

Day Treatment

COVID-19 Communicable Disease Management Plan

Ashland School District: The Summit (Ashland Day Treatment)

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Grants Pass School District #7: Riverbend (Grants Pass Day Treatment)

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This plan outlines the steps our agency takes to minimize the risk of COVID-19 infection at program sites and if detected, promptly respond in order to reduce its spread. Managing risk involves prevention in terms of screenings, physical environment precautions, hygiene practices and disinfection. Response includes effective and prompt communication/notification, isolation and quarantine. Lastly, it is key for all staff to be trained and knowledgeable regarding expectations in order to operationalize the management plan.

Prevention

Family Solutions implements several measures to mitigate the occurrence and spread of COVID-19 within programs.

ESSENTIAL INDIVIDUALS

- Facility staff are considered Essential Individuals.
- Visitors to the site are limited to reduce potential exposure to the COVID-19 virus per [Oregon Executive Letter](#) dated March 31, 2020 pertaining to Psychiatric Day Treatment Programs.
- In addition, the following are considered Essential Individuals (hereinafter referred to as “essential visitors”):
 - Advocacy agency staff for the purpose of investigating allegations of abuse and neglect
 - Emergency response including EMS, fire and police
 - Legal counsel for individuals in the treatment facility
 - Licensing/survey staff
 - Long term care ombudsman and deputies (not volunteers)
 - Friends or family members visiting during end-of-life stages
 - Office of Training, Investigations, and Safety (OTIS) staff or delegates

- Outside agency medical and behavioral health personnel including, but not limited to, mental health staff, substance use disorder staff and detox staff
- Vendors who must enter facility in order to deliver medical supplies or other essential items
- Visitors for the purpose of placement activities
- Two visitors per person served (excluding emergency responders) are permitted at one time.
- Non-essential individuals are restricted from facility entry.
- Parents/guardians/emergency contacts are interacted with outside the building whenever possible. If an indoor space must be used, the lobby of each site is the designated area.
 - The lobby is aired and door handles and other items disinfected after use by visitors.

LIMITED POINTS OF ENTRY

- All essential visitors are directed by signage to the front entrance for screening and building admission.
- Signs are posted at the entry stating screening requirements, restricted visitor policy and hand/respiratory hygiene and face covering/face shield expectations.
- Buses arrive/depart from designated locations and persons served are directed to specified areas to complete health screenings. Persons served are dismissed individually to board the bus at the close of the treatment day.
- Parents/guardians/designated adults picking up/dropping off persons served meet staff outside the building.

PHYSICAL ENVIRONMENT

- **Room Organization**
 - Classrooms, group rooms, office spaces and other areas used by persons served/staff at the day treatment program maintain a minimum of 35 square feet of space for each individual. Furniture is excluded from available square footage.
 - The kitchens are limited to one (1) staff at a time. Persons served are not to use the kitchens.
 - Room capacity is posted immediately outside and also inside the spaces.
 - Seating is arranged to ensure six (6) feet of space between individuals.
 - Persons served have assigned desks and chairs that are labeled with their name.
 - Use of upholstered furniture is minimized.
 - Shared supplies and items are disinfected between use and minimized whenever possible.
 - Persons served are provided their own supply kits (e.g., pens, markers, paper, scissors) whenever possible that are readily accessible.
 - Drinking fountains are not utilized.
 - Staff offices are private or if shared, maintain at least six (6) feet of physical distancing between desks.

- Staff are issued their own desk supplies (e.g., pens, rulers, staplers, scissors, phone, computer, etc.) Any shared items are cleaned with disinfecting wipes before and after use.
 - Front office equipment (e.g. copier, Topaz pad, etc.) are cleaned with disinfecting wipes before and after use. Pens are designated in separate “clean” and “used” containers and disinfected by the office specialist. Staff are encouraged to use their own pens and other items whenever possible.
- **Physical Distancing**
 - Physical distancing as defined by maintaining six (6) feet of distance between individuals is promoted at all times.
 - Standing in lines is minimized whenever possible and the floor/ground is marked at six (6) foot intervals as needed.
 - Classrooms have desks/tables spaced so there is six (6) feet between persons when seated. Persons are required to wear face coverings or face shields as well.
 - All bathrooms only allow for one (1) person occupancy.
 - Individuals need to stay at least six (6) feet away from each other when using halls and be moving in the same direction to avoid passing. If another person is already in the hall moving in a different direction, the second person waits until the hall is clear before proceeding.
 - Physical contact (e.g., high-fives, shaking hands) is not permitted. Persons served and essential visitors are informed of expectations.
 - The program supervisor or designee is the assigned individual to enforce physical distancing in locations other than classrooms. An education assistant and back-up education assistant is assigned the responsibility for each cohort in classrooms.
- **Cohorting**
 - Persons served are assigned to a stable cohort of no more than eight (8) persons served based on age and developmental need. Changes in cohorting are only made for clinical reasons and upon careful consideration in consultation with the Clinical Director or designee.
 - Cohorts conduct all program activities in their designated areas.
 - They do not use space utilized by another cohort.
 - Separate outdoor areas are utilized. In the event outdoor areas are traded, play equipment is disinfected between use by staff.
 - Each cohort is assigned a bathroom.
 - Chairs and tables/desks are assigned and labeled with person served and staff names.
 - Daily health screenings are conducted per cohort.
 - Alternate areas/areas potentially shared on a small-scale basis due to the function of the space (e.g., computer lab) are disinfected between use by staff. These spaces are not utilized the same day by cohorts/individual persons served even with disinfection in place.

- **Outdoor Recreation Areas**
 - Cohorts are assigned separate recreation areas.
 - Spaces and play equipment are disinfected between use by staff.
 - Cement, asphalt, wood surfaces and bark chips or other ground materials are not disinfected.

- **Field Trips and Outings**
 - Field trips and walks off campus are not permitted.
 - Walks and outdoor activities on campus are encouraged as long as physical distancing, face coverings/face shields and hand hygiene expectations are followed.

HEALTH SCREENINGS

- All staff, persons served and essential visitors are screened daily, prior to entry into the building. Staff may self-screen.
- Screenings consist of: asking about fever, visual screening and self-assessment for cough, shortness of breath/difficulty breathing and chills. If the person states they feel feverish, their temperature may be taken with no-touch thermometer.
- Threshold is met when any of the following occurs: fever of greater than 100.4 degrees Fahrenheit or positive for any of the visual screening/self-assessment items.
- Any individual with symptoms defined in the threshold is to return home.
 - Staff and essential visitors are to leave the site immediately without entering the building.
 - Persons served are isolated in the designated isolation area on-site under staff supervision and have their parent/guardian/emergency contact called. They are expected to be picked up within 30 minutes of being contacted and may return to program per the information provided in the Parent Handbook regarding [illness](#). If the symptoms are COVID-19 related, the [COVID-19 Symptoms](#) section of this plan is adhered to.
 - Staff wear a medical grade face covering and/or face shield and other Personal Protective Equipment (PPE) as indicated by the symptoms and behavior demonstrated by the person served. Hand hygiene is completed before and after donning and doffing PPE, which is removed prior to exiting the isolation area and promptly disposed of in a designated container for used PPE. Hand hygiene is completed after disposing of PPE.
 - The isolation area is disinfected as soon as possible and prior to use by another individual.
 - If two persons served are using the same isolation area, six (6) feet of physical distancing must be maintained.
 - Each program site maintains a location for non-COVID-19 wellness services.
 - Each program site maintains an adequate supply of [PPE](#).
- Documentation
 - Staff screenings are maintained daily by each individual on the [Day Treatment Staff Health Screening Log](#).

- Logs are maintained electronically.
- Person served screenings are maintained daily, per cohort, on the [Day Treatment Person Served Health Screening Log](#) by the education assistant. Persons served are screened using an [established procedure](#) prior to entering the day treatment facility.
 - Logs are maintained on paper.
 - Staff complete hand hygiene before and after handling logs. A clean pen or the staff's personal pen is used.
- Logs for essential visitors are maintained on the [Day Treatment Essential Visitor Health Screening Log](#) by the office specialist or other available staff.
 - Logs are paper.
 - Staff complete hand hygiene before and after handling logs. A clean pen or the staff's personal pen is used.
- All logs are readily accessible on the program server (electronic) or stored in a HIPAA-compliant location on-site that is easily accessed by staff. Essential Visitor Health Screening Logs are stored in a locked drawer in the office specialist's office. Person Served Health Screening Logs are stored in a locked file drawer in the education assistant/milieu treatment specialist office.
- All logs are stored for a minimum of four (4) weeks.

