

S^D Associates, LLC

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

POLICY: [S^D Associates LLC \(Southern VT / FUV program\)](#) COVID-19 Program and Exposure Control Plan

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*** NEW OR REVISED INFORMATION WILL BE IN RED TEXT FOR EACH UPDATE**

1) PURPOSE: The purpose of this program is two-fold:

1. To continue to protect the health and safety of our work force and by extension their families, and
2. To implement the Mandatory Health and Safety Requirements for all Business, Nonprofits & Governmental Operations as required by:

The Vermont Department of Health ([Childcare Guidance](#), [Outpatient Services for Healthcare Providers](#), & [Public Health Response](#))

[Centers for Disease Control and Prevention \(CDC\) Back to School Guidance](#)
[Vermont Occupational Safety and Health Administration \(VOSHA\)](#)

The Vermont Agency for Commerce and Community Development (ACCD) ([Restart Vermont](#), [Human Services Sector Guidance](#), [Updated Work Safe Guidance](#), [Cross-state travel guidance](#))

- [Centers for Medicare and Medicaid Services](#)
- [Vermont Agency of Human Services \(AHS\): Home-Based Service Deliver: Re-Start Guidance](#)
- [COVID-19 Personal Protective Equipment \(PPE\) Guidance - v. 1.4](#)
- [Centers for Disease Control \(CDC\): Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic](#)
- [CDC Guidance for Direct Service Providers Caring for people with Developmental and Behavioral Disorders](#)
- [CDC Guidance for Direct Service Providers](#)
- [CDC Guidance for Cleaning](#)
- [VT Dept. of Health FAQs for Childcare and Summer Programs](#)
- [Health VT Guidance for Childcare and Summer Programs](#)
- [Office of Professional Regulation Memo Regarding Outpatient Services](#)
- [AOE Guidance for food service in schools](#)
- [VT AOE, A Strong and Healthy Start: Safety and Health Guidance for Reopening Schools Fall 2020](#)

Using the measures provided by these agencies, our company will strive to protect the health of our employees, our students, and their families. This program will document the measures we use to comply with the provided guidelines.

Please note: The COVID-19 situation continues to evolve very rapidly – so the information we are providing in this guidance may change. It is expected that there will be edits and updates to this guidance as new information becomes available.

2) DEFINITIONS:

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

RESPONSIBILITIES:

Health Officer:

Mandatory – All businesses must have a designated Health Officer for all shifts:

- responsible for ensuring compliance with the Executive Order and the Addenda thereto and applicable ACCD 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 Officer is [Megan Flye, Regional Program Manager](#). In addition to the above responsibilities, the Health and Safety Officer (Employment Manager) or her designee will:

- 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 ACCD guidance

Our Safety Officer will deputize leadership staff or other team members as necessary / warranted to support her in her duties for the purposes of intake and supervision on a daily basis. She will provide sufficient training to deputies such that they can carry out their responsibilities reliably and accurately.

Administrative Persons:

[Jessica Speckert, Clinical Systems Director, and David Powsner, Clinical and Executive Director](#), will be responsible for the administration of the following plan including the following: _

- Assess the hazards in this workplace (see Hierarchy of Controls in this document)
- Administer and update this program as necessary
- Regularly review guidance from Agency of Commerce and Community Development (ACCD) as is updated
- 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.

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 (except when providing required care to clients)
 - 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
 - Answer daily health questions honestly and comply with daily temperature checks
 - Wear protective PPE as outlined by this company (facemask required for all client contact; gloves required for procedures requiring universal precautions) [Office of Professional Regulation Memo Regarding Outpatient Services](#)
 - Wear protective [facemask](#) at all times except when in private / designated spaces for the purposes of eating, drinking, etc.
 - [Follow travel / visitation guidance issued by ACCD](#)
 - Follow all COVID-19 related guidance provided to the general public by the [Vermont Department of Health](#) both, while on and off duty.

3) 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 in some sectors have a high risk of occupational exposure to COVID-19, including in:
 - Healthcare and Laboratories
 - Emergency response
 - Mortuary services and other death care
 - Airline operations
 - Border protection and passenger screening
 - Critical retail operations (e.g., grocery stores, pharmacies)
- ❖ 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.

Examples include:

 - Critical retail workers, such as those in pharmacies and grocery stores.
 - Transit workers, such as bus drivers, subway operators, and taxi drivers.

- Workers in other transportation operations.
- ❖ Workers that are in a low exposure risk are:
 - Jobs that do not require contact with people known to be or suspected of being infected with SARS-CoV-2, nor frequent close contact with (within 6 feet) of the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

4) EXPOSURE DETERMINATION:

The first step this company has taken is to conduct a hazard assessment to determine our risk level and exposure potential. The following was determined.

High Risk Employees or Job Descriptions

- No high-risk Job descriptions

Regarding high risk employees:

[VT AOE, A Strong and Healthy Start: Safety and Health Guidance for Reopening Schools Fall 2020](#)

The following guidance applies to school staff, as well as contractors.

The following individuals might be at higher risk for severe illness from COVID-19. **If you have staff members or teachers age 65 or older, or with serious underlying health conditions, encourage them 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.**

Based on what we know now, those at higher risk for severe illness from COVID-19 are:

- **People 65 years and older**
- **People of all ages with underlying medical conditions, particularly if not well controlled, including:**
 - ~~People with chronic lung disease or moderate to severe asthma~~
 - ~~People who have serious heart conditions~~
 - ~~People who are immuno-compromised, including those undergoing cancer treatment, bone marrow or organ transplantation, and those with immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and/or other immune weakening medications~~
 - ~~People with severe obesity (body mass index [BMI] of 40 or higher)~~
 - ~~People with diabetes~~
 - ~~People with chronic kidney disease undergoing dialysis~~
 - ~~People with liver disease~~
 - ~~Chronic kidney disease~~
 - ~~COPD (chronic obstructive pulmonary disease)~~
 - ~~Immunocompromised state from solid organ transplant~~
 - ~~Obesity (body mass index [BMI] of 30 or higher)~~
 - ~~Serious heart conditions, such as heart failure, coronary artery disease or cardiomyopathies~~
 - ~~Sickle cell disease~~

- Type 2 diabetes mellitus

Note: this list is continually evolving, so providers and staff should reference the [CDC website](#) and work with their healthcare provider to determine individual risk.

Employees who have high-risk factors or who are concerned about their safety at work should consult with their physicians and work with human resources to determine if they should return to work.

Medium Risk Employees or Job Descriptions

- Behavioral Instructors
- Behavior Analysts
- Teachers

Rationale: Our staff work with individuals with developmental disabilities, mostly in 1:1 settings, or in the case of school-based services, within a student/staff “pod”. Clients may require physical assistance for teaching and safety reasons, which may cause proximity between individuals closer than what is currently defined as “physical distancing.” This may include, but is not limited to, hand-over-hand prompting, providing personal care assistance with toileting, feeding, etc., as well as hands-on protective restraints during instances of aggression in which the client or others have the potential to become harmed.

