

## COVID-19 Communicable Disease Management Plan for The Environmental Center's 2020/21 programs

### Purpose

The purpose of this plan is to prevent and, if necessary, respond to incidents of COVID-19 and other communicable diseases in participants and staff of after school programming. While the plan was developed to respond to the current COVID-19 pandemic, it is applicable to other communicable diseases. The plan incorporates the [Governor's guidelines](#).

### Components of Plan

1. Education and Communication
2. Pick up and drop off
3. Face Coverings
4. Physical Distancing Strategies
5. Operational Considerations
6. Contact Information
7. Health Screening and Monitoring
8. Reporting

#### 1. Education and Communication

Educating and informing staff, parents and participants is the first line of defense in preventing COVID-19 and other communicable disease from spreading. The Environmental Center (TEC) will use multiple communication platforms to educate and reinforce guidelines and requirements including: exterior and interior signage; emails to participants and guardians; website information; social media posts; news media and in-person communication with staff members. Key messages will include:

- Encourage physical distancing
- Keep only stable cohorts of 10 students or less.
- Individuals known to have been exposed to COVID-19 within the preceding 14 days are not permitted into the program.
- Parents and program participants will not join or visit programs if they or anyone in their household have recently had an illness involving fever, cough or shortness of breath.
- Individuals should remain home for at least 10 days after illness onset and until 72 hours after fever is gone, without use of fever reducing medicine, and COVID-19 symptoms (fever, shortness of breath, and diarrhea) are improving.



- All persons will be advised and encouraged to wash their hands frequently with soap and water for at least 20 seconds, including when entering and existing facilities/programs, after using restrooms, before and after eating snacks or meals, after coming in from outside, after sneezing, blowing nose or coughing.
- Remind people frequently of the importance of respiratory etiquette including: Cover coughs and sneezes with tissue or elbow; throwing tissue away immediately into garbage; and cleaning hands afterwards.
- High risk participants will not be permitted into programs as the nature of congregate gatherings raises risk for individuals with health conditions and or age that place them at a higher risk of adverse outcomes with COVID-19. High risk is defined as:
  - People with chronic lung disease or moderate to severe asthma
  - People with serious heart conditions
  - People who are immunocompromised
  - 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
  - Any other underlying conditions identified by the Oregon Health Authority (OHA) or Center of Disease Control and Prevention (CDC)

## 2. Pick up and drop off

- Parents or caregivers will drop-off or pick-up children from program staff outside of the facility
- Parents or caregivers must wear a face covering during drop-off or pick-up.
- Parents or caregivers dropping-off or picking-up children must maintain physical distancing while waiting for staff.
- Students are required to use the hand hygiene stations at the entrance of the facility, so that children and staff can clean their hands before they enter.

## 3. Face Coverings

- Staff are required to use face protection indoors and especially when physical distancing cannot be maintained. Staff are required to use face protection under the following circumstances:
  - If they are interacting with multiple stable groups, including serving in a floater role;
  - If they are transporting multiple stable groups; and
  - When treating a person for injury or illness.



- Children over the age of two may wear face coverings if under close adult supervision outside and are required to wear face coverings when inside the facility. Children should not wear a face covering under the following conditions:
  - If they have medical condition that makes it difficult for them to breathe with a face covering;
  - If they have a disability that prevents them from wearing a face covering;
  - If they are unable to remove the face covering independently; or
  - While sleeping

#### 4. Physical Distancing Strategies

Physical distancing is one of the most important tools to prevent the exposure and spread of COVID-19. TEC summer camps will have specific plans and strategies to ensure physical distancing including how it is monitored. The following general strategies will be employed.

- Youth programs will be limited to maximum stable groups of 10 or less participants (not including staff). A stable group is one group of 10 or less students where all students remain in the same group for the extent of the summer program.
  - The stable group will not change
  - The Forest Explorer program will have 2 stable groups at Skyliner Lodge as the site can physically accommodate for the number of participants (minimum of 35 square feet per participant indoors and 75 square feet per participant outdoors) and access to restrooms and activities within a stable group of 10. There will be separate bathrooms for each stable group. Program will ensure that each stable group remains in the same physical space each day and does not intermingle with any other group.
  - Staff will remain with one stable group with the exception of a floater staff who must wear a face covering and wash hands thoroughly when transitioning from one group to the next.
  - Staff will practice physical distancing (i.e. six feet) at all times within the facility with adults, as well as other staff who are not within the same stable group.
  - Daily activities and curriculum will support physical distancing, striving to maintain at least six feet between individuals. (Note: The OHA and State of Oregon policy makers are aware of the inherent challenges and near impossibility of maintaining distance in summer programs. They say, *“Young children are likely unable to practice physical distancing. Therefore, limiting the size of and maintaining stable groups is critical.”*)
  - Small groups of 10 or less in a stable cohort.
  - Increase distance at work tables and other set-up activities.
  - Create physical cues for proper distancing.



- Plan activities that don't require close physical contact.
- Designate equipment solely for use by a single cohort at any one time, and sanitize between uses.
- Participants will bring their food and snacks, be instructed not to share with others, and wash their hands with soap and water prior to and after eating.
- Non-essential visitors and volunteers will be restricted from coming into the program and will remain in vehicles at drop off and pick up.

## 5. Operational Considerations

With proper planning procedures, the risk of the exposure can be greatly mitigated. The following operational strategies will be used in summer programs with specific considerations made for each unique situation.

