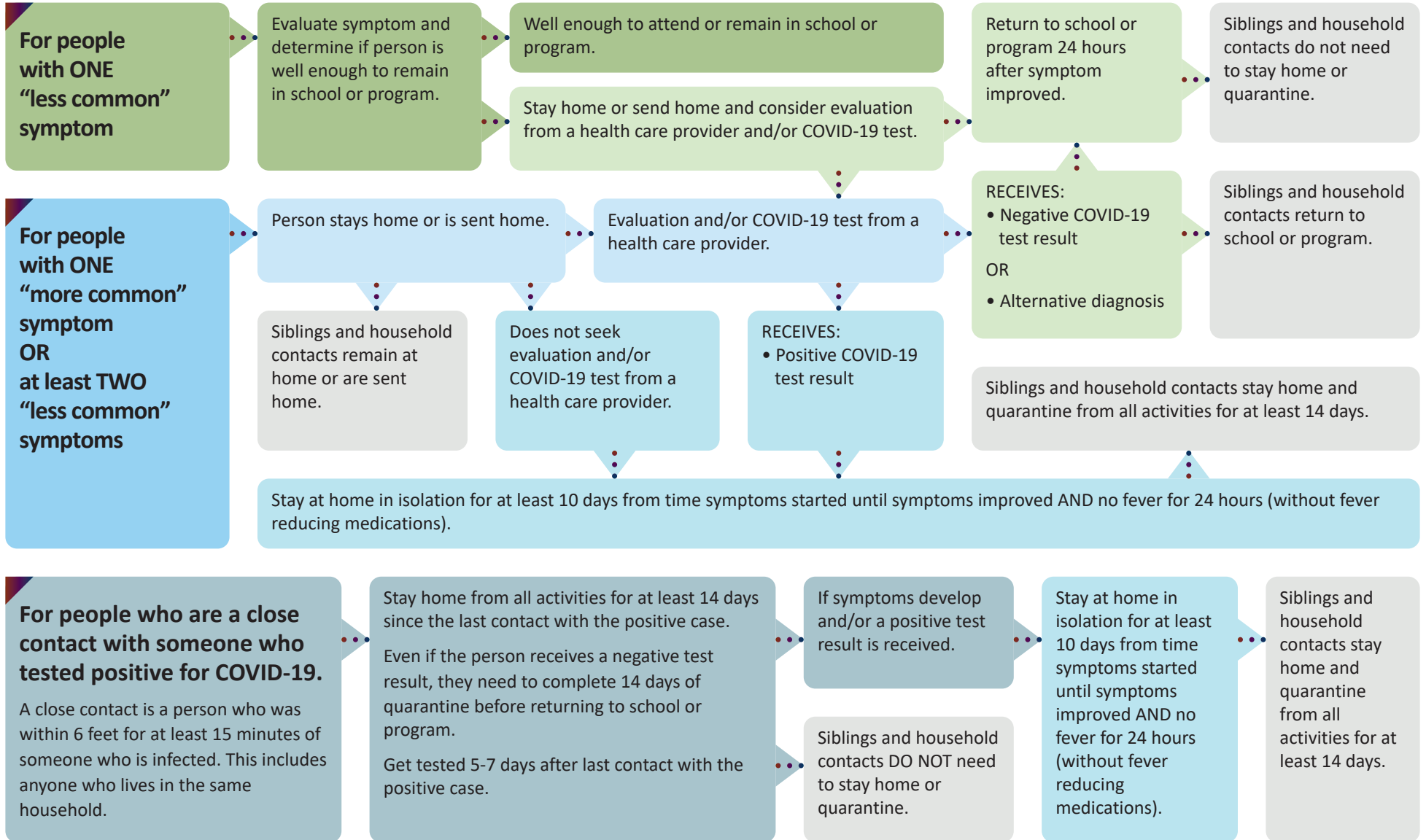
In the past 14 days have you or anyone in your household been told by a health care provider / public health that you may have been exposed to COVID-19?