HAND AND RESPIRATORY HYGIENE

• Hand Hygiene

- Definition: Thoroughly washing all surfaces of hands and fingers with soap and water for at least 20 seconds or using hand sanitizer with 60-95% alcohol content and rubbing all surfaces of hands until dry.
- Hand hygiene is expected of all staff, persons served, essential visitors and families of persons served visiting the campus for the purpose of outdoor family sessions. All individuals are required to complete hand hygiene upon arrival and before exiting the building.
- Staff model hand hygiene.
- Staff instruct persons served in hand hygiene.
- Hand hygiene is completed by staff at a minimum: when arriving and leaving the program site, before donning and after doffing PPE, after using the bathroom, prior to and after preparing meals/snacks or eating, after using cleaning/disinfecting products, after handling trash, after returning indoors, before and after providing first aid, after assisting a person served with toileting needs, after handling shared items such as logs/pens, after disposing of used tissue, handling materials with body fluids, interacting with a different cohort or person served part of a different cohort and any other time the hands are potentially contaminated.

- Hand hygiene is completed by persons served: when arriving and before leaving the program site, before donning and after doffing PPE, after using the bathroom, prior to and after eating meals/snacks, after handling trash, after returning indoors, after handling shared items such as play equipment, toys or supplies, after disposing of used tissue and any other time the hands are potentially contaminated.
- **Respiratory Hygiene**
 - Definition: Covering all coughs and sneezes by using the inside of the elbow to shield the mouth and nose or by using a tissue and immediately disposing of in a trash receptacle. Hand hygiene is completed after disposing of tissues.
 - Staff model respiratory hygiene and instruct and coach persons served in utilizing it.
 - Respiratory hygiene is expected of all staff, persons served, essential visitors and families of persons served visiting the campus for the purpose of an outdoor family session.
- **Keeping Hands Away From the Face**
 - Staff model not touching their face and remind persons served, essential visitors and families visiting the campus for outdoor family therapy sessions of the expectation.
- **Hygiene Supplies**
 - Hand sanitizer is available in all rooms utilized on-site for persons served and/or staff as well as the lobby.
 - Tissues and trash receptacles are available in all rooms and areas on campus utilized on-site for persons served and/or staff as well as the lobby. Maintenance staff (agency-employed or third party) monitor supplies and replenish as needed.

FACE COVERINGS AND FACE SHIELDS

- **General**
 - Face coverings and face shields do not remove physical distancing requirements.
 - Face coverings and face shields must be in accordance with [Centers for Disease Control \(CDC\) recommendations](#).
 - Face coverings and face shields must be worn, stored and disposed of properly.
 - Hand hygiene is performed before and after handling a face covering or face shield.
 - Face coverings or face shields temporarily removed (e.g., eating or drinking) must be placed on a paper towel, plate or similar item on a clean surface and the item the mask is placed on disposed of in a trash receptacle after the face covering or face shield is re-donned.
- **Staff**
 - All staff are required to wear a face covering or face shield during the work day unless they have an accommodation arranged with the Human Resources Department due to health or disability.

- If a staff member requires an accommodation for the face covering or face shield requirements, the agency limits the staff member's proximity to persons served and staff to the extent possible to minimize the possibility of exposure.
 - Types of face coverings for staff
 - Cloth face mask
 - ❖ May be provided by staff. Must be clean and laundered daily by the staff.
 - ❖ The program has cloth masks for use though they become the property of the staff if utilized and are expected to be used and laundered daily by the staff.
 - ❖ Staff without access to laundry facilities are encouraged to wear a program-provided disposable face mask.
 - Disposable face mask, staff or program-provided
 - Face shield, staff or program-provided
 - ❖ Face shields must be a clear plastic shield and cover the forehead, extend below the chin, and wrap around the sides of the face.
 - ❖ Program-provided face shields are **disinfected** between use by program staff. Staff are expected to disinfect face shields at home on a daily basis, if staff-provided.
 - Face coverings are preferable to face shields, when possible.
 - There is no cost to the staff if the agency provides a face covering or face shield for the staff.
 - Face coverings and face shields are to be clean and a new one used each day or any time it becomes contaminated.
 - Staff face covering or face shield removal
 - Staff are not required to wear a face covering if they are in a private office alone.
 - Staff may remove their face covering for meal breaks or for brief periods if alone in an office or outdoors.
- **Persons served**
 - All persons served grade Kindergarten and older are required to wear a face covering or face shield unless one of the following conditions is met:
 - They have a medical condition that makes it difficult for them to breathe with a face covering.
 - They have a disability that prevents them from wearing a face covering.
 - They are unable to remove the face covering independently.
 - They are sleeping.
 - Persons served with existing medical conditions or other health-related concerns and a physician's order to not wear face coverings or face shields are not denied any in-person instruction provided.
 - If a person served has an accommodation, the following is implemented:
 - Proximity is limited between the person served and staff as much as possible.

- ❖ Offering different types of face coverings and face shields that may meet the needs of the person served.
 - ❖ Space away from peers while the face covering or face shield is removed during which the person served is not left alone or unsupervised.
 - ❖ Short periods of the educational day that do not include wearing the face covering or face shield, while following the other health strategies to reduce the spread of disease.
 - ❖ Additional instructional supports to support effectively wear a face covering or face shield.
- If a person served removes their face covering or face shield, or demonstrates a need to remove the face covering or face shield for a short-period of time:
 - Space is provided away from peers for a sensory break. This may occur in the group/class room. If a chair is used, it is disinfected after use.
 - The person served is not left alone or unsupervised.
 - Staff provide additional instructional supports to the person served to assist them in effectively wearing a face covering or face shield.
 - Staff offer the person served adequate support to re-engage in safely wearing a face covering or face shield.
- Persons served are not discriminated against or disciplined for an inability to safely wear a face covering or face shield.
- Persons served that do not wear a face covering or face shield, or whose families determine the person served will not wear a face covering or face shield during educational time must be provided access to instruction. Comprehensive Distance Learning may be an option, however additional provisions apply to persons served protected under Americans with Disabilities Act (ADA) and Individuals with Disabilities Education Act (IDEA).
 - Family Solutions' legal counsel is contacted if ADA considerations are a factor.
 - All regulations and instructions in Section 1h of the most current version of [Ready Schools Safe Learners](#) are followed.
 - Southern Oregon Education Service District (SOESD) is consulted.
- Face coverings are to be clean and a new face covering used each day or any time it becomes contaminated.
- Types of face coverings for persons served
 - Cloth face mask
 - ❖ May be provided by the family of the person served. Must be clean and laundered daily by the family.
 - ❖ The program has cloth masks for use though they become the property of the person served if utilized and are expected to be worn and laundered daily by the family.

- ❖ Families without access to laundry facilities are encouraged to have their child wear a program-provided disposable face mask.
 - Disposable face mask, family or program-provided
 - Face shield, family or program-provided
 - ❖ Face shields must be a clear plastic shield and cover the forehead, extend below the chin, and wrap around the sides of the face.
 - ❖ Program-provided face shields are [disinfected](#) between use by program staff. Families are expected to disinfect face shields at home on a daily basis, if family-provided.
 - Face coverings are preferable to face shields, when possible.
 - There is no cost to the family if the agency provides a face covering or face shield for the person served.
- **Essential visitors**
 - Essential visitors are expected to wear a face covering or face shield when on-campus unless they provide an accommodation based on health or disability.
 - If they do not have their own face covering or face shield, the program provides a disposable face mask or face shield. There is no cost.
- **Families**
 - The expectations for face coverings and face shields in the [Staff](#) section of this document apply to families when visiting the program for an outdoor family session or meeting in another outdoor location. If children are present, they are expected to comply with expectations in the [person served](#) section regarding face coverings and face shields.
 - The program reserves the right to move family therapy sessions to audio/video conferencing or phone if documented efforts to educate and support the family in meeting expectations are not successful.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Disposable gowns, shoe covers, gloves and aprons are available for staff use, in addition to disposable face masks and face shields. Disposable face masks and face shields are available for person served use.

Each site maintains an adequate supply of PPE items in a designated location in each classroom, sick bay/room, front office and staff offices. Adequate supply is defined as no less than (3) of each item, as applicable, for all program staff and persons served that normally occupy the room. The program supervisor or designee is responsible to check the inventory daily and replenish supplies from the store room. When overall inventory is at 25%, the program supervisor or designee makes arrangements to secure additional items from the Chief Operating Officer or SOESD, as applicable, to replenish the supply of needed item(s).

