

# Henrico Police Athletic League

## COVID-19 MANUAL

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# 1. Purpose

The Henrico Police Athletic League's Board of Directors, administrators, staff and our governmental and community partners strive to provide premium programs for all youth of Henrico County. Our goal is to provide quality crime prevention programs for at risk youth while building positive relationships between the police and community. The revelation of the COVID-19 virus will not prevent HPAL from continuing these goals, however, the reality of the dangers of this virus along with dangers from other viral and bacterial infections and infectious diseases brought critical change to how HPAL will move forward with our daily routines in an effort to best safeguard the health of our youth, staff, partners and our families.

Conditions in our community will change from day-to-day, month-to-month and even year-to-year. This requires policies and practices to be thorough and flexible to the varying levels of risk caused by the seasonal viruses, COVID-19 and future pandemics. HPAL policies and practices will reflect general year-round standards that are consistent throughout most levels of risk as outlined by National, State and Local Health Organizations and they will reflect the changing levels of standards due to varying levels of risk.

All HPAL staff will receive an electronic copy of this policy and will receive training at their orientation and during HPAL annual training sessions. Periodic updates will be emailed to staff and changes implemented immediately at programs. HPAL policies and practices will be consistent with standards set forth by Virginia Child Care Licensing Services, Center for Disease Control, Henrico and Virginia Health Departments and in compliance to State and National laws.

HPAL will continue to deliver quality uplifting educational programs to our youth despite the health precautions brought about by some restrictive policies. **ALL POLICES AND PRACTICES COVERED UNDER THIS MANUAL SUPERCEDE ALL RELATED POLICIES AND PROCEDURES SET FORTH IN THE PREVIOUS POLICIES.**

## 2. Virginia Governmental Mandatory “Phase” Policies

All HPAL policies pertaining to the COVID-19 virus policies will be consistent with the policies of the local, state and federal governments. Policies from the Henrico School system and Virginia Child Licensing Services are also implemented in the HPAL policies. Staying up-to-date with policies from so many varying governmental entities is fluid and difficult, therefore, HPAL will rely on the Virginia Child Care Licensing Services for all updates to practices and procedures.

As a non-profit business, HPAL will strictly adhere to the physical distancing guidelines, enhanced cleaning and disinfection practices, and enhanced workplace safety practices provided in the State of Virginia’s “Guidelines for All Business Sectors” document. HPAL staff will also adhere to the following additional requirements:

### Phase III

- Consult your local health department for guidance on specific situations on whether it is appropriate for your program to open or reopen if there is a confirmed case of COVID-19.
- Group size limits for Phase III: – For children age four and above, including school-age children up to age 13, group size maximum is 22 (including staff) as long as social distancing of six feet apart is maintained. Age-based adult: child ratios must be followed.
  - Groups of children may share the same physical space (e.g. classroom, gymnasium) so long as social distancing of six feet can be maintained and children do not mix between groups.
  - Groups of children can play outside at the same time if social distancing of 6 feet apart is maintained and children do not mix between groups. Maintain an overall limit of 50 people for all outdoor activities and recess.
- Adjust the HVAC system to allow more fresh air to enter the program space and ensure that ventilation systems operate properly. Increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods. Do not open windows and doors if doing so poses a safety or health risk (for example, allowing pollens in or exacerbating asthma symptoms) to children using the facility.
- School controlled drinking fountains will not be used by HPAL when using the school facilities due to the prolonged facility shutdown to minimize the risk of Legionnaires’ disease and other diseases associated with water. Bottled water will be utilized by staff and students. Any water distribution will be managed by staff only.

- Teach staff, students, and their families to maintain distance from each other in the school. Educate staff, students, and their families at the same time and explain why this is important.
- Use of interactive water features, splash pads, wading pools, etc. is prohibited.
- The same staff and children should consistently remain in the same groups to the greatest extent possible.
- While it is recommended that programs continue to delay participation in field trips, inter-group events, and extracurricular activities, if a program chooses to schedule these activities, the following additional guidelines apply:
  - Social distancing of six feet between individuals should be maintained.
  - The location of the field trip should be age appropriate, with large crowds avoided.
  - Hand washing or hand sanitizer must be available to children and staff.
  - Children and staff should not travel with others outside their stable group.
  - During transportation, staff should document the name of individuals in the stable group staff including the children, driver, staff, volunteers, the date and time of the trip, destination, and the vehicle number/license.
  - Drivers can transport multiple stable groups if they wear a mask and sanitize hands before and after driving each group.
  - Vehicles should be cleaned between each group of children and staff.
  -