Low Risk Employees or Job Descriptions

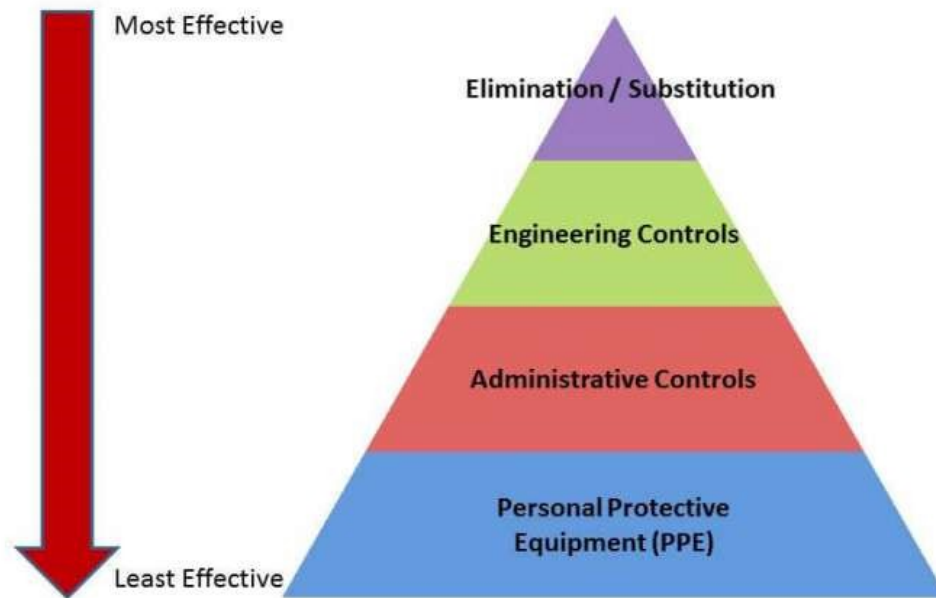
- Administrative staff

Rationale: These staff may, on a case by case basis, elect to work primarily in remote settings and may not make direct contact with clients or staff, but may be asked to support staff and clients as needed.

5) HAZARD REDUCTION

As with all hazards, it is this Company’s goal to eliminate the hazard if possible. Using the Hierarchy of Controls and the VOSHA Mandatory Health and Safety Requirements for all Business it is our goal to minimize the hazard.

Hierarchy of Controls



A. Elimination

We have reviewed our tasks - the following practices have been evaluated:

1. Working Remotely - The State of Vermont Agency of Commerce and Community Development is requiring all business; non-profit and government operations work remotely whenever possible.
2. Meetings and trainings conducted via internet
3. Client patient services done via internet
4. Other

The practices that this company has eliminated and replaced with alternative methods are:

1. Updated our [Personnel Policy Manual](#) to allow some employees (based on job description) to work from home, at least some of the time.
2. All meetings will be conducted via distance internet platforms
3. Group meetings with students will all be done via distance internet platforms.
4. Access to the “PE” space will occur within pods and the space will be cleaned and disinfected between uses. Social distancing between students will be maintained during times of access.
5. Parent / staff training that does not require in-person direct observation will be done via distance internet platforms.
6. Direct service personnel (Behavioral Instructors {BIs}) will be assigned to a designated pod and will not cross pods either in terms of service to students/clients or in terms of

- location within the physical plant.
7. Supervision of BIs and consultation from a supervising behavior analyst will occur via distance internet platforms when possible.
 8. Supervision of behavior analysts by clinical director will occur via distance internet platforms when possible.
 9. Use of remote-monitoring cameras and telemedicine models have been implemented where possible to ensure client support can still be provided while minimizing exposure.
 10. Staff lunch breaks will be staggered to eliminate congregation
 11. Staff will have increased access to “wellness breaks” in which they can go to a designated area to drink, briefly remove mask, etc.
 12. Student lunches will occur at their workspaces rather than in the lunchroom
 13. When student transport occurs, no more than 1 staff person and 1 student will be permitted in a car at any given time.
 14. Instructional items will not be shared between students when possible
 15. If items must be shared, they will be sanitized prior to transfer
 16. Staff and students will bring in extra clothing to change into if clothing become soiled
 17. Soiled clothes will be put in a plastic bag and sealed to be cleaned prior to use
 18. We will provide disposable paper/plastic ware and/or access to a dishwasher for sanitizing plates and flatware.
 19. *When working in an off-site location, staff will take breaks out of doors where they can be socially distanced or in their cars**
 20. *When working in an off-site location (i.e. in or from a client’s home), the safety officer will ask relevant health check information of each household member**
 21. *When working in an off-site location (e.g. in or from a client’s home), household members will be asked screening questions prior to the start of the shift and to take their own temperature each day and report that to the safety officer prior to the start of any shift. Exit the home immediately and notify the home visiting program supervisor if any person in found to be ill within the home.** ([See Home-based Service Delivery: Re-Start Guidance VT AHS](#))

Client eligibility for live (in person) services

[Health Guidance Link](#) (See Page 6)

1. Children who travel to or arrive from out-of-state **must** follow Agency of Commerce and Community Development (ACCD) and Health Department guidance around quarantine before returning to childcare and/or school age camps/care, which includes travel out-of-state at any point during the year. More information is available on the [Vermont Department of Health’s COVID-19 travel site](#) and the [ACCD website](#).

Children and staff will be **excluded from in-person activities**, if they:

- Show symptoms of COVID-19, such as a cough, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell
- Have been in close contact with someone with COVID-19 in the last 14 days
- Have a fever (temperature higher than 100.0°F)

- Have a significant new rash, particularly when other symptoms are present
- Have large amounts of nasal discharge in the absence of allergy diagnosis

If above signs and symptoms begin while in care or in your program, the child (or staff member) **must** be sent home as soon as possible. Keep sick children separate from well children and limit staff contact as much as reasonably possible, while ensuring the safety and supervision of the sick child(ren) until they leave. If a family childcare provider has any of the above signs and symptoms, she/he **must** arrange for children to be picked-up as soon as possible and keep as much a distance from children while waiting for children to be picked-up as possible.

- Children and staff **must** be excluded from program and until they are no longer considered contagious. The family should consult with the child's healthcare provider. Based on their clinical judgment, the child's healthcare provider will be able to help the family determine what medical course to take (e.g. whether or not they think COVID-19 testing may be necessary). **A medical note is not required for anyone to return to care in cases in which COVID-19 is suspected.**
- Children and staff with a fever greater than 100.0°F, no specific diagnosis, and COVID- 19 is not suspected by the healthcare provider **must** remain at home until they have had no fever for a minimum of 24 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).
- Materials, toys, and furniture touched by children or staff who are sent home should be thoroughly cleaned and disinfected.

If symptoms begin while receiving services, the client must be sent home as soon as possible. Keep sick clients separate from healthy clients and limit staff contact as much as possible, while ensuring the safety and supervision of the client until they leave.