DISINFECTION

- Surfaces are cleaned, then disinfected.
- All offices, bathrooms, group and classrooms and other areas used by the program are disinfected at least once daily and at other times, if they become contaminated. [CDC guidance for cleaning and disinfecting](#) is followed.
- High touch surfaces (e.g., door handles, bathroom fixtures, counters, etc.) are disinfected in the morning, after each bathroom use, periodically during the day and after the close of the treatment day by staff.
- Outdoor play equipment is disinfected daily by staff and between uses by cohorts, as applicable.
- Electronics are disinfected using wipes with at least 60% alcohol content.
- Cleaning products are approved by the CDC for COVID-19 disinfection. Products with asthma-safer ingredients are selected whenever possible.
- Program staff are assigned specific areas they are responsible to disinfect on a daily basis and complete [Daily Disinfection Logs](#) to indicate compliance. The program supervisor oversees compliance.
- Staff are expected to wear applicable PPE when disinfecting and complete hand hygiene when finished. Adequate ventilation is ensured.
- Disinfecting products are stored in locked locations at each program site.
 - Staff are responsible to replenish supplies from stock on hand.
 - Maintenance staff are notified and responsible to replenish stock when low.
- In the event of a confirmed COVID-19 case, additional disinfection of the program site is completed per direction by the county public health department.
- The program's designated maintenance staff is responsible for daily and additional disinfection needs due to COVID-19 exposure.

MEALS AND SNACKS

- **Responsibilities**
 - The school district in which the day treatment site is located provides meal service.
 - The program provides snacks.
- **Meal/snack preparation and serving**
 - Staff complete hand hygiene before and after transporting/handling food items and packaging.
 - Staff complete hand hygiene before and after serving.
- **Consuming meals/snacks by persons served**
 - Lunches and snacks are served by staff in the cohort's assigned room(s).
 - Tables/desks are disinfected before and after use.
 - Persons served do not assist in serving food.
 - Meals and snacks are served individually.

- Face coverings may temporarily be removed (e.g., eating or drinking) and placed on a paper towel, plate or similar item on a clean surface. The item the face covering is placed on is disposed of in a trash receptacle after use. Persons complete hand hygiene before donning and after doffing their face covering or face shield.
- Persons served complete hand hygiene before and after eating and after disposing of meal/snack-related trash.
- **Cleanup**
 - Meal trays and any re-useable items are washed daily in the dishwasher. The dishwasher is emptied promptly. Dishwashers are temperature checked monthly.
 - Staff complete hand hygiene before and after loading items into the dishwasher.
 - Containers to be returned to the school kitchen are washed daily by staff in accordance with guidelines provided by the school kitchen.
 - Staff complete hand hygiene after cleanup.
- **Other**
 - Disposable plates, bowls, cups, utensils and napkins are used whenever possible and placed in a trash receptacle immediately after use.
 - All touch points in the kitchen (e.g., faucets, microwave, refrigerator handles, counters, etc.) are disinfected before and after use.
 - Staff complete hand hygiene before and after logging meal counts.
 - Staff do not eat meals/snacks around others.
 - Sharing food is not allowed by persons served or staff, including food items brought to the program for other staff.

PERSONAL ITEMS

- Persons served are discouraged from bringing backpacks and personal items from home.
 - All items are stored in the individual cubby of the person served and are not to be shared or removed during the treatment day unless absolutely necessary.
- Staff keep personal food items in their own office/work space and do not store them in the kitchen, including refrigerated items. Disposable paper goods are used for re-heating and eating food whenever possible. Washable items are placed immediately in the dishwasher.
- Staff avoid storing personal items in the bathroom whenever possible.

MEETINGS

- Staff meetings are conducted in locations that maintain physical distancing and use of face coverings or face shields or via Zoom.
- Treatment review and other meetings are conducted via Zoom or by phone.

- Family therapy is only conducted on-site in an outdoor location that preserves confidentiality or via Zoom or phone, at the request of the family.

VENTILATION

- HVAC systems have filters changed more frequently than normally indicated.
- Portable fans are not used in rooms with closed windows or doors.
- The program's designated maintenance staff is responsible for maintaining the HVAC system for optimal functioning.

SIGNAGE

- Signs are posted in multiple locations throughout the program noting respiratory hygiene, [hand washing](#), [physical distancing](#), wearing of [face coverings/face shields](#) as well as [face mask donning and doffing](#). Signs also encourage individuals to [stay home if sick](#).
- Signs are posted at the main entrance of programs designating [essential visitor policy and health screening requirements](#).

SAFETY DRILLS

- Routine drills are conducted per the Family Solutions Emergency Response Testing Policy and Procedure in a trauma-informed manner and with physical distancing taken into account.
 - Fire drills occur monthly.
 - Earthquake and dangerous person drills occur twice a year.
- Time and physical distance considerations are implemented and modifications made to reduce close contact and standing in line.
- Staff and persons served complete hand hygiene after safety drills.
- Thirty minutes per month is devoted to educating persons served regarding essential safety drills and emergency response.

EMERGENCY SAFETY INTERVENTIONS (ESI) CONSIDERATIONS

- Staff are trained in Collaborative Problem Solving (CPS) and Crisis Prevention Institute (CPI). These principles are applied to assist persons served in de-escalating through verbal intervention.
- ESI's are avoided whenever possible.
- Staff must wear a face covering, face shield or both during the event.
- Staff may use other PPE such as gloves or gowns.

- After the event, the area is promptly disinfected and aired as much as possible.
- Staff and person served complete hand hygiene.
- Staff are encouraged to have a spare set of clothing and a face covering or face shield at the program to change into after an ESI. Hand hygiene is completed before and after changing clothes and donning/doffing the face covering or face shield.
- In the event an ESI or the situation preceding the ESI poses a COVID-19 risk (e.g., person served purposefully coughing or spitting on staff, removing staff's face covering or face shield, etc.), the Clinical Director is consulted for further direction.

Tracking Logs

COHORT TRACKING

The Daily Cohort Tracking Log is completed each day by the assigned education assistant. This provides the following information:

- Persons served in cohort
 - Name
 - Arrival and departure times
 - Method of transport
 - Name, address and phone number of parent/guardian
 - If close contact (less than 6 feet of distance for 15 or more minutes) occurred with another individual
- Staff interacting with cohort
 - Name
 - Arrival and departure times
 - Address and phone number
 - If close contact (less than 6 feet of distance for 15 or more minutes) occurred with another individual
- Essential visitors interacting with cohort
 - Name
 - Individual(s) interacted with
 - If close contact (less than 6 feet of distance for 15 or more minutes) occurred with another individual
 - Arrival/departure date and time and contact information is available on the Essential Visitor Health Screening Log

The [person served portion](#) of the log is maintained on paper and includes essential visitors. The [staff portion](#) of the log is maintained electronically. Daily Cohort Tracking Logs are stored for a minimum of four (4) weeks.

The person served/essential visitor logs are stored in the education assistant/milieu treatment specialist office in a locked file drawer.

ITINERANT STAFF TRACKING

Maintenance and other agency staff that are not part of the program-specific staff team use the [Itinerant Staff Tracking Log](#). This includes program staff having contact with person(s) served not in a regular cohort (e.g., staff assisting with behavior management, filling in for absent staff), therapist having contact with person served and/or family for therapy session, staff meetings/supervision, contact with essential visitors (if not included in Day Treatment Daily Cohort Tracking Log), maintenance staff or Family Solutions non-day treatment program staff. Logs are maintained electronically in a location accessible by the program supervisor and include:

- Date
- Time arrived and departed the program
- Contact information (phone, address)
- Names of all staff/persons served interacted with
- Names of all essential visitors interacted with

Itinerant Staff Tracking Logs are stored for a minimum of four (4) weeks. Logs maintained by program staff are stored electronically on the program server. Non-program staff may maintain paper logs though they must be accessible by the program supervisor.

POTENTIAL COVID-19 EXPOSURE TRACKING

Situations involving potential exposure due to close and/or direct contact are recorded on the [Day Treatment Potential COVID-19 Exposure Log](#). This may be person served to person served or person served to staff. Examples include, though are not limited to: directly coughing, sneezing or spitting on another individual.

- Day Treatment Potential COVID-19 Exposure Logs are maintained electronically by staff and stored for a minimum of three (3) months.