### **Infection Control and Sanitation Practices during Phase III**

- Take temperatures and check symptoms for staff and children upon entry each day and ask if medications were used to lower the child's temperature and if there are any household members with COVID-19. Conduct regular health checks of staff and children to look for symptoms of sickness or fever. Separate symptomatic individuals until they are picked up from the facility. If forehead or disposable thermometers are not available, ask the caregiver to fill out and sign a form that reports their child's temperature as taken at home (or affirming the child does not have a fever) and any symptoms.
- Avoid using items (e.g., soft or plush toys) that are not easily cleaned, sanitized, or disinfected.
- Community playgrounds can be used if cleaned and sanitized before and after use and if social distancing is maintained during play.
- Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.
- Develop a schedule for increased, routine cleaning and disinfection.

- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g., guides for creating "one-way routes" in hallways).
- Set up hand hygiene stations at the entrance to the facility so that children can clean their hands before entering.

## **Facial Covering and Other Protective Equipment during Phase III**

- Staff and children over the age of two should use cloth face coverings when physical distancing cannot be maintained, as is medically and developmentally appropriate. Face coverings are most essential in times when physical distancing is difficult.
- Face coverings should be cleaned, following CDC guidelines, or a new disposable face covering should be used each day.
- In addition to handwashing, use disposable gloves when within six feet of children when screening for illness.
- To the extent possible when washing, feeding, or holding very young children, wear an over-large, button-down, long sleeved shirt and wear long hair up or use a hairnet.
- Those providing transportation to child care facilities should maximize space between riders (e.g., one rider per seat in every other row). Keeping windows open may reduce virus transmission.
- Screen children for fever and symptoms of illness prior to transport. All staff, drivers, and volunteers should be screened prior to the beginning of their shift. Clean and disinfect vehicles before and after use.
- Achieving "social distancing" with young children is challenging. Do not combine groups and maintain the same groups from day to day. Programs should try to keep groups of children together with consistent staff so that if there is an exposure, a limited group of children and staff is impacted.
- Implement small group activities and encourage individual play/activities.
- Physically rearrange the room to promote individual play.
- Feed children in their individual classes. If meals must be provided in a lunch room, stagger meal times, arrange tables to ensure that there is at least six feet of space between groups, and clean and disinfect tables between lunch shifts.
- Outdoor activities are encouraged as much as possible. Incorporate increased outside time as much as possible while adhering to current restrictions and allow ample time for fresh air.
- Limit item sharing, and if items are being shared, remind children not to touch their faces and to wash their hands after using these items. Limit shared teaching materials to those that can be easily cleaned and disinfected at the end of the day or more often as needed.

- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single camper) or limit use of supplies and equipment to one group of children at a time and clean and disinfect between uses.
- Staff or children with fever of 100.4° F or higher, cough, or shortness of breath must be excluded from child care facilities and isolated from others. Children with household members who are known to have COVID-19 should be excluded from the child care facility. Licensed programs are already required to follow these guidelines. \* All other symptoms for other illnesses are covered under page 14 of the employee handbook and these policies.
- Facilities with a confirmed case of COVID-19 among their population may need to close classrooms or the facility temporarily. This will be determined in consultation with the local health department. Steps to take during an outbreak can be reviewed in VDH Child Care Facility Outbreak Guidance.

### **3. GENERAL CHILD CARE VIRUS PRECAUTIONS: (FROM CDC SITE ON CHILD CARE PROGRAMS)**

- 3.1 [General Preparedness and Planning](#)
- 3.2 [If Your Child Care Program Remains Open](#)
- 3.3 [Social Distancing Strategies](#)
- 3.4 [Parent Drop-Off and Pickup](#)
- 3.5 [Screen Children Upon Arrival](#)
- 3.6 [Clean and Disinfect](#)
- 3.7 [Healthy Hand Hygiene Behavior](#)
- 3.8 [Food Preparation and Meal Service](#)
- 3.9 [Vulnerable/High Risk Groups](#)
- 3.10 [Other Resources](#)

#### **3.1 General Preparedness and Planning**

As you think about how your facility will deal with the impact of coronavirus disease 2019 (COVID-19), it is important to work with your Henrico Health Department officials, school districts, child care licensing boards/bodies, child care accreditation bodies, health consultants, and other community partners to determine the most appropriate plan and action. This document is meant to help administrators create emergency operations plans and tailor them to your community's level of transmission.