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

Healthy children and/or staff with the following symptoms/ conditions **are not excluded from in-person activities:**

- Allergy symptoms (with no fever) that cause coughing and *clear runny nose* may stay if they have medically diagnosed allergies and follow medical treatment plans.
- Well-controlled asthma

This inclusion does NOT require a medical clearance note from a healthcare provider when the child's allergy and/or asthma condition was known by the childcare program/provider

prior to COVID-19. A new diagnosis does require written confirmation from the child's healthcare provider.

Note: If a parent/caregiver or staff member reports symptoms of COVID-19, encourage them to have a conversation with their healthcare provider to see if they should be tested for COVID-19. The parent/caregiver or staff member can [contact 2-1-1](#) for information on where to access a healthcare provider if they do not have one. Families who do not have insurance can contact [Vermont Health Connect](#) for information about affordable insurance options. This also applies to family childcare providers who have symptoms of COVID-19.

Hygiene

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

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

People (staff and clients) with a temperature greater than 100° F will be sent home until they have had no fever for 72 hours without the use of fever-reducing medications (e.g., Advil, Tylenol). Materials, toys, and furniture touched by the client who is sent home, should be thoroughly cleaned and disinfected.

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

Clients who arrive from out-of-state (or have traveled out of state or have had visitors from out of state in their households) need to quarantine for 14 days or be tested at day 7 before receiving in-person services, [or follow the most recent travel guidance issued by the ACCD.](#)

B. Engineering Controls

We have reviewed our tasks. The Engineering Controls that this company has implemented are:

1. The building will be divided into three physical spaces or "pods" (see Physical Distancing strategies below)
2. Staff and students will not move between pods (except emergency support staff in case of a student crisis)
3. Students will be physically distanced from one another at all times
4. Students / staff will be assigned to specific bathrooms and will not cross bathrooms (except in case of an "emergency")
5. Each pod will have its own entrance and check-in station
6. Employee to employee contact will be reduced by spreading out student

- workstations
7. Each student/client has his/her own individual workstation
 8. Additional out-door break space has been added
 9. Employee break spaces will be designated, and the space arranged such that social distancing can be accommodated
 10. Additional fans and air conditioning units have been purchased
 11. An additional portable sink has been ordered
 12. Each night, and when air conditioners are not in use, windows will be opened (secure areas of the building only) and fans will be run to intake and exhaust air through the building.
 13. Students will not be given access to the upstairs kitchen and will be allowed downstairs kitchen access only for the purpose of handwashing.

C. Administrative Controls

It is believed that Administrative Controls / Work Practice Controls can be very effective in preventing the spread of COVID-19. We have reviewed our tasks and the following Administrative Controls have been evaluated:

1. **Training:** All staff will receive VOSHA training and direct support from Safety Officers as well as thorough review of this document.
2. Training that does not require “hands on” instruction in motor behaviors (i.e. SUPPORT training / physical de-escalation and restraint training) will be conducted via distance internet platforms. To the extent possible, SUPPORT re-certification will occur with no hands-on contact. Staff will demonstrate the techniques by “ghosting” or demonstrating the physical techniques without physical contact.
3. During SUPPORT trainings, and especially for initial certifications, people will be divided into small groups to minimize exposure. Trainees will wear masks and be given frequent breaks to wash hands. Trainees will be cautioned not touch their faces. **(This is an interim policy, awaiting further guidance from DOH/AOE. There is currently no guidance or resource offered from any agency on this topic.)**
4. **Behavior modification:** physical distancing will be implemented when appropriate/possible for all staff and clients. Given the special needs of our clients/students, social distancing will not always be possible.
3a. Maintain 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.
3b. Require employees to wipe down their area after use: 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.
5. **Work surface cleanliness:** Support staff will Wipe down and disinfect ALL touched surfaces minimally 3x per shift as well as after contact, when possible. This includes frequently touched surfaces such as door handles, stair rails, light switches, etc.
6. **Employee self-monitoring - stay home if feeling ill:** Staff are required to stay home if they are experiencing any symptoms associated with COVID-19.

7. **Temperature testing:** As described below, staff will undergo a daily health screening prior to the start of their shift.
8. No more than 2 people will ride in a vehicle for work purposes.
9. Breaks will be staggered to minimize congregating. To the extent possible, staff will not be scheduled to work in more one worksite per day. The exception to this rule is that if a client is receiving both home and school-based services, staff within that student's pod may follow a child home to provide services at that location.
10. **Deliveries:** will be left in the airlock (between the two sets of double doors at the front entrance). Staff will carry boxes / mail to the main office for the safety officer to open/distribute.

The Administrative Controls that this company has implemented are:

Daily Health Screening

Safety officer (or individuals trained to do so by the safety officer) will conduct a Daily Health Check for the **clients receiving services and staff upon arrival each day. Parents will be asked screening questions if the client is not able to reliably report on their health.** *For home-based services, all household members will be required to answer the same questions and self-report their temperature prior to the start of each shift / arrival of staff.*

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

Procedure:

Immediately upon entering (through the Pod specific entrance for students or through pod specific OR main entry for staff), there will be a check-in station. Staff / parents dropping off, will be asked the following screening questions. *For students whose parents are NOT dropping them off (i.e. transportation is provided by the districts), a trained staff member will call the parent or shared living provider each morning.*

1. In the past 14 days, have you (household member, staff or client) had close contact with a person confirmed to have COVID-19? *The new [definition of close contact](#) can be found on the Health Department's website.*
2. Today or in the past 24 hours, have you (household member, staff or client) had any of the following symptoms?
 - Cough
 - Shortness of breath or difficulty breathing
 - Fever (>100.0 F) or felt feverish
 - Chills
 - Muscle pain (unrelated to exertion)
 - Sore throat
 - New loss of taste or smell
3. **Make a visual inspection of the child for signs of infection, which could include flushed cheeks, fatigue, extreme fussiness, etc.**

Employees shall not report to, or be allowed to remain at, work or job site if sick or symptomatic (fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, sore throat, new loss of taste or smell) No symptomatic or COVID-19 positive workers are allowed on site and any worker(s) who have contact with a worker or any other person who is diagnosed with COVID-19 are required to quarantine for 14 days. ([See ACCD “Updated Work Safe Guidance”](#)) The same applies to students.

Safety officer (or her designee) will conduct a temperature screening, using the protocol provided below.

In the case of providing services to a client at home, household members will take their own temperature each day and report it to the safety officer prior to the arrival of staff.

Temperature check protocol: Health screening will occur at the entrance of each pod.