IMPLEMENTATION RESPONSIBILITY

The program supervisor and Clinical Programs Manager are responsible for compliance with all activities described in the [Prevention](#) section of this plan.

- It is the responsibility of the day treatment program supervisor to ensure all logs are completed accurately, in a timely manner and stored in a HIPAA-compliant location.
- It is the responsibility of the program supervisor to coordinate disposal of logs that have exceeded the retention limits.

- It is the responsibility of the program supervisor to provide the county public health department with all requested logs and information promptly in a manner that discloses the minimal amount of Protected Health Information (PHI) of persons served

Communicable Disease Response

The day treatment program follows all regulations per Oregon Health Authority/Oregon Department of Education [Communicable Disease Guidance](#) in regard to communicable diseases.

COVID-19 RESPONSE

The day treatment program follows all regulations and guidance per the Common Protocols for COVID-19 School Scenarios as described in the most current version of Oregon Department of Education [Planning for COVID-19 Scenarios in Schools](#).

All staff and families of persons served are directed to contact the program supervisor, or in their absence the Clinical Programs Manager if they test positive for COVID-19 or if anyone in their household does. Families are informed of this expectation via an item in the [Day Treatment Consent to Services During COVID-19](#) form. Staff are notified of the expectation via email.

COVID-19 KNOWN EXPOSURE

- Staff/persons served exposed to a confirmed COVID-19 case within the preceding 14 calendar days are instructed to quarantine at home for 14 days after the last day of exposure. If symptom-free at the end of 14 days they can return to the program. If symptoms develop (fever more than 100.4 degrees Fahrenheit, cough, chills, difficulty breathing or shortness of breath), testing is advised.
- Alternate program activities are provided for persons served in the event of quarantine. Telehealth and educational services (during the school year) are provided to persons served that are quarantining at home and able to participate.

COVID-19 SYMPTOMS

- Staff are instructed to stay home if they have any symptoms congruent with the Health Screening Log items and if at work, leave immediately if these symptoms develop.
- Families of persons served are informed of symptoms that require their child to stay at home/be sent home if they develop while at program via information in the [COVID-19 Parent Information Letter](#) and

[Day Treatment Consent to Services During COVID-19](#) as well as the [Parent Handbook](#). The parent/legal guardian gives written consent to understanding these requirements.

- Persons served and staff are to stay home if they, or anyone in their homes or community living spaces, have COVID-19 symptoms, or if anyone in their home or community living space has confirmed COVID-19. Symptoms are as follows:
 - Primary symptoms: cough, fever (temperature more than 100.4 degrees Fahrenheit), chills, shortness of breath or difficulty breathing.
 - Muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion and runny nose are also symptoms often associated with COVID-19.
 - Trouble breathing, persistent pain or pressure in the chest, new confusion or inability to awaken, bluish lips or face (lighter skin), greyish lips or face (darker skin) or other severe symptoms require emergency medical care.
- Staff and persons served must stay home or are sent home if they have COVID-19 symptoms congruent with those described in the Health Screening Log.
- Symptomatic staff or persons served are to be evaluated and seek COVID-19 testing from their regular physician or through the county public health department.
 - Positive test result
 - Individual should remain home for at least 10 days after illness onset and 24 hours after fever is gone, without use of fever reducing medicine and other symptoms are improving.
 - Negative test
 - With no known COVID-19 contacts in the past 14 days
 - ❖ Remain at home until 24 hours after fever is resolved, without use of fever-reducing medicine and symptoms are improving.
 - Negative test with close contact with someone who had COVID-19 in the past 14 days
 - ❖ Remain at home for 10 days since symptoms first appeared and until 24 hours after fever is resolved without use of fever reducing medicine and other symptoms are improving.
 - No testing
 - With no known COVID-19 contacts in the past 14 days
 - ❖ If respiratory symptoms present: Remain home for 10 days after symptoms first appeared and until 24 hours after fever is gone, without use of fever reducing medicine and other symptoms are improving if an alternate diagnosis was not determined.
 - ❖ If no alternative diagnosis is identified: Remain home for 10 days after symptoms first appeared and until 24 hours after fever is gone, without use of fever reducing medicine and other symptoms are improving.
 - ❖ If a clear alternative non-respiratory diagnosis is identified by a healthcare provider, then usual return to school/work guidance in the [Parent Handbook](#) is indicated and person must be fever-free for 24 hours without use of fever

- reducing medicine. A healthcare provider note is required if the person plans to return to program before 10 days to ensure the person is no longer contagious.
- With known COVID-19 contact in the past 14 days and a non-respiratory diagnosis is not identified.
 - ❖ Remain at home for 10 days since symptoms first appeared and until 24 hours after fever is resolved without use of fever reducing medicine and other symptoms are improving.
- With known COVID-19 contacts in the past 14 days and a non-respiratory diagnosis is identified.
 - ❖ Remain at home for 14 days after the last exposure to the COVID-19 positive individual and meet usual return to program/work guidance in the [Parent Handbook](#) for diagnosis. If person develops new COVID-19 symptoms, seek testing.

The program supervisor is immediately contacted when COVID-19 is suspected or confirmed for a staff, person served, essential visitor or family of person served that has visited the campus. In their absence the Clinical Programs Manager is contacted.

This individual is also responsible to alert the Clinical Director, Chief Operating Officer, Human Resources Manager, Quality Systems Director and Executive Director.

NOTIFICATION PROCESS FOR CONTACT WITH COVID-19 POSITIVE INDIVIDUAL

- If an individual tests positive for COVID-19, the program supervisor or in their absence, Clinical Programs Manager is responsible to complete the following steps:
 - Immediately contact the county public health department to report the event and consult regarding further actions such as quarantining and program closure. The minimal necessary PHI is disclosed.
 - Jackson County: Communicable Disease Department
Phone: (541) 774-8209 (during business hours)
(541) 618-4651 (after 5:00 pm message provides contact information for on call)
 - Josephine County: Answering Service: (541) 618-4650 - Anthony Perry or Dr. David Candelaria
 - All instructions and recommendations issued by the county public health department are fully implemented, including though not limited to cohort/program closure and disinfection.
 - All contact logs and other information requested by the public health department is provided in a timely manner.
- Using the Cohort Contact Logs and Itinerant Staff Contact Logs, determine those individuals that have been in close (less than 6' of distance for 15 minutes or more) contact with the infected person.

- Take the following actions as soon as possible and within 24 hours including instructions for quarantining and testing in accordance with this procedure and recommendations of the county public health department.
 - Notify applicable staff via phone/in-person and email.
 - Direct the office specialist to phone the parent/guardian/legal guardian of each person served affected as well as send home or mail a [Notification of Exposure to COVID-19 letter](#). No PHI is disclosed. The information is presented in a manner that is understandable to the parent/guardian and is presented in an alternate language/format if indicated. In addition, the parent/guardian is informed of the program's response to the situation (e.g., quarantining cohort, temporary program closure).
 - Phone/email/mail (depending on information available) any essential visitors. No PHI is disclosed.
 - Notify Patricia Michiel, SOESD Human Resources Director, the school district the day treatment is located in and the home school district of the person served if the infected individual is a person served.
 - Utilize [Confirmed COVID-19 Communications Responsibility & Completion Checklist](#) to confirm notifications have been completed. Store electronically until further notice.
 - Complete a Family Solutions Critical Incident Report.

DETERMINING ADDITIONAL QUARANTINE NEEDS AND POTENTIAL COHORT/PROGRAM CLOSURE

The day treatment programs follow all regulations in accordance with the Common Protocols for COVID-19 School Scenarios as described in the most current version of [Planning for COVID-19 Scenarios in Schools](#) as well as instructions issued by the county public health department regarding the need to move to remote services for one or more cohorts and including temporary program closure.

- Notifications preserve the PHI of the infected individual.
- Notifications include what actions the program is taking to address and minimize the spread of COVID-19. This may include cohort quarantine, temporary program closure and move to virtual services or other actions. Notifications also include, at a minimum, steps the program is taking to disinfect the site.
- The parent/guardian/legal guardian is notified.
- Staff are notified.
- Referral sources are notified, as indicated.
- SOESD and the school district the day treatment program is located in are notified.
- Information is provided in a language and format that is understandable to the individual.

SITE DISINFECTION IN THE EVENT OF A CONFIRMED COVID-19 CASE

While assigned maintenance staff are responsible for site disinfection, the program supervisor or designee is responsible to take initial steps in closing off areas used by the COVID-19 infected individual and providing additional air circulation for rooms used by the person, if possible, while waiting for maintenance staff.