No matter the level of transmission in a community, HPAL will have a plan in place to protect HPAL staff, children, and their families from the spread of COVID-19.

See [CDC's guidance](#) for more details.

#### **Prevent the Spread of COVID-19**

Plan ahead to ensure adequate supplies to support hand hygiene behaviors and routine cleaning of objects and surfaces. If you have difficulty in obtaining these supplies, please contact your local Child Care Resource and Referral (CCR&R) Agency to learn more about service organizations in your community who may have additional resources. Your local CCR&R Agency can be found under "[Resources](#)" at Child Care Aware of America.

HPAL staff are required to take [everyday preventive actions](#) to prevent the spread of respiratory illness.

- [Wash hands](#) often with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.

- Always wash hands with soap and water if hands are visibly dirty.
- Remember to supervise young children when they use hand sanitizer to prevent swallowing alcohol.
- [Clean and disinfect frequently touched surfaces.](#)
- [Cover cough and sneezes.](#)
- Cover your mouth and nose with a [cloth face covering](#) when you have to go out in public.
- Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.

Require sick children and staff to stay home.

- Communicate to parents the importance of keeping children home when they are sick.
- Communicate to staff the importance of being vigilant for symptoms and staying in touch with facility management if or when they start to feel sick.
- Children and staff who come to the child care center sick or become sick while at your facility are sent home as soon as possible.
- Sick children and staff will be kept separate from well children and staff until they can be sent home.
- Sick staff members should not return to work until they have met the [criteria to discontinue home isolation.](#)

If someone is or becomes sick.

- Each site will have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child. Additional information about isolation in related settings can be found here: [isolation at home](#) and [isolation in healthcare settings](#).
- Follow CDC guidance in this policy on how to [disinfect your building or facility](#) if someone is sick.
- If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
- If COVID-19 is confirmed in a child or staff member:
  - Close off areas used by the person who is sick.
  - Open outside doors and windows to increase air circulation in the areas IF POSSIBLE. Opening doors is only viable when there is no security risk, eg. there is a person monitoring the entrance, opening is not accessible to humans.
  - Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
  - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
  - If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
    - Continue routine cleaning and disinfection.



## Monitor and Plan for Absenteeism Among Your Staff

- Managers will have plans to cover programs in the event of increased staff absences. Coordinate with other manager and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick.
- It is recommended by CDC that individuals at higher risk for severe illness from COVID-19 (older adults and people of any age who have serious underlying medical conditions) consult with their medical provider to assess their risk and to determine if they should stay home if there is an outbreak in their community.

## Review plans for implementing social distancing strategies

- Social distancing focuses on remaining out of congregate settings, avoiding mass gatherings, and maintaining distance from others when possible. Detailed guidance for implementing social distancing strategies in child care centers and schools is found below.

## Assess Group Gatherings and Events

- Follow [current guidance](#) about gatherings and events (see Phases above).
- Limit nonessential visitors and postpone or cancel use of classroom volunteers.

## 3.2 If Your Child Care Program Remains Open

Child care programs that remain open during the COVID-19 pandemic will address these additional considerations:

- Implement [social distancing strategies](#)
- Intensify [cleaning and disinfection efforts](#)
- Modify [drop off and pick up procedures](#)
- Implement [screening procedures upon arrival](#)
- Maintain an adequate ratio of staff to children to ensure safety.
  - Plan ahead and recruit those with child care experience to ensure you have a roster of substitute caregivers who can fill in if your staff members are sick or stay home to care for sick family members.
- When feasible, staff members and older children should [wear face coverings](#) within the facility. Cloth face coverings should NOT be put on babies and children under age two because of the danger of suffocation.