- Safety Officer will wear a face mask/PPE, eye protection (***goggles or a face shield**), and a single pair of disposable gloves. **Note: Personal glasses and safety glasses are inadequate.**
- Check the client/staff temperature. If the temperature is $>100^{\circ}$ F, People (staff and clients) with a temperature greater than 100° F will be sent home until they have had no fever for 72 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).
- Materials, toys, and furniture touched by the client who is sent home, should be thoroughly cleaned and disinfected.
- If performing a temperature check on multiple clients, ensure that a clean pair of gloves is used for each client and that the thermometer has been thoroughly cleaned in between each check. If disposable or non-contact thermometers are used and the screener did not have physical contact with a child, gloves do not need to be changed before the next check. If non-contact thermometers are used, they must be cleaned routinely. Follow instructions provided by the manufacturer for any device used.
- Remove and discard gloves in between clients
- Wash hands immediately upon entry to the building

***Goggles do not need to be airtight but do need to prevent splashes or droplets from landing in the eye. For this reason, lab goggles with holes are not sufficient.**

Close Contact and COVID-19 Cases in Programs **[COVID-19 isolation, quarantine, and self-observation guidance](#)**

If a staff person, client, or parent/caregiver has been identified as a close contact to someone who is diagnosed with COVID-19, they should self-quarantine. Please refer to the Health Department’s link for [what it means to be in close contact](#) and for instructions for isolation, quarantine, and self-observation. **Close contact is defined as being within 6 feet for more than 15 minutes with a person with COVID-19 while they were contagious.**

Contact tracing is a strategy used to determine the source of an infection and how it spreads. At S^D Associates, prescreening procedures and in-house pod documentation procedures will support contact tracing as needed.

Finding people who are close contacts to a person who has tested positive for COVID-19, and therefore at higher risk of becoming infected themselves, can help prevent further spread of the

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

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

ROLE OF THE HEALTH DEPARTMENT

Contact tracing is a strategy used to identify people who have been in close contact with a person who has tested positive for COVID-19 during their infectious period. Close contact is defined as being within 6 feet for more than 15 minutes with a person with COVID-19 while they were contagious. Close contacts are at higher risk of becoming infected, so it is recommended that they quarantine to help prevent spread of the virus.

A contact tracing team from the Vermont Department of Health calls anyone who has tested positive for COVID-19. They ask the person questions about their activities and people they have been in contact with while they were contagious. This helps identify the people who were in close contact with the person diagnosed with COVID-19. These might include family members, classmates, and coworkers.

When there is a confirmed case of COVID-19 identified in a childcare and school age camp/care, a member of the contact tracing team will reach out to the person with COVID-19 to identify who had close contact with them. The contacting tracing team will also reach out to the childcare and school age camp/care administration to determine next steps. The contact tracing team will work with the administration to notify families and staff who were possibly exposed to the virus that causes COVID-19. The Health Department will work with administrators to address and mitigate the situation if more than one case is identified in the childcare and school age camp/care.

At S^D Associates, all staff will document any close contacts that occur during work hours. Staff are encouraged to keep a journal identifying any close contacts they may have outside of work.

Student/Client Facial Coverings

The following material is taken from [VT Health Guidance for Childcare and Summer Programs](#).

All staff must wear facial coverings while providing care. CDC recommends facial coverings in settings where other physical distancing measures are difficult to maintain, especially in areas of significant community-based transmission. Adults doing drop-off and pick-up are **required** to wear facial coverings. [Instructions for wearing and making facial coverings](#) can be found on the CDC website.

Facial coverings for children are recommended, with the following guidance:

Please note: Facial coverings are required for children in all programs in schools, including prekindergarten and afterschool programs, as medically developmentally appropriate.

- CDC recommends no facial coverings for children under 2-years-old. As such, children under 2-years-old must not wear facial coverings.
- Help children understand the importance of wearing facial coverings to prevent the spread of germs
- Facial coverings are developmentally appropriate when children can properly put on, take off, and not touch or suck on the covering.
- Children who have a medical **or developmental** reason for not wearing a facial covering must not be required to wear one. **These decisions should be made in partnership with the family and child's healthcare provider.**
- There should be no facial coverings while children are sleeping, eating, or swimming (or when they would get wet).
- Facial coverings with ties are not recommended as they pose a risk of choking or strangulation.
- Facial coverings may be removed during outdoor activities where children and staff can maintain physical distancing and have ready access to put them back as needed when activity stops.
- Providers and staff may take off their facial covering in very select instances, such as when a parent/caregiver is hearing impaired and reads lips to communicate.
- The use of clear facial shields is allowable as long as they meet all of the health guidance of the Vermont Department of Health. Face shields should extend below the chin, to the ears laterally, and there should be no exposed gap between the forehead and the shield'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).**

All students at Foundations require line of sight supervision while at school, and many require arms-distance supervision. This is especially true at mealtimes when many of our students are at risk for choking, and during which time they will not be required to wear a mask. Additionally, not all of our students/clients meet the “developmentally appropriate” criterion cited above. This being the case, students/clients will be encouraged to wear masks for as much of their day as possible, though it is not the expectation that all students will be wearing masks all day long. If a student has a medical or behavioral reason for not wearing a mask, that student/client will not be required to wear one.

Clients will be required to wear cloth facial coverings when accessing the community or in order to participate in small group activities (2-5 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.

Parents / Caregivers **are required** to wear a mask when dropping off or picking up their children.

The following is additional guidance for all staff, relevant to this setting:

- Adults should not wear facial coverings while eating or swimming (or when they would get wet).
- **Adults may remove facial coverings indoors for brief periods of time including during eating and drinking if they can assure 6 feet of distance other staff, to the best of their ability. Adults will eat and drink only in designated spaces (see lunch / breakrooms below)**
- **Adults will not eat or drink in the same room as students/clients.**
- Staff may take off their facial covering in select circumstances when physical distancing cannot be maintained, such as when a parent/caregiver is hearing impaired and reads lips to communicate.
- Facial shields: The use of clear facial shields is allowable **at FUV for use out of doors when social distance can be maintained, or indoors when combined with a surgical mask.** 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 shield'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).

Physical Distancing Strategies: Class Size and Group activities **[VT Health Guidance for Childcare and Summer Programs.](#)**

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 FUV this means sticking to designated environments for different groupings and if common areas are accessed that groups do not enter at same time and all areas are cleaned before a new group enters.
8. Windows will be opened frequently when air conditioning is not being used. Air conditioners will be used in areas when able to do so. Window fans will be provided, when able, to circulate air.
9. The system that circulates air through the facility will be adjusted to allow for more fresh air to enter the program space.
10. There will be no outside visitors or volunteers allowed in S^D buildings except for employees or contracted service providers for the purpose of special education or required support services. Contracted service providers are encouraged to continue distance learning services to decrease potential exposure.
11. Each client will have a home-school log or communication log, or phone conversations about a client's day can be scheduled as needed. This will help to keep conversations to a minimum upon drop off and pick up and ensure physical distancing and minimize exposure.

The Pod System (Foundations Upper Valley)

Students/clients will each be assigned to one of three pods. Currently no pod contains more than 5 students and 10 staff, keeping us well below the 25-person maximum per grouping. Direct service staff (BIs) will not, under ordinary circumstances, cross pods, either in terms of providing instruction or in terms of physical space. If extenuating circumstances require a BI to cross pods, this will be reported to the safety office and the event will be recorded for the purposes of contact tracing. Each pod will have a separate entrance. Each pod will rotate through the Physical Education space. This space will be thoroughly cleaned between access by pods.

