

PROJECT SAFE & GROWING

COVID – 19 GUIDELINES AND POLICIES

GOAL: At Project Safe and Growing, we are encouraging the staff to take universal preventive actions to prevent the spread of respiratory illnesses.

As PS&G staff, by receiving this document, you acknowledge and agree to the following: / As a guardian/caregiver you acknowledge and agree to the following:

General Preparedness and Planning for Preventing the Spread of COVID-19

- Wash hands often with soap and water. If soap and running water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Always wash hands with soap and running water if hands are visibly dirty.
- Always wash hands with soap and running water if you come into contact with any type of bodily fluid.
- Remind everyone to avoid touching eyes, nose, mouth, face.
- Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.
- Clean and disinfect frequently touched surfaces.
- Cover coughs and sneezes. (inside your elbow; inside your shirt; in a tissue, etc.)
- Cover your mouth and nose with a cloth face covering when you have to go out in public (for example, grocery stores, around others who are not in your household, restaurants and the like).
- *Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.
- ALL sick children and staff are required to stay home.
- Communicate to parents about the importance of keeping children home when they are sick. (Sign and date current PS&G Sick Child policy.)
- Children and staff who come to Project Safe and Growing sick or become sick while at day treatment will be sent home. Parent/guardian must pick up child within 30 minutes of notification.
- Sick children and/or staff will be kept separate from well children and staff until sent home.

-All CDC and NV State DFCS cleaning guidelines will be followed if someone becomes sick while at Day Treatment.

If COVID-19 is confirmed in a child or staff member who attend Project Safe and Growing:

-Parent, caregiver, or staff member will notify Project Safe and Growing Director. Further notifications will be sent to the DCFS, DHHS, CPMII, and all necessary management.

-Confirmed child or staff member may not return until a minimum of 2 weeks, COVID-19 sign and symptom free and supporting doctors note stating patient may return.

-Close off areas used by the person who is sick (if applicable).

-Open outside doors and windows to increase air circulation in the areas (if applicable).

-Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting (if applicable).

-Clean and disinfect all areas used by the person who is sick, such as offices; classrooms; equipment; bathrooms; and common areas.

-If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary beyond the initial deep clean.

-Continue standard routine cleaning and disinfection.

-Monitor and plan for absenteeism among Project Safe and Growing staff.

As long as Project Safe and Growing remains open during the COVID-19 pandemic, the subsequent will be followed:

Parent Drop-Off and Pickup

-There will be three designated parking spots to pick up and drop off. One caregiver will be allowed to greet and pick up their child, as the staff bring them outside. Please depart designated parking space once you have pick up your child, so others may move into the pickup space.

-Staff will pick up and greet each child in front of their cars. No gathering in front of the gate is permitted.

-Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older adults such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for severe illness from COVID-19.

Upon arrival, all caregivers will be asked the following:

1. Are you, your child, or anyone in your household currently experiencing any of the following symptoms: cough, shortness of breath/difficulty breathing, rash, vomiting, fever, chills, muscle pain, sore throat, new loss of taste or smell?

If the answer is yes, refer the individual to their health care provider.

Child may not enter the program site/Day Treatment.

**If any of the aforementioned was answered "yes", child may not return until a minimum of 2 weeks, COVID-19 sign and symptom free and supporting doctors note stating patient may return.*

2. Have you, your child, or anyone in your family been in contact with anyone who is experiencing the above symptoms within the last 14 days?

If the answer is yes, refer the individual to their health care provider.

Child may not enter the program site/Day Treatment.

**If any of the aforementioned was answered "yes", child may not return until a minimum of 2 weeks, COVID-19 sign and symptom free and supporting doctors note stating patient may return.*

3. Have you/your child/anyone in your household travelled out-of-state to a high risk COVID-19 area within the last 14 days?

If the answer is yes, child may not enter the program site/Day Treatment, until 7 days in-state has passed. Notify Director if you or anyone in your household becomes sick. CDC and the State of Nevada urge travelers to self-quarantine and monitor their health for 14 days, pre and post travel.

If all answers are “no,” staff may accept the child to attend Day Treatment.

-Upon receiving, if a sink with soap and running water is not available, provide hand sanitizer with at least 60% alcohol to child. Keep hand sanitizer out of children’s reach and supervise use.

Additional Screening Children Upon Arrival

-Children who have a fever of 100.4° (38.0°C) or above or other signs of illness will not be admitted to the facility.

-Caregivers should be on the alert for signs of illness in their children and keep them home when they are sick.

-Project Safe and Growing staff will screen children appearing physically ill (i.e., rash, flushed skin, hot to touch, etc.).