Some schools, child care programs, and service organizations are supporting their communities by providing temporary or emergency child care services for the children of essential service providers such as first responders, healthcare workers, transit or food retail workers, and persons who do not have paid leave, cannot work from home, or do not have a family caregiver at home.

- If you re-purpose your school or service facility as an emergency or temporary child care center, please follow [CDC guidance for administrators of child care programs and K-12 schools](#).
- Be sure to follow state and local child care [licensing policies and regulations](#). Specifically, all facilities should continue to adhere to State of Virginia and Henrico licensing policies unless otherwise notified by Henrico Health Department.
- Guidance may also be provided by the department of education and/or health department in your state, city, or locality.

### **3.3 Social Distancing Strategies**

Work with your Henrico Health Department officials to determine a set of strategies appropriate for your community's situation. Continue using preparedness strategies and consider the following social distancing strategies:

- If possible, child care classes should include the same group each day, and the same child care providers should remain with the same group each day. If your child care program remains open, consider creating a separate classroom or group for the children of healthcare workers and other first responders. If your program is unable to create a separate classroom, consider serving only the children of healthcare workers and first responders.
- Cancel or postpone special events such as festivals, holiday events, and special performances.
- Consider whether to alter or halt daily group activities that may promote transmission.
  - Keep each group of children in a separate room.
  - Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
  - If possible, at nap time, ensure that children's naptime mats (or cribs) are spaced out as much as possible, ideally 6 feet apart. Consider placing children head to toe in order to further reduce the potential for viral spread.
- Consider staggering arrival and drop off times and/or have child care providers come outside the facility to pick up the children as they arrive. Your plan for curb side drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
- If possible, arrange for administrative staff to telework from their homes.

### **3.4 Parent Drop-Off and Pick-Up**

- Hand hygiene stations should be set up at the entrance of the facility, so that children can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children's reach and supervise use. If

possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.

- Consider staggering arrival and drop off times and plan to limit direct contact with parents as much as possible.
  - Have child care providers greet children outside as they arrive.
  - Designate a parent to be the drop off/pick up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars.
  - Infants could be transported in their car seats. Store car seat out of children's reach.
- Ideally, the same parent or designated person should drop off and pick up the child every day. If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for [severe illness from COVID-19](#).

### **3.5 Screen Children Upon Arrival (if possible)**

Persons who have a fever of 100.4<sup>0</sup> (38.0<sup>0</sup>C) or above or other signs of illness should not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick. Screen children upon arrival, if possible.

#### **Watch for symptoms**

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

There are several methods that HPAL will use to protect our workers while conducting temperature screenings. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening.

## Reliance on Personal Protective Equipment

If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child.

However, **reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.**

- Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
- Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
- Take the child's temperature.
  - If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
  - If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
  - If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
- After each screening, remove and discard PPE, and wash hands.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
- If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
- If your staff does not have experience in using PPE:
  - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
  - If your facility does not have specific guidance, [the CDC has recommended sequences for donning and doffing PPEpdf icon](#).

## 3.6 Clean and Disinfect

[Caring for Our Children](#) (CFOC) provides national standards for cleaning, sanitizing and disinfection of educational facilities for children. Toys that can be put in the mouth should be cleaned and sanitized (see below). Other hard surfaces, including tables, door knobs, and floors can be disinfected.

### Intensify cleaning and disinfection efforts:

- Facilities should develop a schedule for cleaning and disinfecting.
- [Routinely clean, sanitize, and disinfect](#) surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, toilet training potties, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility. Guidance is available for the selection of appropriate [sanitizers or disinfectants](#) for child care settings.
- Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#). If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- If possible, provide EPA-registered disposable wipes to child care providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC's guidance on [disinfection for community settings](#).
- All cleaning materials should be kept secure and out of reach of children.
- Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children from inhaling toxic fumes.

### Clean and Sanitize Toys and Other Shared School Items

- Items that cannot be cleaned and sanitized should not be used.
- Items that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
- Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be [laundered](#) before being used by another child.

- Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
- Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled toys.” Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
- Children’s books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures, however, covers to books should be cleaned with a disinfectant wipe before and after use. Students are not be permitted to search through book collections.