To the extent possible, teachers, behavior analysts and key administrative (leadership staff) will remain tied to a single pod. In the event of an emergency, student crisis, or staff/student supervision that requires direct observation **or intervention** by a teacher or behavior analyst, "visiting" professionals from other pods, leadership staff will "clean their way in" and "clean their way out". As always, staff will remain masked and may use additional PPE as

warranted/necessary and maintain social distancing to the extent warranted by the circumstances. Leadership staff will note in their “Daily Activity Log” anytime that they have **close contact with another staff member or student**. The Clinical Systems Director, Custodian and Safety Officer, among others, will, of necessity be required to cross pods from time to time. They will observe these same protocols **anytime they cross pods and log all close contacts that occur**.

Healthy Hand Hygiene Behavior for Staff and Clients

[VT Health Guidance for Childcare and Summer Programs](#)

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

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

Hand Hygiene

[Washing Hands Procedure:](#)

All staff and students/clients will be expected to follow these guidelines:

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

Wash hands with soap and water **for at least 20 seconds**. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available. Use of hand washing in designated areas is encouraged over-use of hand sanitizer as much as possible. Follow these 5 steps for hand washing or hand sanitizing every time.

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

Staff will assist clients with handwashing ensure thorough handwashing is achieved. After assisting clients with handwashing, staff should also wash their hands. Posters have been posted describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

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

Cleaning & Disinfecting, including bathrooms, toys & bedding [CDC Guidance for Cleaning](#)

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

S^D Associates will engage in frequent thorough cleaning each day. **At a minimum, common spaces, such as kitchen or cafeterias, and frequently touched surfaces and doors will be cleaned and disinfected at the beginning, middle and end of each day. EPA approved cleaning products (From List N: Disinfectants for Use Against SARS CoV-2) will be used in all locations.** A cleaning checklist has been created per environment. Staff will utilize this checklist and cleaning will be monitored. This will include cleaning all areas accessed by staff and clients. Location-specific procedures will be in place to disinfect contact areas throughout the day as staff and clients use items, in addition to the minimum cleaning outlined above.

S^D will ensure that the following are completed:

1. Clean and disinfect frequently touched objects and surfaces, especially surfaces where clients are eating
 - Bathrooms - in addition to beginning, middle and end of shift staff will clean his/her way “in and out” of the bathroom upon each use
 - Frequently used equipment including electronic devices
 - Door handles and handrails
 - Items clients place in their mouths, including toys “to be cleaned” bins will be located in areas for staff to put items that cannot be cleaned immediately. This will be kept out of reach and items will be cleaned before returning the item to the space.
2. Children may use playground equipment (at municipal /local facilities, FUV does not have its own playground) under the following conditions:
 - Plastic and metal playground equipment **must** be cleaned before and after each group. Wooden playground equipment does not need to be cleaned/disinfected.
 - 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 children to play.
 - Staff should continue to support physical distancing during playground play.
 - Children **must** wash hands before and after outside play

- Children will be restricted from using equipment that staff cannot reasonably clean before and after each use.
3. Specifically, regarding shared bathrooms: specific bathrooms will be assigned to each assigned building section.
 4. 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.
 5. Bathroom sink areas including faucets, flush handle, countertops and paper towel dispensers need to be cleaned after each use (staff or client has finished.)
 6. Toys that cannot be cleaned and sanitized should not be used, including items such as soft toys, dress-up clothes, and puppets. Families and clients are discouraged from sending these types of items into the office. **Anything that is sent in from home is required to be put away in the child's cubby after use and must not be shared with other children.**
 7. 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.
 8. Children's books, art supplies and other paper-based materials such as mail or envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfection procedures.
 9. **If the program has sufficient toys to rotate, toys may be placed away from use for a minimum of 3 days and returned for use without disinfecting.**

Diaper changing procedures:

1. When diapering a client, wash your hands and wash the client's hands before you begin. Always wear gloves. Follow safe diaper changing procedures.
2. After diapering, wash your hands (even if you were wearing gloves) and clean and disinfect the diapering area.
3. If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/ guardians or laundry service.
 - Staff can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.
 - Staff should wash their hands, neck, and anywhere touched by a client's secretions.
 - Staff should change the client's clothes if secretions are on the client's clothes,

including drool.

- Staff 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 **clients / students and in which social distancing can be maintained**, so that masks can be removed temporarily. The staff will be expected to follow the cleaning checklist for that area before and after accessing the space. **Each pod will have its own break/lunchroom and food prep area so as to minimize contact between groups of people.**
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. Any non-disposable plates, flatware or other utensils will be cleaned in a dishwasher.
6. Staff will ensure that they are washing hands in between distributing food to different clients.
7. Refrigerators for food storage will be available, but families are encouraged to use coolers or lunchboxes with icepacks as necessary to prevent spoilage.
8. **Food sharing activities will not occur unless food was prepared and handled safely ([following guidelines](#)) and distributed by staff to individual students (i.e. no passing of plates, self-service, etc.). Students will not eat together, but at their own designated desk area.**

For Foundations Upper Valley only:

Please refer to **AOE Guidance for food service in schools:**

Student lunches will be provided by **Windsor Southeast Food Services**. Upon delivery of the meals each day, a designated staff member will **distribute pre-portioned and individually packaged** lunches to each pod. Cold, “toaster-friendly” or microwavable breakfast will continue to be available and prepared / delivered by support staff who are assigned to each pod but not currently providing direct services to a student.

Break/Lunchroom

Access to common areas, break or lunchrooms will be closed or controlled. When using outdoor eating areas, no more than 2 staff may sit at an (8 foot) picnic table. Staff should sit at opposite ends of the table, facing the same direction. When using indoor spaces, all designated rooms will have clearly demarcated areas for individual use. Seating locations for individuals will be clearly indicated. Capacity limits will be clearly posted on the door. Staff will clean their way into and out of these spaces. Students **are prohibited from entering these areas. Designated indoor break space for Pod 2 is the kitchen. Indoor break space for Pod 1 is the former morning meeting room. Indoor break space for Pod 3 is the former “TV room”.** Staff who have individual offices should **eat and drink only in their offices.** Staff also have the option of eating / taking breaks in their cars. Break spaces will be designed so that occupants will be socially distanced and NOT facing one another while eating. Staff are required to wash their hands or use hand sanitizer **before and** after eating or drinking and before returning to work.

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

Contamination Response

In the event an employee comes into contact with a secretion of a client, whether that is via a sneeze, spit, sweat, cough, nasal discharge or other bodily fluid, they will follow the disinfection plan below:

1. Individual will call in their designated support person, who will provide the *contaminated individual (CI)* with a plastic bag and then take their place with the client.
2. Before leaving the room, the CI will contact the support person for the zone they will be passing through, notifying them of their potential contamination and the need for the support person to disinfect frequently touched surfaces in the areas the CI will have passed through.
3. After removing themselves from the room, CI will take their contamination pack (CP) and proceed to the full bathroom on the top floor of the building.
4. All affected areas will be cleaned/disinfected and there will be access to a shower as necessary.
5. Contaminated clothes will be placed in a sealed container.
6. The CI will clean his/her way out of the bathroom, wiping down any surface they touched as well as all frequently touched surfaces (doorknobs, faucets, toilet flush handle, etc.)