Disinfection follows [CDC guidance](#).

- Close off areas used by the infected individual, if possible.
- Open outside doors and windows to increase air circulation in the area.
- Wait 24 hours to clean and disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect all areas used by the infected individual such as offices, bathrooms, common areas, shared electronic equipment (e.g., tablets, touch screens, keyboards and remote controls).
- Vacuum the space if needed. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter, if available.
 - Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
 - Wear disposable gloves to clean and disinfect. For soft (porous) surfaces such as carpeted floors or rugs, clean the surface with detergents or cleaners appropriate for use on these surfaces, according to the textile's label. After cleaning, disinfect with an appropriate EPA-registered disinfectant on List N: Disinfectants for use against SARS-CoV. Follow the disinfectant manufacturer's safety instructions (such as wearing gloves and ensuring adequate ventilation), concentration level, application method and contact time. Allow sufficient drying time if vacuum is not intended for wet surfaces.
 - Temporarily turn off in-room or on-wall recirculation HVAC to avoid contamination of the HVAC units.
 - Do not deactivate central HVAC systems.
 - Consider temporarily turning off the central HVAC system that services the room or space, so particles that escape from vacuuming do not circulate throughout the facility.
- Once area has been appropriately disinfected, it can be opened for use.
 - Staff without close contact with the person who is sick can return to work immediately after disinfection, unless otherwise quarantined per county public health department recommendations.
- Outdoor areas are disinfected per the [Disinfection](#) section of this plan.
- If more than seven (7) days have passed since the person who is ill has been at the program, additional cleaning and disinfection is not necessary.
- Continue routine cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

In the event the county public health department determines areas used by the infected individual are quarantined for a period of time, those instructions are complied with by the program supervisor and program staff.

ILLNESS CLUSTER REPORTING

The office specialist is responsible to maintain a daily log of absences for persons served due to illness and track various flu-like symptoms on the [Absence/Illness Tracking Log](#). Any cluster of symptoms noted is reported to the program supervisor or in their absence, the Clinical Programs Manager. A cluster could be similar symptoms displayed by 20% of those in a cohort or overall in the program or 20% having the same illness. This individual is responsible to contact the county public health department within 24 hours for consultation regarding further actions. The program provides all information requested by the county public health department and follows through with directions provided. PHI is protected whenever possible. All reports made to the county public health department are documented on the Absence/Illness Tracking Log. The Clinical Programs Manager is notified by the program supervisor if a report is made to the county public health department.

RESPONSE TRACKING

- A [COVID-19 Response Log](#) entry is completed by the program supervisor or designee for all staff, persons served and essential visitors that are:
 - Sent home due to COVID-19 symptoms and/or not passing the daily health screening, including persons served isolated on-site due to symptoms.
 - Quarantining at home due to COVID-19 symptoms or confirmed COVID-19 (staff and persons served).

Training

- Staff receive compliance training on all topics below initially via in-person Zoom training or recorded training (competency-based) within 10 days of hire or training initiation, whichever occurs first.
 - Health screenings
 - Disinfection
 - Cohorts
 - Physical environment safeguards
 - Essential visitors
 - Face coverings
 - Hand and respiratory hygiene
 - Importance of avoiding touching one's face
 - COVID-19 response
 - Importance and requirements of daily contact logs

- Program supervisors and the Clinical Programs Manager receive additional compliance training via in-person Zoom training or recorded training (competency-based) within 10 days of hire or training initiation, whichever occurs first.
- Education staff receive additional training provided by SOESD.
- Staff receive refresher training whenever updates are made to the training material and at a minimum, monthly for the first three months of the 2020-21 school year and then quarterly thereafter.

Resources Consulted in the Development of this Plan

[Oregon Department of Education Planning for COVID-19 Scenarios in Schools.](#)

[Oregon Department of Education Ready Schools, Safe Learners](#)

[Oregon Executive Letter 3/31/2020](#)

[Centers for Disease Control](#)

[Oregon Health Authority](#)

Josephine County Public Health Department

Jackson County Health and Human Services

Appendix

PARENT HANDBOOK EXCERPT REGARDING ILLNESS

ILLNESS: Sick children are not able to participate in activities and they infect other children and staff. **Please keep your child home if they are ill.**

- **Any COVID-19 symptom**
 - **Cough, fever (more than 100.4 degrees Fahrenheit), chills, shortness of breath or difficulty breathing.**
 - **Muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion and runny nose are also symptoms often connected with COVID-19**
 - **Any emergency sign: trouble breathing, on-going pain or pressure in the chest, new confusion or inability to awaken, bluish lips or face (lighter skin), grayish lips or face (darker skin) or other severe symptoms.**
 - **Get emergency medical treatment**
 - If your child has a chronic or baseline symptom due to e.g., asthma or allergies may attend day treatment. We may ask you for verification from your child's medical provider.
 - Contact your child's medical provider or the county public health department for recommendations and possible testing if your child has any COVID-19 symptoms.
 - There are different criteria for when a child may return to program if they have COVID-19 symptoms depending on testing and other considerations. Please contact the program supervisor to discuss return to program.
- Chronic or baseline cough that has got worse or is not well-controlled with medication.
 - Child may return with consent by a licensed health care provider.
- A fever of 100.4 degrees Fahrenheit or more
 - Child may return to program when they have no fever for at least 72 hours without the use of fever-reducing medicine.
- Skin rash or open sores
 - Child may return to program when rash is gone, sores are dry or can be completely covered by a bandage or with orders from licensed health care provider
- New cough illness (non-COVID-19)
 - Child may return when symptom-free for 72 hours. If pertussis (whooping cough) is diagnosed, after taking 5-day course of prescribed antibiotics or when cleared for return by local public health authority
- Diarrhea (three [3] loose or watery stools in one [1] day or newly not able to control bowel movements)
 - Child may return when symptom-free for 48 hours
- Vomiting
 - Child may return when symptom-free for 48 hours
- Headache with stiff neck and fever or with recent head injury
 - Child may return when symptom-free or with licensed health care provider's order
- Jaundice: (new) yellow color in eyes or skin
 - Child may return with licensed health care provider or county health department order
- Red eyes or eye discharge: yellow or brown drainage from eyes
 - Child may return when symptoms have resolved or with licensed health care provider's order
- Acting different without a reason: unusually sleepy or grumpy OR acting differently after a head injury
 - Child may return when behavior returns to normal or with licensed health care provider's order
- Major health event, like surgery or an illness lasting two (2) or more weeks
 - Child may return with licensed health care provider's order
- Has a communicable disease as defined by Oregon Health Authority

- Child may return with licensed health care provider or county health department order

Children cannot be at the program until 24 hours after starting antibiotics, if none of the above bulleted situations apply. The program supervisor may ask for verification from your child's medical provider attesting to their ability to return to day treatment.

DAY TREATMENT PERSON SERVED HEALTH SCREENING LOG

**Day Treatment
Person Served Health Screening Log**

Date: _____/2020

Name	Time	Fever? (List if 100.5 or more) or N/A	Chills?	Cough?	Shortness of Breath or Difficulty Breathing?	Approved (A) or Return Home (RH)	Screening Done By (Initials)

Riverbend Health Screening & Isolation Procedure

Normal Entry Process (bus)

- Persons served arrive at the back door by the alley. There are indicators on the ground outside of the building to help maintain six (6) feet of physical distancing.
- Assigned EA/MTS from each cohort completes health screening for persons served in their cohort before persons served enters the building.
- Each person served is asked about feeling hot/feverish, having chills, difficulty breathing/shortness of breath or coughing. Staff observes person served as well for these symptoms.
 - Persons served with no symptoms are directed to second EA/MTS from their cohort for hand washing.
 - Persons served that appear feverish or complain of feeling hot have their temperature taken by no-touch thermometer in accordance with [US Food and Drug Administration guidelines](#). If they do not have a fever, they proceed with the normal entry routine.
- When their hands are washed, persons served are directed to the applicable class room space.
 - In the classroom, persons served sit at their designated desk/table and are provided morning snack by staff.

Normal Entry Process (parent/guardian/other drop off)

- Person served arrives in the front parking lot. If planned drop off, staff meets person served in the front parking lot and completes health screening. If unplanned, office specialist contacts the EA/MTS of the cohort for the person served.
 - The person served is taken outside to complete the health screening.
 - Person served and the EA/MTS enter the building and person served is directed to their assigned cohort's bathroom for hand washing. If the treatment day has already started, the staff completing the health screening oversees that the person served completes hand washing and escorts the person served to their cohort's classroom.