Are you or anyone in your household, or any close contacts, waiting for test results for COVID-19?

COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs

Follow the appropriate path if a child, student, or staff person is experiencing the following symptoms consistent with COVID-19:

- **More common:** fever greater than or equal to 100.4° F, new onset and/or worsening cough, difficulty breathing, new loss of taste or smell.
- **Less common:** sore throat, nausea, vomiting, diarrhea, chills, muscle pain, excessive fatigue, new onset of severe headache, new onset of nasal congestion or runny nose.



For people who are a close contact with someone who tested positive for COVID-19.

A close contact is a person who was within 6 feet for at least 15 minutes of someone who is infected. This includes anyone who lives in the same household.

Stay home from all activities for at least 14 days since the last contact with the positive case.

Even if the person receives a negative test result, they need to complete 14 days of quarantine before returning to school or program.

Get tested 5-7 days after last contact with the positive case.

If symptoms develop and/or a positive test result is received.

Siblings and household contacts DO NOT need to stay home or quarantine.

Stay at home in isolation for at least 10 days from time symptoms started until symptoms improved AND no fever for 24 hours (without fever reducing medications).

Siblings and household contacts stay home and quarantine from all activities for at least 14 days.

Narrative for COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs

Introduction

This tool applies to children, students, or staff members who are experiencing symptoms consistent with COVID-19. Symptoms consistent with COVID-19 fall into two groups:

- **More common** symptoms are one or more of these: fever of 100.4°F or higher, new onset and/or worsening cough, difficulty breathing, and new loss of taste or smell.
- **Less common** symptoms are two or more of these: sore throat, nausea, vomiting, diarrhea, chills, muscle pain, excessive fatigue, new onset of severe headache, and new onset of nasal congestion or runny nose.

Supporting people with COVID-19 symptoms

After identifying the COVID-19 symptoms, select one of two possible paths.

First path

1. The first path is for when the person is experiencing only one symptom from the list of **less common** symptoms.
2. Next, evaluate that symptom and determine if the person is well enough to stay in the school or program.
3. If yes, attend or remain in school or program.
4. If no, they should stay home or be sent home and consider an evaluation from a health care provider or COVID-19 testing.
5. If evaluated and/or tested, follow second path numbers 3 – 7.
6. If the person is sent home, they can return to the school or program 24 hours after the symptom has improved.
7. The person's siblings or household contacts do not need to stay home or quarantine.

Second path

1. The second path is for when the person is experiencing one **more common** symptom or at least two **less common** symptoms.
2. If yes, the person stays home or is sent home, and their siblings or household contacts stay home or are sent home.
3. The person with symptoms is either seen by a health care provider for an evaluation and COVID-19 test or they do not seek a medical evaluation.
4. If the person does not seek a medical evaluation, they must stay at home in isolation for at least 10 days from the time their symptoms started until symptoms are improved and no fever for 24 hours without fever reducing medications. Siblings and household contacts must stay home and quarantine from all activities for at least 14 days starting with the day they were last in contact with the person who is experiencing COVID-19 symptoms.
5. If the person receives an alternate diagnosis to explain the symptoms, they can then return to school or the program 24 hours after symptoms have improved or as directed by a health care provider. Siblings and household members do not need to stay home or quarantine any longer once the alternate diagnosis is known.
6. If the person tests negative for COVID-19, they can return to school or the program 24 hours after symptoms have improved. Siblings and household members do not need to stay home once the negative result is known.
7. If the person tests positive for COVID-19, they must stay at home in isolation for at least 10 days from the time the symptoms started until symptoms have improved and no fever for 24 hours without fever reducing medications. Siblings and household contacts must stay home and quarantine from all activities for at least 14 days starting with the day they were last in contact with the person who is experiencing COVID-19 symptoms.