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

Cleaning Procedure Following Physical Intervention / Restraint

(This is an interim policy is awaiting further guidance from DOH/AOE. There is currently NO guidance available from any agency)

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

1. If physical intervention techniques are required, the BI staff will call for assistance from the support staff via the buzzer.
2. The BI staff will instruct the support staff on how to proceed with the incident, whether that is simply observing and taking data or physically assisting the ratio staff with implementing a protective hold. Support staff will put on a pair of gloves prior to entering the room to assist the ratio staff.
3. Following an incident, a support staff will sit with the client. The BI staff will then follow the decontamination procedure as outlined previously if s/he came into contact with any bodily fluid. Minimally the BI staff will wash his/her hands.
4. If the support staff came into contact with any bodily fluids, s/he will follow the same procedure when the BI returns.
5. If necessary, support staff / BI can assist the client with changing if clothes have likewise come into prolonged contact with a staff. The support staff will minimally wash hands following a hands-on procedure once the student is safe. The student should also wash his/her hands once s/he is safe enough to do so. Alternatively, s/he should use hand sanitizer.
6. Once all involved staff and student have cleaned themselves, the support staff will thoroughly sanitize any surface which might have been contaminated with bodily fluids (e.g. saliva).
7. **Staff who participated in the restraint will note this as a close contact in their contact log.**

Community Access with Clients/Students

Clients will have limited, case by case access to out of door locations in the community. Exceptions to this include taking walks through town (single file, with at least 6 feet between students) and going to the park or playground (if it is determined that there is sufficient space available for social distancing to occur). Just prior to students going to a park or playground, a staff member will be sent to the destination in advance to determine whether it will be possible to maintain social distancing. If, during the course of being at a park or playground the space becomes crowded, FUV students will return to the school. Students may go to these locations

individually (with their BIs) or as a pod, as determined by a supervisor based on student safety, weather conditions, and other variables. There will be no large group excursions out of doors.

Some exceptions to the out-door rule may be made under the following circumstances:

- A student's IEP indicates that s/he has a community-based goal (AND the parent agrees that it is an acceptable risk to continue working on that goal)
- A student is of transition age and has vocationally based goals (AND the parent and worksite supervisor agree that it is an acceptable risk to continue working on that goal)

No students/clients will be allowed to have indoor community access if they are unable to safely wear a mask or maintain social distancing with the support of a BI.

Working in Off-Site Locations/Home Health Services

S^D Associates provides services to clients in home-care settings. S^D Associates staff will follow the [Vermont Agency of Human Services \(AHS\): Home-Based Service Deliver: Re-Start Guidance](#) and guidance from [Centers for Medicare and Medicaid Services](#), as well as guidance from all other relevant regulatory agency for the purposes of providing home-based behavioral services to our clients. Prior to the onset of providing home health services to a client, the following steps will be taken:

S^D Associates will:

- 1) Work with home visitors to identify their own/staff risk of transmitting infection and risk of complications if they get infected.
- 2) Work with client's family to identify family members in the visited home who may be at greater risk of transmitting infection or having complications if infected with COVID-19. The immune status/risk of household members; those who have a weakened immune system, over the age of 65 years, have chronic health conditions (e.g. heart disease, lung disease, diabetes), or other COVID-19 risk factors.

Prior to each home-health visit:

- 3) S^D Associates will contact families (e.g. by telephone, email, text) prior to the home visit and ask about the following:

- Have they been in close contact with a person who has COVID-19?
- Do they feel unwell with any symptoms consistent with COVID-19?

For example, have they had a cough, high temperature, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell? (See Daily Health Screening, above)

If the response is yes to any of the questions above, the home visitor should not conduct the face-to-face visit and proceed with an alternative mode for the visit (i.e. telephone and/or video communication).

If none of the indicators are positive for the above, and a decision is made that going into the home is within the best interest of the family, then home visitors and staff should continue to take precautions to prevent the spread of COVID-19.

As a precaution, the home visitor should:

- Maintain a distance of at least 6 feet between the home visitor and family members during a visit, and if possible, the home visit can take place outside.
- Follow appropriate PPE guidance. (Staff will wear face masks at all times in the presence of client / family; see [COVID-19 Personal Protective Equipment \(PPE\) Guidance - v. 1.4](#), page 7).
- Perform daily measurements of temperature for fever and an assessment of symptoms of infection (temperature checks will be required from all household members prior to the start of any home visit.)
- Prior to entering the home.
- Exit the home immediately and notify the home visiting program supervisor if any person is found to be ill within the home
- Minimize contacting frequently touched surfaces at the home.
- Wash your hands with soap and water for at least 20 seconds before entering the home and after exiting. Staff will additionally wash hands after eating or using the bathroom, and frequently throughout the visit.
- Use a hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Avoid touching eyes, nose and mouth.
- Staff will use gloves as needed when performing tasks that require universal precautions (e.g. assisting a client with toileting, etc.). This does not preclude the need for washing hands before and after the procedure.

Important additional considerations for home visiting staff and supervisors:

- Any home visitor with signs and symptoms of a respiratory illness or other related illnesses should not report to work, and should follow Department of Health guidance for testing, quarantine, and isolation.
- Staff at high risk of severe COVID-19 complications (those who are older or have underlying health conditions) should consult with their own healthcare provider prior to conducting in- person home visits with sick clients.
- If a home visitor develops signs and symptoms of illness while on the job, they should stop working immediately, notify their supervisor, follow health department protocols, and self- isolate at home immediately.
- If after delivering a home visit, a home visitor is identified as being positive for COVID-19, they should notify their supervisor and follow current CDC and health department guidance.
- Staff should be encouraged to keep a daily list of other people they are in close contact with.
- Staff will take breaks in their car or alone, out of doors.

Transporting clients/students

[Health Guidance for Childcare and School Age Camps/Care](#)

Generally speaking, staff will avoid transporting students/clients. Exceptions to this may occur in emergency situations, when a student's IEP requires community-based travel, or when staff are transporting children to and from the playground. When staff do transport children in their vehicles, they will observe the following guidelines.

- No more than one staff and student in the car at the same time (maximum occupancy of two persons). If an emergency situation requires an additional adult passenger, staff will note this as a close contact if the trip takes longer than 15 minutes.
- Staff will remain masked at all times when transporting children.
- Children will remain masked if developmentally/medically appropriate.
- Child will be seated in the passenger seat / rear (as far away from the driver as is possible / safe)
- Staff will disinfect their car, paying special attention to where the child will be seated and surfaces commonly touched in the driver's area of the car, prior to the child entering their car.
- Staff will disinfect their car, paying special attention to where the child will be seated and surfaces commonly touched in the driver's area of the car, following the child's terminal exit from their car.
- Drivers and passengers should wash hands with soap and water for at least 20 seconds prior to transport. If soap and water are not readily available, use an alcohol-based hand sanitizer containing at least 60% alcohol.
- Drivers and passengers should wash or sanitize their hands prior to reentering the car if there are stops along the way, or upon entering the car for a return trip.
- All vehicles must have an adequate supply of hand sanitizer.