Clean and Disinfect

Caring for Our Children, provides national standards for cleaning, sanitizing and disinfection of educational facilities for children. Toys that can be put in the mouth will be cleaned and sanitized (see below). Other hard surfaces, doorknobs, tables, and floors can be disinfected. Project Safe and Growing will continue to adhere to the national standards set forth and increase our efforts as described below.

Intensify cleaning and disinfection efforts:

-Project Safe and Growing has developed a schedule for cleaning and disinfecting.

-To prevent children inhaling toxic fumes and the like, no cleaning will take place in the presents of children, unless there is an emergency.

-Toys will be sanitized twice a day.

-The tops, sides, hooks, and shelves of the cubbies will be cleaned every other day.

-Bathroom will be sanitized and cleaned daily, twice a day.

-Two times a day, clean and disinfect hard surfaces and objects that are frequently used: doorknobs/handles, kiosks, light switches, counter tops, office area, supplies, restrooms.

-Two times a day, Project Safe and Growing will routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, desks, chairs, cubbies, and playground structures.

-Utilize a contamination bucket.

-Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective and used.

-If possible, provide EPA-registered disposable wipes to staff members so that commonly used surfaces such as keyboards, desks, and remote controls can --be wiped down before use. If wipes are not available, we will refer to CDC's guidance on disinfection.

-All cleaning materials will be kept secure and out of reach of children.

-Cleaning products should not be used near children, and staff will ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

-Toys that cannot be cleaned and sanitized will not be used.

-Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside (contamination bucket) until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry.

-Machine washable cloth toys should be used by one individual at a time or will not be used at all. These toys will be laundered before being used by another child. These toys will be laundered twice a week.

-Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

*We will use the 3-step cleaning process for anything that cannot be run through the sanitizer or laundered. (If a spray bottle is not available, staff will use buckets and the same 3-step process.) The 3-step process is as follows:

1. Spray the objects with soapy water and wipe off.
2. Spray the objects with clean water and wipe off.
3. Spray a bleach solution on the objects to sanitize, let sit for a minimum of 2 minutes.

Washing, Feeding, or Holding a Child

Project Safe and Growing aids in healing children from past traumatic experiences. Building a trustworthy connection is one of the foundations of our curriculum. In the upmost importance, we will comfort crying, sad, and/or anxious toddlers/young children, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children: 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. Touch and facial recognition is also valued when helping young victims of crime. Such should not go without in a Day Treatment setting.

-Staff will wash their hands, neck, and anywhere touched by a child's secretions.

-Staff will change the child's clothes if secretions are on the child's clothes. Staff will change the button-down shirt, if there are secretions on it, and wash their hands again.

-Contaminated clothes will be placed in a plastic bag or washed in a washing machine.

Healthy Hand Hygiene Behavior

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

-Arrival to the facility and after breaks

-Before and after preparing food or drinks

-Before and after eating or handling food, or serving children

-Before and after administering first aid, sunscreen, lotion, or medical ointment

**When applying, staff must wear latex-free gloves.*

-After using the toilet or helping a child use the bathroom

-After coming in contact with bodily fluid

-After playing outdoors or in sand

-After handling garbage

*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.

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

-Staff will assist children with handwashing.

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

Posters describing handwashing steps will be placed near sinks.

Food Preparation and Meal Service

-Staff will continue to follow all food prep guidelines.

-Staff and children will wash their hands before and after snack/meals.

-Staff and children will continue to eat in the classrooms or separately.

DEFINITION OF IMPORTANT TERMS:

- Contamination Bucket: If a child places a toy or an item in their mouth and/or other areas with secretions, the toy or item will be placed in the bucket for thorough cleaning, at the end of the day. This bucket is labeled “contamination bucket”. It is placed on a shelf in each classroom.
- Sick: Anyone is deemed sick if they are running a fever over 100.4 degrees; has an unknown rash; is disoriented; is vomiting or ill to their stomach; is affected physically or mentally; is lethargic; and/or diagnosed by a medical doctor.
- Fever: CDC considers a person to have a fever when he or she has a measured temperature of at least 100.4 °F [38 °C].

Fever may be considered to be present if a person has not had a temperature measurement but feels warm to the touch, or gives a history of feeling feverish. Self-reported history of feeling feverish when a thermometer is not available, or the ill person has taken medication that would lower the measured temperature. Appearance of a flushed face, glassy eyes, or chills if it is not feasible to touch the person or if the person does not report feeling feverish.

Note: Even though measured temperature is the preferred and most accurate method to determine fever, it is not always possible to do this. In certain situations, other methods of detecting a possible fever should be considered:

The presence of fever suggests an infectious cause, but fever is not always present with an infection.

- Disinfect: Clean, with a chemical, in order to destroy bacteria.
- Sanitize: To rid germs, in order to make clean and hygienic; disinfect.