Close contact path

1. The document also provides guidance for people who are a close contact with someone who tested positive for COVID-19. A close contact is a person who was within 6 feet for at least 15 minutes of someone who is infected. This includes anyone who lives in the same household.
2. If a person is a close contact, the person must quarantine and stay home from all activities for at least 14 days since the last day of contact with the positive case. Even if the close contact receives a negative test result, they need to complete 14 days of quarantine before returning to school or program. Close contacts should seek COVID-19 testing 5-7 days after last contact with the positive case. The siblings and household members of the close contact do not need to stay home or quarantine.
3. If a person who is a close contact develops symptoms and/or tests positive for COVID-19, the person must stay home in isolation for at least 10 days from the time their symptoms started until symptoms are improved and no fever for 24 hours without fever reducing medications. Siblings and household contacts also must stay home and quarantine from all activities for at least 14 days.

Additional details about this tool

This decision tree supports these guidance documents:

- [2020-2021 Planning Guide for Schools \(PDF\)](http://www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf)
(www.health.state.mn.us/diseases/coronavirus/schools/k12planguide.pdf).
- [COVID-19 Prevention Guidance for Youth and Student Programs \(PDF\)](http://www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf)
(www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf).
- [COVID-19 Prevention Guidance for Overnight Camps \(PDF\)](http://www.health.state.mn.us/diseases/coronavirus/schools/overnightcamp.pdf)
(www.health.state.mn.us/diseases/coronavirus/schools/overnightcamp.pdf).

Symptoms

- The symptoms listed are those most often identified among people who test positive for COVID-19. **More common** symptoms are seen more frequently among people who are confirmed to have COVID-19 and may be the only symptoms a person develops. **Less common** symptoms have been identified and associated with people who are confirmed to have COVID-19, but are less specific to COVID-19. Less common symptoms may appear along or with another less common symptom.
- A fever of 100.4°F or higher is the threshold that needs to be met for a person to stay home or be sent home for COVID-19. A fever lower than 100.4°F, or a low-grade fever, may still require the child, student, or staff member to stay home or be sent home. Programs may follow pre-COVID-19 protocols for return for low-grade fevers. Schools and child care programs should follow their established policy or procedure or reference the [Infectious Diseases in Childcare Settings and Schools Manual](https://www.hennepin.us/daycaremanual) (<https://www.hennepin.us/daycaremanual>).
- New onset means that the symptom is not something that is experienced on a regular basis or is associated with a pre-existing condition. Pre-existing conditions are a sickness or physical disorder for which someone was treated, received medical advice, or had taken medication within 12 months before the onset of illness.
- MDH will continue to evaluate data related to COVID-19 symptoms and will update this document as needed.

Evaluation by a health care provider

- Evaluation by a health care provider is a recommendation, not a requirement. Medical evaluation and/or testing for COVID-19 may be considered for ANY of the symptoms listed, depending on suspicion of illness from a health care provider and availability of testing. When there are high levels of community transmission or multiple unlinked cases in the school or child care center, testing is strongly encouraged. Evaluation may include in-person, phone triage or telehealth, emergency department, clinic, and/or urgent care. An evaluation can help to identify the need for COVID-19 testing or if there is another reason/diagnosis to explain new symptoms.
- **For schools only:** When there are high levels of community transmission or multiple unlinked cases in the school, exclusion with evaluation and testing is strongly encouraged even if a person is experiencing only one less common symptom. For these purposes, high levels of community

transmission may be defined as greater than 10 cases per 10,000. Schools can use the [Data for K-12 Schools: 14-day COVID-19 Case Rate by County \(PDF\)](#) (www.health.state.mn.us/diseases/coronavirus/stats/wschoo.pdf) and can consult with their Regional Team or local public health office to help guide this recommendation.

- Alternative diagnosis means an established medical diagnosis obtained through evaluation by a health care provider and/or diagnostic test (e.g., strep, influenza, Respiratory Syncytial Virus (RSV)). School districts, schools, child care programs, youth programs, etc., may require written documentation (e.g., after-visit summary, note) for a child, student or staff member to return to a school or a program.