- Convenient access to handwashing stations with soap and water, tissues and garbage receptacles.
- Alcohol-based hand-sanitizing products (60%-95%) as an alternative or complement to handwashing (except when eating, and after using restroom in which case handwashing with soap is required).
- Water bottle refilling stations will be provided to limit entry to facilities by students and cleaned after use with an alcohol based sanitation product.
- Parents and guardians will wait in non-idling cars when picking up children.
- Sign-in and sign-out of camp participants will be outside.
- Check-in, check-out will reduce touch points and maintain physical distancing.
- Establish one-way traffic flow where possible congestion or physical distancing could be an issue.
- Close or severely limit gathering places such as lobbies, waiting areas, etc.
- High risk participants will not be permitted into programs as the nature of congregate gatherings raises risk for individuals with health conditions and or age that place them at a higher risk of adverse outcomes with COVID-19. High risk is defined as:
  - People with chronic lung disease or moderate to severe asthma
  - People with serious heart conditions
  - People who are immunocompromised
  - 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
  - Any other underlying conditions identified by the Oregon Health Authority (OHA) or Center of Disease Control and Prevention (CDC)
- Any shared equipment will be sanitized between uses by participants or staff members.
- Intensify cleaning efforts including:



- Clean, sanitize and disinfect frequently touched surfaces multiple times per day. (door handles, sink handles, counter tops, work areas etc.)
- Thoroughly clean restrooms at least twice daily and ensure sanitary supplies are well stocked (soap, toilet paper, tissues, hand sanitizer).
- Ensure safe and correct application of disinfectants and keep products away from children and follow labeling direction as specified by the manufacturer. Use disinfectants that are EPA-registered and labeled as bactericidal, virucidal and fungicidal.

## 6. Contact Information

Contact information for all visits and program participants will be collected and maintained for a minimum of 60 days in order to provide to local health officials should it be required. **We respect your medical privacy. We will not share your personal information with anyone, including public health officials, without your consent.**

- Contact information will include name, birthdate, parent or guardian name (if applicable), phone number and email address.
- In addition, all youth programs will maintain daily logs for each stable group. Logs must include the following:
  - Name
  - Date
  - Names of all staff who interact with stable group of children, including any floater staff
  - Names of all children who participated that day
  - Check in and pick up time for each child
  - Name of adult who checked in and picked up child
  - Adult emergency contact information.
  - Daily health checks on all children, staff, and any person coming into the child care (see daily health check requirements for detailed guidance). Record only that check was done/passed – not specific information

## 7. Health Screening

Health screening practices will be employed to identify potentially sick or infectious individuals before others can be exposed

### Youth Programs:

#### *Initial Screening for Symptoms*

- Conduct daily health checks by designated staff for all children, staff, and other people (parent, maintenance, etc.) coming into contact with the stable group.



- Document that a daily health check was completed on every person entering and write down pass/fail only. Do not record symptoms or temperature in order to maintain privacy.
- Ask daily of participants or family have been exposed to someone with COVID or with any one with symptoms
- Staff and participants with a fever over 100.4 degrees will not be allowed into the program. Parents are asked to check children before drop off in the am and required to sign off on a health screening at drop off.
  - Health screening questions will include
    - Fever, cough or shortness of breath;
    - Close contact with anyone with these symptoms; or,
    - Close contact with anyone diagnosed with COVID-19 in the past 14 days.
- If a staff or participant demonstrates or reports a new cough (unrelated to pre-existing conditions such as asthma), they should not be allowed into the program. Other symptoms of COVID-19 include shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat; and new loss of taste or smell. Staff or participants who have a cough that is not a new onset cough (e.g. asthma, allergies, etc.) do not need to be excluded from the program.
- If a participant exhibits or reports any of the above symptoms, they will not be permitted into the program.

#### *Ongoing Health Monitoring*

- Staff will monitor participants and if anyone develops a cough, fever, shortness of breath, or other symptoms of COVID-19 listed above, they will be immediately isolated from others and sent home as soon as possible.
- While waiting for a sick participant to be picked up, a staff member should stay with the participant isolated from others and remain as far away as safely possible (preferably at least six feet)
- The affected participant should remain home for at least 10 days after illness onset and until 72 hours after fever is gone, without use of fever reducing medicine, and COVID-19 symptoms (fever cough, shortness of breath, and diarrhea) are improving.

## **8. Reporting**

The Environmental Center and High Desert ESD Skyliner Lodge will work closely with Deschutes County Health Department to report and respond to any potential exposure occurring in district facilities and programs.



- TEC will promptly report to Deschutes County Public Health Officials if one of the following occurs:
  - We are informed of anyone in program is diagnosed with COVID-19
  - We are aware of any cluster of illness among program participants or staff.
- TEC will cooperate fully in any investigation including providing information for contact tracing.
- TEC will consult with Deschutes County Public Health Officials regarding any special cleaning requirements, potential facility or program closures or other mitigation measures.
- TEC communications regarding potential exposure or cases will be coordinated by the Communications and Community Relations Manager in partnership with Deschutes County Health Department Public Information Officer.

**I have read and understand this release.**

Name of Participant: \_\_\_\_\_

Signature of Participant's Parent or Guardian:

\_\_\_\_\_

Date: \_\_\_\_\_