Entry Process if a Person Served is Positive for Health Screening Symptom (bus)

- The person served is directed to one of the individual sick bays and monitored by the staff overseeing hand washing in the bathroom next to the individual sick bays or another staff is called for assistance to monitor.
 - If the person served only has an exclusionary symptom on the health screening, the staff communicates with another staff that "We have a 'cinnamon bear'/'Swedish fish'/'lemon lion'" which communicates that the office specialist or program supervisor needs to be alerted and directed to call the parent/guardian/emergency contact pick up the person served.

- The EA/MTS dons a medical-grade face mask and additional PPE as indicated based on the symptoms and behavior of the person served. This may include an additional face covering, shoe covers, gloves and/or apron.
 - The EA/MTS continues to observe the person served in the individual sick bay until someone picks the person served up. The family is directed to use the back door for pick up.
 - Before leaving the sick bay to bring the person served to their parent/guardian/emergency contact, the EA/MTS carefully removes PPE per protocol and disposes of it in a used PPE trash receptacle and completes hand hygiene. A clean face mask and/or face-shield is donned.
 - After the pick-up is complete, the EA/MTS disinfects the sick bay and completes hand hygiene when finished. The EA/MTS completes an entry in the Day Treatment Potential COVID-19 Direct Exposure Log.
- If the person served has a fever, when the EA/MTS completes health screenings for their cohort and 10 minutes have passed since the original temperature reading, they do a second temperature check on the person served in the individual sick bay.
 - If their temperature remains elevated, the EA/MTS communicates with another staff that “We have a ‘cinnamon bear’/‘Swedish fish’ or ‘lemon lion’” which communicates that the office specialist needs to be alerted and directed to call the parent/guardian/emergency contact pick up the person served.
 - ❖ The EA/MTS dons a medical-grade face mask and additional PPE as indicated based on the symptoms and behavior of the person served. This may include an additional face covering, shoe covers, gloves and/or apron.
 - ❖ The EA/MTS continues to observe the person served in the individual sick bay until someone picks the person served up. The family is directed to use the back door for pick up.
 - ❖ Before leaving the sick bay to bring the person served to their parent/guardian/emergency contact, the EA/MTS carefully removes PPE per protocol and disposes of it in a used PPE trash receptacle and completes hand hygiene. A clean face mask and/or face-shield is donned.
 - ❖ After the pick-up is complete, the EA/MTS disinfects the sick bay and completes hand hygiene when finished. The EA/MTS completes an entry in the Day Treatment Potential COVID-19 Direct Exposure Log.
- If their temperature is not elevated, the person served is allowed to return to their cohort and is closely monitored by staff for symptoms as the day continues.

Entry Process if a Person is Positive for Health Screening Symptoms (parent/guardian/other drop off)

- The parent/guardian/other is directed to return the person served home.
- If fever is the only symptom, the parent/guardian/other is given the choice of waiting outside or in their vehicle and staff will meet them in 10 minutes to check the temperature of the person served again.
 - If a fever is indicated the second time, then the person served is returned home.
 - The parent/guardian that takes the child home is advised to contact the medical provider of the person served for additional direction and reminded of the information in the Parent Handbook regarding when it is appropriate to return to the program.
 - If the person taking the person served home is not the parent/guardian, the parent/guardian is called by the office specialist or another staff and is advised to contact the medical provider of the person served for additional direction and reminded of the information in the Parent Handbook regarding when it is appropriate to return to the program.
 - If no fever is indicated, the [normal entry procedure](#) is continued.
 - Staff advises the parent/guardian/other that the person served will be closely monitored and if other symptoms develop or they register for a fever at a later time, they will be called to pick up the child.

Isolation Process for Person Served Developing COVID-19 Symptoms During the Treatment Day

- If a person served appears symptomatic or expresses feeling unwell, they are removed by staff from their cohort and directed to a sick bay to be monitored by an EA/MTS or other available staff. If fever is a possibility, they have their temperature taken. If a fever is indicated, the person served is provided with an easily disinfected item to play with or they can rest.
 - Staff continues to observe the person served for 10 minutes then takes their temperature again.
 - If it is normal, the person served is returned to their classroom and is closely monitored for the remainder of the treatment day.
 - If a fever is indicated, the office specialist or program supervisor is notified to alert the parent/guardian/emergency contact to pick up the person served.
 - Staff dons a medical-grade face mask and additional PPE as indicated based on the symptoms and behavior of the person served. This may include an additional face covering, shoe covers, gloves and/or apron.
 - The EA/MTS continues to observe the person served in the individual sick bay until someone picks the person served up. The family is directed to use the back door for pick up.
 - Before leaving the sick bay to bring the person served to their parent/guardian/emergency contact, the EA/MTS carefully removes PPE per protocol and disposes of it in a used PPE trash receptacle and completes hand hygiene. A clean face mask and/or face-shield is donned.

- After the pick-up is complete, the EA/MTS disinfects the sick bay and completes hand hygiene when finished. The EA/MTS completes an entry in the Day Treatment Potential COVID-19 Direct Exposure Log.
- If a fever is not a consideration though the person served has another symptom consistent with the health screening criteria, the office specialist or program supervisor is notified to alert the parent/guardian/emergency contact to pick up the person served.
 - Staff dons a medical-grade face mask and additional PPE as indicated based on the symptoms and behavior of the person served. This may include an additional face covering, shoe covers, gloves and/or apron.
 - The EA/MTS continues to observe the person served in the individual sick bay until someone picks the person served up. The family is directed to use the back door for pick up.
 - Before leaving the sick bay to bring the person served to their parent/guardian/emergency contact, the EA/MTS carefully removes PPE per protocol and disposes of it in a used PPE trash receptacle and completes hand hygiene. A clean face mask and/or face-shield is donned.
 - After the pick-up is complete, the EA/MTS disinfects the sick bay and completes hand hygiene when finished. The EA/MTS completes an entry in the Day Treatment Potential COVID-19 Direct Exposure Log.

General Considerations

- If the person served using the sick bay also uses a bathroom, it needs to be disinfected after use as well.
- Meals/snacks/water are to be provided as necessary.
- The EA/MTS completing the health screening needs to remain with any person served isolated until their parent/guardian/emergency contact arrives to pick them up. If the person served becomes ill during the day, the initial staff removing them from the classroom is designated to remain with them until their parent/guardian/emergency contact arrives to pick them up.
- If the person served has a symptom requiring they return home, staff explains in developmentally appropriate terms, the use of staff's additional PPE in a way that is not shaming, humiliating or communicates negativity toward the person served regarding their symptoms.
- If a person served is symptomatic, they need to wear a face mask or face shield if at all possible.

The Summit Health Screening & Isolation Procedure

Normal Entry Process (bus or parent/guardian/other drop off)

- Persons served arrive in the front courtyard. Persons served line up by the door of their respective classroom. There are indicators on the ground outside of the building to help maintain six (6) feet of physical distancing.
- Assigned EA/MTS from each cohort completes health screening for persons served in their cohort before person served enters the building.
- Each person served is asked about feeling hot/feverish, having chills, difficulty breathing/shortness of breath or coughing. Staff observes person served as well for these symptoms.
 - Persons served with no symptoms are directed to their classroom for hand washing.
 - After hand washing is complete, persons served sit at their designated desk/table and are provided morning snack by staff.
 - Persons served that appear feverish or complain of feeling hot have their temperature taken by no-touch thermometer in accordance with [US Food and Drug Administration guidelines](#). If they do not have a fever, they proceed with the normal entry routine.

Entry Process if a Person Served is Positive for Health Screening Symptom(s) - (bus)

- The person served is directed to the outdoor “waiting room” until the EA/MTS has completed the health screenings for the remainder of the cohort.
 - If the person served only has an exclusionary symptom on the health screening, the staff communicates with another staff via walkie-talkie that “We have a Hot Tamale in classroom [number of cohort of person served]” which communicates that the office specialist or program supervisor needs to be alerted and directed to call the parent/guardian/emergency contact pick up the person served. The person served is escorted through the outside library door and into the sick room. The person served is provided hand sanitizer for hand hygiene and given morning snack.
 - The EA/MTS dons a medical-grade face mask and additional PPE as indicated based on the symptoms and behavior of the person served. This may include an additional face covering, shoe covers, gloves and/or apron.
 - The EA/MTS continues to observe the person served in the individual sick room until someone picks the person served up. The family is directed to use the courtyard for pick up.
 - Before leaving the sick room to bring the person served to their parent/guardian/emergency contact, the EA/MTS carefully removes PPE per protocol and disposes of it in a used PPE trash receptacle and completes hand hygiene. A clean face mask and/or face-shield is donned.