COVID-19 testing

- Polymerase chain reaction (PCR) is a viral test that checks a sample from a person's respiratory system by swabbing inside the nose (nasopharyngeal) or throat (oropharyngeal) to determine if a person **currently** has an infection with SARS-CoV-2, the virus that causes COVID-19. Results can take several days.
- Antigen tests are immunoassays that detect the presence of a specific viral antigen, which implies current viral infection. Antigen tests are currently authorized to be performed on nasopharyngeal or nasal swab specimens placed directly into the assay's extraction buffer or reagent and results can be returned in 15 minutes.

NOTE: Antibody tests check blood samples by looking for antibodies, which can show if a person had a **past** infection with the virus that causes COVID-19. They are not used to diagnose COVID-19.



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Contact health.communications@state.mn.us to request an alternate format.

08/31/2020



Be A Germ-Buster



WASH YOUR HANDS





Hands that look clean can still have icky germs!



WASH YOUR HANDS!



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

This material was developed by CDC. The Life is Better with Clean Hands campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.



¡Aunque las manos se vean limpias pueden tener microbios asquerosos!

¡Lávate las manos!



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Handwashing Procedure – During COVID-19 Pandemic

All children, staff and volunteers should engage in good hand hygiene at the following times:

- Arrival to the facility / office
- After breaks
- After blowing nose, coughing or sneezing
- Before and after preparing food or drinks
- Before and after eating or handling food or feeding children
- Before and after administering medication or medical ointment
- Before and after diapering
- After using the toilet or helping a child use the bathroom
 - When possible use the paper towel to shut off the water, light switch and open door
- After coming in contact with bodily fluid
- After handling animals or cleaning up animal waste
- After playing outdoors or in sand
- After handling garbage
- After assisting children with handwashing.
- It is strongly suggested that you washing your hands or use hand sanitizer prior to leaving work for the day.

When washing hands:

- Washing hands with soap and water, preferably warm water, for at least 20 seconds
- If hands are not visibly dirty, alcohol based hand sanitizer (with at least 60% alcohol) can be used if soap and water are not readily available
- Supervise children when they use hand sanitizer to prevent ingestion. Do not leave the container in their reach.

Posters describing handwashing procedures will be placed near all sinks. ICCC will utilize developmentally appropriate materials, as well as materials in English and Spanish.

Cleaning & Disinfecting Procedure – During COVID-19 Pandemic

HOME BASED

Prior to Each Visit

- Wash hands or use hand sanitizer (with at least 60% alcohol)
- Conduct health screening of yourself and family to be visited
- Ensure that items were cleaned following the last visit

Following Each Visit

- Wipe down all hard surface material brought on the visit:
 - Use disinfecting wipes or cleaner for those items that do not go into children’s mouths
 - Use Kleenhanz wipes for those items that may end up in a child’s mouth in the future
 - Use disinfecting spray for soft / cloth items that cannot be wiped down
- Wipe down chair, store in trunk between visits
- Leave behind items that are consumable – pens, art material, paper products that cannot be cleaned
- When possible, if paper products are to be used on a visit, laminate items so they can be wiped down
- Wash hands or use hand sanitizer

Daily

- Wipe down vehicle’s high touch surfaces
- Spray seat / carpet with disinfecting spray
- Wipe / disinfect face shield or goggles if worn

SITUATION	FREQUENCY	CLEAN	DISINFECT
Agency vehicles	Daily Following a visit where you may be contaminated with physical contact	<ul style="list-style-type: none"> • Use disinfecting wipes on steering wheel, door handles, gear shift, blinker lever, radio controls, heat/AC controls, mirrors, seat adjustment controls, any other surface that had high touch • Spray seat /carpet with disinfecting spray 	<ul style="list-style-type: none"> • Anywhere visibly soiled, wipe a second time • If seats/carpets are visibly soiled, contact supervisor for further guidance if cannot be wiped with disinfecting wipe
Shared work spaces Individual work spaces	Daily See list on the cleaning checklist	<ul style="list-style-type: none"> • Wipe with soapy water to remove obvious dirty areas 	<ul style="list-style-type: none"> • Use site specific disinfecting solution. Spray and allow to soak for time specific to that solution. • Wipe with paper towels. • Allow to air dry. • If not possible to use a spray cleaner, use provided disinfectant wipes. Allow to air dry.