D. Personal Protective Equipment

General Information: what is and what is not considered PPE

Things that are PPE:

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

Body Protection; Most often varying forms of protective suits are worn to protect from pathogenic hazards. In the case of facilities with direct contact of known or suspected COVID-19 infectious subjects, Tyvek, full body suits can be worn. However, to be impervious to the maximum of the design, all seams should be sealed.

Eye/face protection; Eye protection should also be worn for those involved in the direct contact of known or suspected COVID-19 infectious subjects. Eye protection should provide side protection at the least.

Face shield make excellent protection, especially when used in conjunction with eye protection.

Respirators - are tight fitting and considered personal protective equipment. If N95 masks are used voluntarily, there is no need to have a fit test conducted (but need to provide mandatory Appendix D) If respirators are required in a workplace, a fit test must be complete, and the employer needs a full and detailed protection program (1910.134) Respirators must be used if involved in medical procedures when exposed to aerosolized virus (intubating, treatment of coughing, etc.) (See Appendix D of the respiratory standard at the conclusion of this document – Attachment 2.

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

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Mandatory Requirements

The following are mandatory requirements:

Mandatory - Employees must wear face coverings over their nose and mouth when in the presence of others. In the case of retail cashiers, a translucent shield or “sneeze guard” is acceptable in lieu of a mask.

All staff are required to wear face masks (PPE) when in the presence of clients. Staff will wear additional PPE as described above in this document.

The person responsible researching and accomplishing this is: [Megan Flye / Jessica Speckert](#)

Mandatory Requirement - All employees must observe strict social distancing of 6 feet while on the job, unless noted, and should refrain from touching their faces. •

No congregation of employees is allowed. All common areas, unless excepted below, such as break rooms and cafeterias, but excluding restrooms, are closed.

The person responsible researching and accomplishing this is: [Megan Flye / Jessica Speckert](#)

Mandatory Requirement: Break Room

If possible, access to common areas, break or lunchrooms should be closed or controlled. If the nature of an employer’s work, or the work area does not allow employees to safely consume meals in the workspace an employer may designate a common area or room where meals may be safely consumed provided all conditions are met.

The employer shall limit occupancy of designated common area or room so that occupants maintain strict social distancing of no less than 6 feet per individual. The employer shall enforce the occupancy limit.

• Hand washing facilities and/or hand sanitizer shall be immediately available at entrances of designated common area or room.

- Employees shall be required to wipe down their area prior to leaving -or there shall be cleaning of the area at regular intervals throughout the day.
- At the entrances of the designated common area or room the employer shall clearly post the policy limiting the occupancy of the space, and the minimum social distancing, hand washing/hand sanitizing and space cleaning requirements

See “Break/Lunchroom” above

The person responsible researching and accomplishing this is: [Megan Flye / Jessica Speckert](#)

Mandatory Requirements: When working inside, open doors and windows to promote air flow to the greatest extent possible and limit the number of people occupying a single indoor space.

See “Engineering Controls” above.

See “Break/Lunchroom” above.

See “Pods” above.

See Physical Distancing” above.

The person responsible researching and accomplishing this is: [Megan Flye / Jessica Speckert](#)

Mandatory Requirements: No more than 2 people shall occupy one vehicle when conducting work, and shall wear face coverings when riding together

See “Elimination” above.

The person responsible researching and accomplishing this is: [Megan Flye / Jessica Speckert](#)

Mandatory Requirements: All common spaces and equipment, including bathrooms, frequently touched surfaces and doors, tools and equipment, and vehicles must be cleaned and disinfected at the beginning, middle and end of each shift and, when possible, prior to transfer from one person to another. <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

See “Cleaning & Disinfecting, including bathrooms, toys & bedding” above.

Supplies: Inventory and cross-check all cleaning supplies with the EPA’s “List F”

Outside Vendor: Various

Schedule: Currently complete. Inventory weekly and order as needed (only items identified on “List F”)

The person responsible researching and accomplishing this is: [Shannon Harrington](#)

Mandatory Requirements: Employees must have easy and frequent access to soap and water or hand sanitizer during duration of work, and handwashing or hand sanitization is required frequently including before entering, and leaving, job sites.

See “Engineering” above.

- Hand sanitizer will be placed at each workstation and room in the building.
- There are 6 sinks, all of which are stocked with soap
- An additional portable sink stocked with soap and water has been purchased
- There is a shower stocked with liquid soap available in the event of contamination with bodily fluids

The person responsible researching and accomplishing this is: [Shannon Harrington](#)

Mandatory Requirements: Businesses shall ask Customers, and the public in general, to wear face coverings any time they are interacting with others from outside their household.

Update on New Work Safe Additions to the Stay Home, Stay Safe Order:

<https://accd.vermont.gov/news/update-new-worksafe-additions-stay-home-stay-safe-order>

See “Student/Client Facial Covering” above.

No visitors will be allowed in the building.

The person responsible researching and accomplishing this is: [Megan Flye / Jessica Speckert](#)

Mandatory Requirement: Signs must be posted at all entrances clearly indicating that no one may enter if they have symptoms of respiratory illness.

[Signs have been posted and anyone entering the building will be required to answer health pre-screening questions and submit to a temperature check.](#)

The person responsible researching and accomplishing this is: [Megan Flye](#)

To the extent feasible, prior to the commencement of each work shift, prescreening or survey, including temperature checks shall be required to verify each employee has no symptoms of COVID-19. Symptoms include:

- Cough
- Shortness of breath or difficulty breathing

Prior to the commencement of each work shift, pre-screening, including temperature checks and health survey shall be required to verify each employee has no symptoms of respiratory illness (fever, cough, and/or shortness of breath). At the present time non-contact thermometers are in short supply, however employers shall immediately order, and use their best efforts to obtain, thermometers in order to conduct routine temperature checks.

- Fever
- Cough
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever ($\geq 100.0^{\circ}\text{F}$ or subjective fever)
- Chills

- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

See “Daily Health Screening” above.

The person responsible researching and accomplishing this is: [Megan Flye and/or her designees](#)

Mandatory Requirement: Employees shall not report to, or be allowed to remain at, work or job site if sick or symptomatic (with fever, cough, and/or shortness of breath). • Non-symptomatic COVID-19 positive workers are not allowed on site and any worker(s) who have contact with a worker or any other person who is diagnosed with COVID-19 are required to quarantine for 14 days.

See “Daily Health Screening” above.

The person responsible researching and accomplishing this is: [Megan Flye / Jessica Speckert](#)

Employee Training

A copy of our training plan was made available to parents and sending districts prior to July 1 and the resumption of in-person services.

All employees, including those already working (except healthcare workers, first responders, and others already trained in infection control, personal protective/universal precautions) must complete training by May 4, 2020.