- After the pick-up is complete, the EA/MTS disinfects the sick room and completes hand hygiene when finished. The EA/MTS completes an entry in the Day Treatment Potential COVID-19 Direct Exposure Log.
- If the person served has a fever, the EA/MTS waits until 10 minutes have passed since the original temperature reading and does a second temperature check on the person served in the outdoor “waiting room”.
 - If their temperature remains elevated, the EA/MTS communicates with another staff via walkie-talkie that “We have a ‘Hot Tamale’ in classroom [number of cohort of person served]” which communicates that the office specialist or program supervisor needs to be alerted and directed to call the parent/guardian/emergency contact to pick up the person served. The person served is escorted through the outside library door and into the sick room. The person served is provided hand sanitizer for hand hygiene and given morning snack.
 - ❖ The EA/MTS completes hand hygiene and dons a medical-grade face mask and additional PPE as indicated based on the symptoms and behavior of the person served. This may include an additional face covering, shoe covers, gloves and/or apron.
 - ❖ The EA/MTS continues to observe the person served in the individual sick room until someone picks the person served up. The family is directed to use the courtyard for pick up.
 - ❖ Before leaving the sick room to bring the person served to their parent/guardian/emergency contact, the EA/MTS carefully removes PPE per protocol and disposes of it in a used PPE trash receptacle and completes hand hygiene. A clean face mask and/or face-shield is donned.
 - ❖ After the pick-up is complete, the EA/MTS disinfects the sick room and completes hand hygiene when finished. The EA/MTS completes an entry in the Day Treatment Potential COVID-19 Direct Exposure Log.
- If their temperature is not elevated, the person served is allowed to return to their cohort and is closely monitored by staff for symptoms as the day continues.

Entry Process if a Person is Positive for Health Screening Symptoms - (parent/guardian/other drop off)

- The parent/guardian/other is directed to return the person served home.
- If fever is the only symptom, the parent/guardian/other is given the choice of waiting outside or in their vehicle and staff will meet them in 10 minutes to check the temperature of the person served again.
 - If a fever is indicated the second time, then the person served is returned home.
 - The parent/guardian that takes the child home is advised to contact the medical provider of the person served for additional direction and reminded of the information in the Parent Handbook regarding when it is appropriate to return to the program.

- If the person taking the person served home is not the parent/guardian, the parent/guardian is called by the office specialist or another staff and is advised to contact the medical provider of the person served for additional direction and reminded of the information in the Parent Handbook regarding when it is appropriate to return to the program.
- If no fever is indicated, the [normal entry procedure](#) is continued.
 - Staff advises the parent/guardian/other that the person served will be closely monitored and if other symptoms develop or they register for a fever at a later time, they will be called to pick up the person served.

Isolation Process for Person Served Developing COVID-19 Symptoms During the Treatment Day

- If a person served appears symptomatic or expresses feeling unwell, they are removed by staff from their cohort and directed to the sick room to be monitored by an EA/MTS or other available staff. If fever is a possibility, they have their temperature taken. If a fever is indicated, the person served is provided with an easily disinfected item to play with or they can rest.
 - Staff continues to observe the person served for 10 minutes then takes their temperature again.
 - If it is normal, the person served is returned to their classroom and is closely monitored for the remainder of the treatment day.
 - If a fever is indicated, the office specialist or program supervisor is notified to alert the parent/guardian/emergency contact to pick up the person served.
 - Staff dons a medical-grade face mask and additional PPE as indicated based on the symptoms and behavior of the person served. This may include an additional face covering, shoe covers, gloves and/or apron.
 - The EA/MTS continues to observe the person served in the individual sick room until someone picks the person served up. The family is directed to use the courtyard for pick up.
 - Before leaving the sick room to bring the person served to their parent/guardian/emergency contact, the EA/MTS carefully removes PPE per protocol and disposes of it in a used PPE trash receptacle and completes hand hygiene. A clean face mask and/or face-shield is donned.
 - After the pick-up is complete, the EA/MTS disinfects the sick room and completes hand hygiene when finished. The EA/MTS completes an entry in the Day Treatment Potential COVID-19 Direct Exposure Log.
- If a fever is not a consideration though the person served has another symptom consistent with the health screening criteria, the office specialist or program supervisor is notified to alert the parent/guardian/emergency contact to pick up the person served.
 - Staff dons a medical-grade face mask and additional PPE as indicated based on the symptoms and behavior of the person served. This may include an additional face covering, shoe covers, gloves and/or apron.

- The EA/MTS continues to observe the person served in the individual sick room until someone picks the person served up. The family is directed to use the courtyard for pick up.
- Before leaving the sick room to bring the person served to their parent/guardian/emergency contact, the EA/MTS carefully removes PPE per protocol and disposes of it in a used PPE trash receptacle and completes hand hygiene. A clean face mask and/or face-shield is donned.
- After the pick-up is complete, the EA/MTS disinfects the sick room and completes hand hygiene when finished. The EA/MTS completes an entry in the Day Treatment Potential COVID-19 Direct Exposure Log.

General Considerations

- If the person served using the sick room also uses a bathroom, it needs to be disinfected after use as well.
- Meals/snacks/water are to be provided as necessary.
- The EA/MTS completing the health screening needs to remain with any person served isolated until their parent/guardian/emergency contact arrives to pick them up. If the person served becomes ill during the day, the initial staff removing them from the classroom is designated to remain with them until their parent/guardian/emergency contact arrives to pick them up.
- If the person served has a symptom requiring they return home, staff explains in developmentally appropriate terms, the use of staff's additional PPE in a way that is not shaming, humiliating or communicates negativity toward the person served regarding their symptoms.
- If a person served is symptomatic, they need to wear a face mask or face shield if at all possible.

DAY TREATMENT ESSENTIAL VISITOR HEALTH SCREENING LOG

Day Treatment Essential Visitor Health Screening Log

Name	Date	Time In/Time Out	Fever? (More Than 100.4F) or Not Reported	Chills?	Cough?	Shortness of Breath or Difficulty Breathing?	Approved or Denied?
		/	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/R	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Agency:		FS Staff Completing Health Screening:					
Essential Visitor Type (Over):	Face Covering/Face Shield: <input type="checkbox"/> Essential Visitor Provided <input type="checkbox"/> Agency Provided <input type="checkbox"/> Exempt due to Disability/Health Condition					Other PPE Provided: <input type="checkbox"/> None <input type="checkbox"/> List:	
Expectations Communicated Regarding: <input type="checkbox"/> Physical Distancing <input type="checkbox"/> Hand Hygiene <input type="checkbox"/> Respiratory Hygiene <input type="checkbox"/> Not Touching Face							
Phone Number:							
Email or Address:							
OVER FOR ADDITIONAL INFORMATION							

The following are considered Essential Visitors and are allowed entry to the program buildings per Oregon Executive Letter dated 3/31/2020. All other individuals are NOT allowed entry.

1. Adult protective services staff
2. **Advocacy agency staff for the purpose of investigating allegations of abuse and neglect (DHS)**
3. Civil Commitment Investigators and Examiners
4. **Emergency response including EMS, fire and police**
5. Friends or family members visiting *during end-of-life stages*
6. **Individuals for placement activities**
7. Legal counsel for individuals in treatment facilities (client attorney)
8. **Licensing/survey staff (DHS, OHA, Options, JCC)**
9. Long term care ombudsman and deputies (not volunteers)
10. **Office of Training, Investigations, and Safety (OTIS) staff or delegates**
11. **Outside medical and behavioral health personnel including but not limited to mental health staff, substance use disorder staff and detox staff (Options, JCMH, etc.)**
12. **Vendors delivering medical supplies or other essential items**

DAILY DISINFECTION LOG

Daily Disinfection Schedule

Date: _____

Area	Duties	Staff Responsible	Complete?	Notes
[room/space]	[specific areas to be disinfected listed here]			

Welcome to Day Treatment

Visitors to this site are restricted to reduce potential exposure to the COVID-19 virus as ordered by Oregon Health Systems Division.