CLASSROOM BASED

Upon arrival at the center:

- Wash hands or use hand sanitizer (with at least 60% alcohol)
- Stow personal items away from others. Limit amount of personal items kept on site.

Identified staff should conduct cleaning when possible to ensure proper use of disinfecting solutions.

All staff should assist with cleaning shared workspaces.

All staff should conduct the daily cleaning of their own workspace to limit cross contamination.

Due to staff being issued their own computers, and mostly their own cell phones, if you should need to use another staff member's computer/phone, please use hand sanitizer or wash your hands prior to touching their equipment.

Health Screeners must wipe down their screening station, including face shield / goggles. Sanitize pens and buckets.

SITUATION	FREQUENCY	CLEAN	DISINFECT
Surface/object contaminated with blood, urine, vomit or stool	Immediately	<ul style="list-style-type: none"> • Put on gloves • Clean area with paper towel • Spray with soapy water • Absorb with paper towel 	<ul style="list-style-type: none"> • Use site specific disinfecting solution. Spray and allow to soak for time specific to that solution. • Wipe with paper towels. • Allow to air dry.
Mouthed toys/objects	Remove from use as soon as mouthed. Place in labeled container out of reach of children for cleaning at end of day.	<ul style="list-style-type: none"> • Wash in soapy water • Rinse • Dry / air dry 	<ul style="list-style-type: none"> • Use site specific disinfecting solution. Spray and allow to soak for time specific to that solution. • Wipe with paper towels. • Allow to air dry. • Cloth toys should be washed in the washing machine using the hottest water cycle possible for the item.
Objects / high touch areas handled by children	Daily unless very soiled, then intermittently throughout the day See list on the cleaning checklist	<ul style="list-style-type: none"> • Wipe with soapy water to remove obvious dirty areas 	<ul style="list-style-type: none"> • Use site specific disinfecting solution. Spray and allow to soak for time specific to that solution. • Wipe with paper towels. • Allow to air dry.
Chairs / Tables	Clean after each meal / snack Daily, clean and disinfect When visibly soiled	<ul style="list-style-type: none"> • Clean any large pieces / wet paint off with a paper towel • Spray with soapy water • Absorb with paper towel 	<ul style="list-style-type: none"> • Use site specific disinfecting solution. Spray and allow to soak for time specific to that solution. • Wipe with paper towels. • Allow to air dry.

Cots / Sheets / Blankets	Wash/dry sheets and blankets daily Cots	<ul style="list-style-type: none"> • Spray with soapy water • Wipe with paper towel 	<ul style="list-style-type: none"> • Wash linens in washing machine on hottest water cycle possible for the item • Use site specific disinfecting solution. Spray and allow to soak for time specific to that solution. • Wipe with paper towels. • Allow to air dry.
Handwashing sinks, faucet handles	Daily When visibly soiled	<ul style="list-style-type: none"> • Wash with soapy water 	<ul style="list-style-type: none"> • Use site specific disinfecting solution. Spray and allow to soak for time specific to that solution. • Wipe with paper towels. • Allow to air dry.
Indoor surfaces where children's activities occur	Daily unless very soiled, then intermittently throughout the day See list on the cleaning checklist	<ul style="list-style-type: none"> • Wipe with soapy water to remove obvious dirty areas 	<ul style="list-style-type: none"> • Use site specific disinfecting solution. Spray and allow to soak for time specific to that solution. • Wipe with paper towels. • Allow to air dry.
Agency vehicles	Daily Following a visit where you may be contaminated with physical contact	<ul style="list-style-type: none"> • Use disinfecting wipes on steering wheel, door handles, gear shift, blinker lever, radio controls, heat/AC controls, mirrors, seat adjustment controls, any other surface that had high touch • Spray seat /carpet with disinfecting spray 	<ul style="list-style-type: none"> • Anywhere visibly soiled, wipe a second time • If seats/carpets are visibly soiled, contact supervisor for further guidance if cannot be wiped with disinfecting wipe
Shared work spaces Individual work spaces	Daily See list on the cleaning checklist	<ul style="list-style-type: none"> • Wipe with soapy water to remove obvious dirty areas 	<ul style="list-style-type: none"> • Use site specific disinfecting solution. Spray and allow to soak for time specific to that solution. • Wipe with paper towels. • Allow to air dry. • If not possible to use a spray cleaner, use provided disinfectant wipes. Allow to air dry.