VOSHA has provided a Power Point to assist with this endeavor. We have been given the option of using a different program that meets or exceeds VOSHA’s.

We have chosen to use the following training: [VOSHA](#)

[Human Resources/Safety officer](#) will either train, or arrange for training, in the required elements of the VOSHA COVID-19 requirements. Training will be provided at no cost to the employee and will occur during working hours.

[All employees have completed the VOSHA training at this time \(6/18/2020\).](#)

[All employees read and understand this document \(version dated 6/20,20\), agreed to abide by its contents, and have had opportunities to ask questions. All employees participated in a two-day training and rehearsal period prior to serving students.](#)

[All employees will be asked to read and sign understanding of updated versions of this document. This document and all updates will be publicly posted at \[www.sdplus.org\]\(http://www.sdplus.org\) under the red Coronavirus Alert Information banner.](#)

Training Documentation:

Documentation must 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.

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

Recording Workplace to COVID-19 Illnesses in the Workplace

- a. OSHA recordkeeping requirements (29 CFR Part 1904) mandate covered employer record certain injuries and illnesses on the OSHA 300 log.
- b. COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties. However, employers are only responsible for recording cases of COVID-19 if all of the following are true:
 1. The case is a confirmed case of COVID-19 (see CDC information on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19):
 2. The Case is work-related (as defined by 29 CFR 1904.5) and
 3. The case involves one or more of the general recording criteria set forth in 29 CFR 1904.7 (e.g. medical treatment beyond first aid, days away from work).

Additional information can be found at OSHA’s Enforcement Guidance for Recording Case of COVID-19.

Medical Records

- a. Medical records shall be maintained for at least the duration of employment plus 30 years.
- b. If **S^D 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: 6/19/2020

Reissue Date: 7/20/2020

Signature of Safety Monitor:

Megan Flye

Signature of Company Exec.

Jessica Speckert

TRAINING PROGRAM Attachment 1

A copy of our training plan and documentation of completion will be made available to parents and sending districts prior to July 1 and the resumption of in-person services.

Our Training Program includes the following elements (at a minimum)

An explanation of the modes of transmission of COVID-19

A general explanation of the symptoms of COVID -19

An explanation of the modes of transmission of COVID -19

An explanation of **S^D 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, ~~N95's~~ 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

Attachment 2

Appendix D of Respirator Standard CFR 1910.134

Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

References: Note – requirements are continually changing. This document (template) was originally completed on 5/1/2020. Changes will occur that are not reflected in this document. See footer for most recent update date.

<https://accd.vermont.gov/news/update-new-work-safe-additions-stay-home-stay-safe-order>

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

<https://labor.vermont.gov/document/protecting-safety-and-health-workers-vosha>

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

Southern Vermont COVID-19 Phased Service Delivery Model

SVT S^D Services – Based on Stages of Risk – COVID				
Phase /Service	<u>School based Services (AZ) In School Programs and Foundations</u>	<i>Insurance or Waiver Based Services – (BZ/CZ)</i>		
		<i>Foundations- Children Under the age of 8 on-site day program</i>	<i>In home services</i>	<i>Adult/Private Independent Home & Community</i>
Low- Vt Dept of Health Transmission – Significantly Controlled AOE – Step 2/3 CDC – No community spread	Face to Face services can happen with all students as long as they are engaged in face covering training (wearing it appropriately, extending the duration of using it) and staff can maintain social distancing and are in a separate space (not a community space) when not wearing a mask.	Face to Face services will happen with less play between students not lasting more than 15 minutes in one area. Students are encouraged to mask train and wear when transitioning in and out of the building.	Service in homes can occur with the following protocols: All staff and family will be prescreening before the staff enter the home. Only family/staff outside of S ^D involved in program can be in program space. They will wear face cloth coverings at all time and will participate in hand washing and cleaning as outlined by the plan. A part of the house will be designated as program space. The program space will follow the spacing allowed by the ACCD – 1 person per every 200 feet, and cleaning plans put forth as outlined in the exposure plan. Any place in the house not designated by program space – staff are to stand and remain in the space for less than 5 minutes. Home needs to have ventilation – windows or doors open and fans moving air around. A plan to bring the outside air in.	Face to Face services can happen with clients as long as they are engaged in face covering training (wearing it appropriately, extending the duration of using it) and staff can maintain social distancing and are in a separate space (not a community space) when not wearing a mask.

			<p>Only essential staff will be allowed in close contact with client.</p> <p>Client has to engage in mask/facial coverings training if available.</p> <p>Program space furniture and accessories need to be easily cleaned.</p> <p>S^D will include anyone in close contact (within 6 feet of a person for more than 15 minutes) as part of their contract tracing data. If S^D staff are in close contact with others, they will only work in 1 pod per day.</p>	
<p>Medium AOE – 2/3 VT Dept of Health Transmission – moderately controlled CDC – minimal to moderate community spread</p>	<p>Face to Face services can happen. Student needs to wear a face covering anytime the staff is instructing or supporting instruction. <i>*Medical exemptions do not supersede this expectation</i></p> <p>Remote training will be part of the day in-house to prepare for a potential move to remote instruction.</p>	<p>Face to Face services can happen. Play between students will be limited to areas where they can parallel play with other students 6 feet apart.</p> <p>Face to Face services can happen. Student needs to wear a face covering anytime the staff is instructing or supporting instruction. <i>*Medical</i></p>	<p>Services will not happen in homes or community for longer than 2-hour increments. Alternatively, services may be moved to S^D if space allows.</p> <p>Clients will be required to wear facial coverings. <i>*Medical exemptions do not supersede this expectation.</i></p> <p>Remote training will be part of the</p>	<p>Face to Face services can happen. Client needs to wear a face covering anytime the staff is instructing or supporting instruction. <i>*Medical exemptions do not supersede this expectation.</i></p> <p>Remote training will be part of the day in-house to prepare for a potential outage</p>

	FUV will follow all AOE guidance on potential closure.	<i>exemptions do not supersede this expectation</i> Remote training will be part of the day in-house to prepare for a potential move to remote instruction. FUV will follow all AOE guidance on potential closure.	day in-house to prepare for a potential outage.	
High AOE – 3 VT Dept of Health-transmission – low control CDC – substantial community spread	Face to Face Instruction will not occur and all instruction will be removed to remote. FUV will follow all AOE guidance on potential closure.	Face to Face Instruction will not occur and all instruction will be removed to remote. FUV will follow all AOE guidance on potential closure.	Services will not happen in homes; all home services will be moved to remote.	Services will not happen in homes; all home services will be moved to remote.

- Exposure Plan will be followed throughout all levels * these are additional details about specific behaviors for staff
- Levels/Phases are not equal between the resources (CDC School decision tree, VT Dept of Health – In home services for health care providers, AOE A strong and healthy start) so the above may not always align with all 3 sources
- In certain circumstance if a client is high risk, has acute safety concerns or is in jeopardy of losing their home without ABA services, the treatment team may create A COVID –plan that involves creating a limited exposure setting for staff and client to received services.