Those listed below ARE allowed entry as an Essential Visitor. If your role is not on the list, do not enter. Call us at 541/479-2966 or 541/414-1720 for assistance.

- **Advocacy agency staff for the purpose of investigating allegations of abuse and neglect**
- **Emergency response including EMS, fire and police**
- **Legal counsel for individuals in the treatment facility**
- **Licensing/survey staff**
- **Long term care ombudsman and deputies (not volunteers)**
- **Friends or family members visiting during end-of-life stages**
- **Office of Training, Investigations, and Safety (OTIS) staff or delegates**
- **Outside agency medical and behavioral health personnel including but not limited to mental health staff, substance use disorder staff and detox staff**
- **Vendors who must enter facility in order to deliver medical supplies or other essential items**
- **Visitors for the purpose of placement activities**

Two visitors per person served at a time (excluding emergency responders) are allowed

Our Health & Safety Requirements

Essential visitors complete a health screening before entering the program area.

Families here for an outdoor family session complete health screenings.

OUR STAFF DO THE FOLLOWING:

- Ask if you have a fever over 100.4 degrees Fahrenheit
- Ask you about the following:
 - Cough
 - Fever
 - Chills
 - Shortness of breath or trouble breathing
- **If you have ANY of these symptoms, entry is NOT allowed.**

Other Requirements

- Wear a face mask or face shield if you are Kindergarten age or older. You can use your own or we'll give you a disposable face mask or face shield. If you have a condition that doesn't allow you to wear a face mask or face shield, let us know. We also have disposable gloves if you want them.
- Use hand sanitizer when entering and leaving the building or participating in a family session.
- Maintain 6' physical distancing.
- Avoid touching your face.
- Cover sneezes/coughs with a tissue inside of your elbow.

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Those listed below ARE allowed entry as an Essential Visitor. If your role is not on the list, do not enter. Call us at 541/482-5792 or 541/414-1720 for assistance.

- Advocacy agency staff for the purpose of investigating allegations of abuse and neglect
- Emergency response including EMS, fire and police
- Legal counsel for individuals in the treatment facility
- Licensing/survey staff
- Long term care ombudsman and deputies (not volunteers)
- Friends or family members visiting during end-of-life stages
- Office of Training, Investigations, and Safety (OTIS) staff or delegates
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- Avoid touching your face.
- Cover sneezes/coughs with tissue inside of your elbow.

PERSON SERVED DAILY COHORT TRACKING LOG

**Day Treatment
Person Served Daily Cohort Contact Log
Date: _____/2020**

PERSON SERVED	TIME IN	TIME OUT	TRANSPORT TYPE*	PERSONS IN CLOSE CONTACT WITH**	PARENT/GUARDIAN NAME	PHONE #	ADDRESS

*Transportation Type: B = Bus P = Parent/Guardian O = Other (list name) A = Absent PC = Program Closed

**CLOSE CONTACT: Within 6' for 15 mins or more

-----OVER FOR ESSENTIAL VISITORS-----

ESSENTIAL VISITORS ~See Essential Visitor Health Screening Log for Contact and Time In/Time Out Information~	PERSONS IN CLOSE CONTACT WITH**	NOTES

POTENTIAL COVID-19 DIRECT EXPOSURE LOG

**Day Treatment
Potential COVID-19 Direct Exposure Log**

Use to record direct instances of client>client or client>staff behavior that puts the recipient at risk. Behaviors include: purposefully sneezing, coughing, spitting or similar actions.

DATE	INITIATOR	RECIPIENT	ACTION	STAFF INITIALS

EXCERPTS FROM CONSENT TO SERVICES DURING COVID-19

Initial each to show you understand and agree:

_____ Let us know if your child or anyone in your household tests positive for COVID-19.

_____ If you child has any symptoms: fever (more than 100.4 degrees Fahrenheit, cough, difficulty breathing, shortness of breath or chills, they must remain home. Talk to your child's medical provider or the county public health department about COVID-19 testing. Let us know if your child is going to be tested. There are many details that determine when your child can return to day treatment. Please connect with the program supervisor and they will help you figure this out.

COVID-19 PARENT INFORMATION LETTER

[Date]

Dear Parent/Guardian/Legal Guardian:

This letter is to help you prepare if Family Solutions Day Treatment has a COVID-19 event occur. Events may include positive cases, outbreaks or exposures. It is important to know that currently there are no positive cases in our program. The health and safety of your child and our staff is our top priority.

We are partnering closely with local public health officials and they provide support and direction for managing COVID-19 related situations that impact our day treatment program.

If an event occurs at day treatment you'll receive information by a phone call and written notification mailed or emailed (if you provide us with an email address).

We want our community to protect themselves against COVID-19. Here are some ways to protect your family:

- ✓ If your child or others in your household are sick, have them stay home.
- ✓ Know primary COVID-19 symptoms: fever over 100.4 degrees Fahrenheit, chills, cough, shortness of breath or difficulty breathing. Anyone with these symptoms needs to stay home and contact their medical provider or the county public health department for directions.
- ✓ Teach your children to wash hands with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.
- ✓ Teach your children to cover coughs and sneezes with tissues or by coughing into the inside of the elbow. Be sure to set a good example by doing this yourself.
- ✓ Teach your children to stay at least six feet away from people not part of your household.

If you have questions, please contact your healthcare provider, the county public health department or check the CDC website <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>.

More information can be found on the Oregon Department of Education website and in the [Safe Schools Ready Learners Guidance](#) handbook. In addition, feel free to contact the day treatment program supervisor at [phone].

Sincerely,

[supervisor name]

Family Solutions Day Treatment
Program Supervisor

DAY TREATMENT CONFIRMED COVID-19 COMMUNICATION RESPONSIBILITIES & COMPLETION CHECKLIST

**Day Treatment Confirmed COVID-19
Communication Responsibilities & Completion Checklist**

Designated Staff	Back-up if Designated Staff not Available	Responsible to Notify:	Method
Jessica Cordero/Program Supervisor (Riverbend) Kelly Pintarelli/Program Supervisor (The Summit)	Kimberly Eikenberry/Clinical Programs Manager	<ul style="list-style-type: none"> County Public Health Department School District the program is located in SOESD Human Resources Director Family Solutions Clinical Director, Chief Operations Officer, Human Resources Manager, Quality Systems Director and Executive Director 	<ul style="list-style-type: none"> Phone or email
Dawn Bywater/Office Specialist	Jessica Cordero/Program Supervisor (Riverbend) Kelly Pintarelli/Program Supervisor (The Summit)	<ul style="list-style-type: none"> Parent/guardian/legal guardian of persons served 	<ul style="list-style-type: none"> Phone and Notification of Exposure to Infectious Illness form (emailed or mailed)
Dawn Bywater/Office Specialist	Jessica Cordero/Program Supervisor (Riverbend) Kelly Pintarelli/Program Supervisor (The Summit)	<ul style="list-style-type: none"> Maintenance staff for necessary disinfection 	<ul style="list-style-type: none"> Phone or text

Date of Incident:		COVID-19 Positive Individual:	
Individual/Agency Notified:	Date:	Method:	By:
County Public Health			
Home District of Person Served (if PS infected)			
GPSD #7/Ashland SD			
SOESD HR Director			
Parents/Guardians/Legal Guardians			
FS Executive Director			
FS Clinical Director			
FS Quality Systems Director			
FS Chief Operating Officer			
FS HR Manager			
FS Clinical Programs Manager			

NOTIFICATION OF EXPOSURE TO COVID-19

Notification of Exposure to COVID-19

Date:

RE:

Dear Parent/Guardian/Legal Guardian:

The County public health officials have worked closely with our staff to review cohort logs to identify individuals who may have been exposed to a person who tested positive for COVID-19. It has been determined that your child may have had direct exposure to an ill person with COVID-19 symptoms/a person with a confirmed positive COVID-19 case.

In consultation with the county public health department, we are immediately closing your child's cohort.

This means your child needs to stay at home for 14 days under Comprehensive Distance Learning, with a tentative plan to return to in-person learning at day treatment on .

Our teaching staff will contact you soon to explain how Comprehensive Distance Learning will work and your Child/Family Therapist will be in touch as well.

It's important to notify us if your child or additional household members become ill with COVID-19. Additional procedures will be followed to ensure a safe return to school.

We understand this is a hard time for everyone and will remain in contact with you to update the status of the program re-opening. If you have any questions, be sure to contact the program supervisor, at .

Sincerely,

Family Solutions Day Treatment Staff