Center/LDO Screening Procedure – During COVID-19 Pandemic

Daily Health Screening

- Screener will be the first person on-site each day.
- Screeners must wear the following:
 - Scrub jacket over their clothing
 - Gloves
 - Mask
 - Goggles or face shield
- Screening station should have the following:
 - Documentation forms
 - Pens
 - Hand Sanitizer / or nearby sink
 - Disposable masks
 - Trash can
 - Tissues
 - Thermometer
 - Disposable gloves
 - Goggles or face shields
- As each staff arrives the following steps should be completed:
 - Ask or direct the staff to read the health screening questions:
 - In the past 10 days, including today, have you had any of these symptoms that you cannot attribute to another health condition:
 - Fever (100.4 or higher) or feeling feverish
 - Chills
 - New or acute cough
 - Shortness of breath or difficulty breathing
 - A sore throat
 - A runny nose
 - Muscle aches or weakness
 - A new headache
 - New loss of smell or taste
 - New chills, diarrhea, nausea, vomiting or fatigue
 - In the past 14 days, have you or anyone in your family been in close contact (closer than 6 feet for more than 15 minutes) or live with someone suspected or confirmed diagnosis of COVID-19?
 - IN the past 14 days have you or anyone in your household been told by a health care provider / public health that you may have been exposed to COVID-19?
 - Are you or anyone in your household, or any close contact, waiting for test results for COVID-19?
 - Take the staff member's temperature.
 - If over 100.4 ask the staff member to return home and contact their supervisor immediately
 - If not over 100.4 and they answered NO to all the health screening questions, they may be allowed to enter.
 - Their personal belongings should be stored in their designated space immediately.
 - Staff should immediately wash their hands upon entry.
 - They should go and log their health screening into ChildPlus each day.
 - Wipe down the thermometer with an alcohol prep pad.
 - Ensure that the staff are wearing a mask upon entry
- As each child or visitor arrives the following steps should be completed:
 - Ask or direct the adult/guardian/parent to read the health screening questions as it pertains to them or the child – (same as above).
 - Do a visual assessment for illness of the child including:

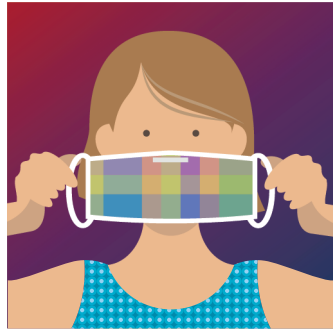
- Flushed cheeks;
 - Rapid breathing or difficulty breathing (without recent physical activity);
 - Fatigue; and/or
 - Extreme Fussiness.
- Take the child or visitor's temperature.
 - If over 100.4 ask the family to return home. Then consult the Health Coordinator and they will review the MDH Decision Tree to determine how we should direct them to proceed.
 - If not over 100.4 and they answered NO to all the health screening questions, they may be allowed to enter.
- Utilize the provided child and visitor checklist to document. Following the end of screening, enter the results into ChildPlus. File the form in the Oklee paperwork folder.
- Wipe down the thermometer with an alcohol prep pad.
- Adult/guardian/parent should sign in the child on the clipboard with time in /out and a signature. They should take a pen from the *clean* bucket and put it in the *dirty* bucket for disinfection. They should use hand sanitizer before they leave the screening table.
- Children / visitors should take off their personal belongings and put them in their appropriate location, then immediately wash their hands
- Adult visitors must wear a mask upon entry

- Upon completion of screening all that will be present today the screener should do the following:
 - Remove gloves
 - Remove scrub jacket and put it in laundry
 - Remove goggles / face shield
 - Wash hands

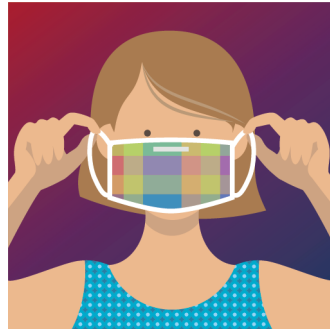
How to Safely Wear Your Mask



Step 1: Wash or sanitize your hands.



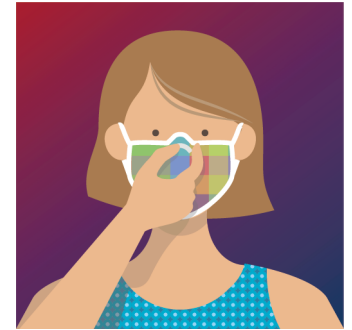
Step 2: Make sure the top of the mask is over your nose and the bottom is under your chin.



Step 3: Place the mask over your nose and mouth before you use the ear straps or tie it behind your head.



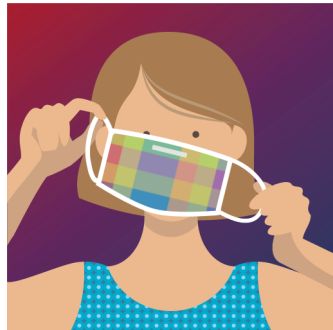
Step 4: Move the mask around so it covers nose, mouth, and chin completely.



Step 5: The tops of some masks can bend. Press your fingers on the top of the mask to make them fit tight around your nose.



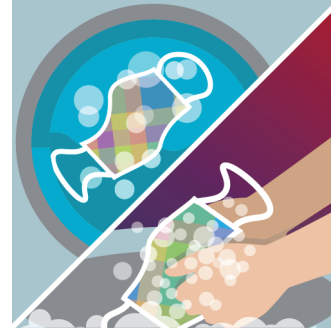
Step 6: Do not touch the mask while wearing it. Use the mask ear straps or ties if you need to make it fit better.



Step 7: Use the mask ear straps or ties to take it off. Do not touch the front.



Step 8: Throw away if mask is disposable.

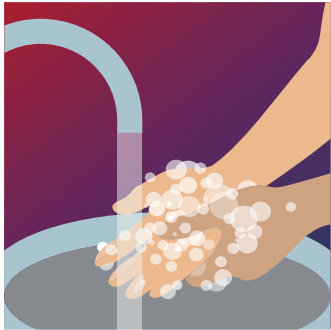


Step 9: Wash your mask by machine or by hand before you use it again.

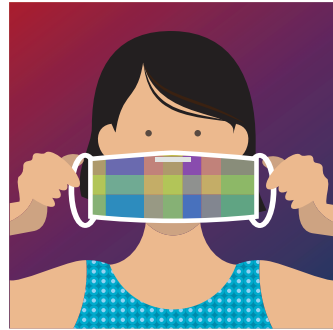


Step 10: Wash or sanitize your hands again.

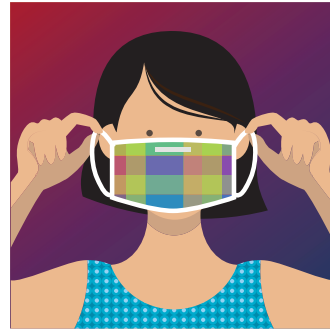
Cómo usar la mascarilla de forma segura



Paso 1: Lávese las manos o use un gel desinfectante.



Paso 2: Asegúrese que la parte superior de la mascarilla quede sobre el puente de la nariz y que la parte inferior tape su barbilla.



Paso 3: Coloque la mascarilla sobre su nariz y boca antes de enganchar las bandas elásticas o atar las cintas en la parte de atrás de la cabeza.



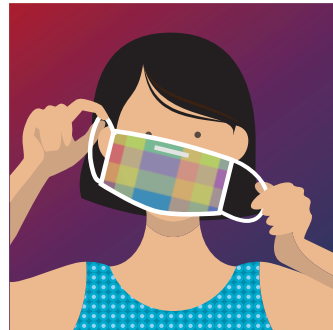
Paso 4: Ajuste la mascarilla para asegurarse de que le cubra completamente la nariz, boca y barbilla.



Paso 5: La parte superior de algunas mascarillas puede doblarse. Presione con los dedos la parte superior de la mascarilla para que quede bien ajustada alrededor de la nariz.



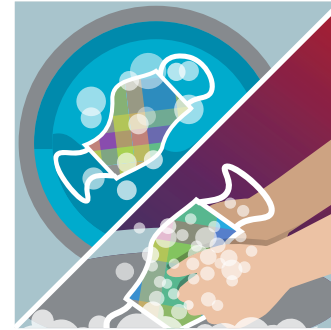
Paso 6: No toque la mascarilla mientras la lleve puesta. Utilice las bandas elásticas o cintas si necesita ajustar la mascarilla.



Paso 7: Utilice las bandas elásticas o cintas para quitarse la mascarilla. No toque la parte del frente.



Paso 8: Bote la mascarilla si es del tipo desechable.



Paso 9: Lave la mascarilla en la lavadora o a mano antes de usarla de nuevo.



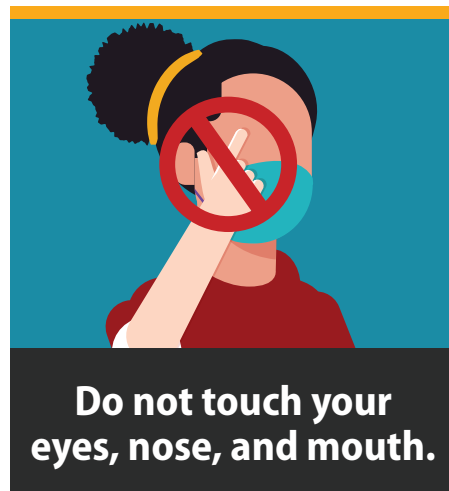
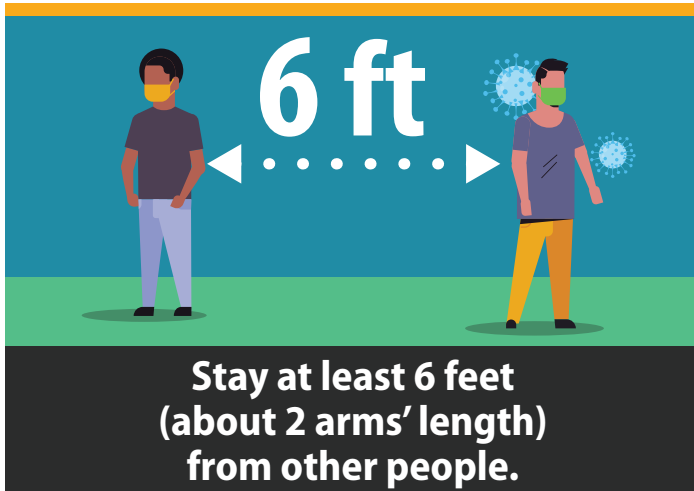
Paso 10: Lávese las manos o use gel desinfectante nuevamente.

mn MINNESOTA

STAY SAFE MN

Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.



cdc.gov/coronavirus

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.