School nurses in schools that have been re-purposed as emergency or temporary child care centers should use [Standard and Transmission-Based Precautions](#) when caring for patients with confirmed or possible COVID-19. See: [What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection](#).

### 3.7 Healthy Hand Hygiene Behavior

- All children, staff, and volunteers should engage in hand hygiene at the following times:
  - Arrival to the facility and after breaks
  - Before and after preparing food or drinks
  - Before and after eating or handling food, or feeding children
  - Before and after administering medication or medical ointment
  - After using the toilet or helping a child use the bathroom
  - After coming in contact with bodily fluid
  - After playing outdoors or in sand
  - After handling garbage
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing, including infants who cannot wash hands alone.
  - After assisting children with handwashing, staff should also wash their own hands.
- Place [posters](#) describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

### 3.8 Food Preparation and Meal Service

- Even when the food is provided by Henrico Nutritional Services, meals will be delivered and eaten in the classrooms for the counselor to serve it.
- Sinks used for food preparation will not be used for any other purposes.

- Counselors will ensure children wash hands prior to and immediately after eating.
- Counselors will wash their hands before preparing food and after helping children to eat.

Facilities should follow all other applicable federal, state, and local regulations and [guidanceexternal icon](#) related to safe preparation of food.

### 3.9 Vulnerable/High Risk Groups

Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. To protect those at [higher risk](#), it's important that everyone practices [healthy hygiene behaviors](#).

- If you have staff members or teachers age 65 or older, or with serious underlying health conditions, encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home. Information about [COVID-19 in children](#) is somewhat limited, but the information that is available suggests that many children have mild symptoms. However, a small percentage of children have been reported to have more severe illness. If you have children with underlying health conditions, talk to their parents about their risk. Follow children's care plans for underlying health conditions such as an [asthma action plan](#).
- If you have children with disabilities, talk to their parents about how their children can continue to receive the support they need.

### 3.10 Other Resources

CDC's website contains a variety of resources for child care programs and K-12 schools, including detailed guidance, considerations for closures, and frequently asked questions for administrators, teachers, and parents. Together, these resources provide additional information on:

- What to do if a child or staff member at your facility becomes sick.
- Closures of child care programs.

The resources emphasize that any decision about temporary closures of child care programs or cancellation of related events should be made in coordination with your federal, state, and local educational officials as well as state and Henrico Health Department officials. Child care programs are not expected to make decisions about closures on their own. The resources also address steps to ensure continuity of meal programs and other essential services if your facility is closed; additional government resources related to meals and snacks can be found here:

<https://www.fns.usda.gov/cacfpexternal icon>

Guidance is also available on these topics:

- [Children and COVID-19](#)
- [Talking with children about Coronavirus Disease 2019](#)
- Information about COVID-19 and:
  - [Pregnancy and breastfeeding](#)
  - [Stress and coping](#)



## 4. Guidelines for Prevention, Outbreaks and Responses.

Guidelines for responding to community outbreaks will help HPAL, our partner schools, and our program partners understand how to help prevent the transmission of COVID-19 within our program sites and facilities. It also aims to help HPAL programs and partners react quickly should a case be identified. The guidance includes considerations to help administrators plan for the continuity of teaching and learning if there is community spread of COVID-19.

HPAL, working together with the Henrico Health Department, have an important role in slowing the spread of diseases to help ensure students have safe and healthy learning environments. HPAL programs serve students, staff, and visitors from throughout the community. All of these people may have close contact in the site setting, often sharing spaces, equipment, and supplies.

Information about [COVID-19 in children](#) is somewhat limited, but the information that is available suggests that children with confirmed COVID-19 generally had mild symptoms. Person-to-person spread from or to children, as among adults, is thought to occur mainly via respiratory droplets produced when an infected person coughs, sneezes, or talks. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19.

However, a small percentage of children have been reported to have more severe illness. [Older adults and people who have serious underlying medical conditions](#) are at highest risk of severe illness from COVID-19. Despite lower risk of serious illness among most children, children with COVID-19-like symptoms should avoid contact with others who might be at [high risk for severe illness from COVID-19](#).

- The HPAL After School Programs, Summer Camps and Stand-Alone Programs, with assistance from the Henrico Health Department, have an important role in slowing the spread of diseases and protecting vulnerable students and staff, to help ensure students have safe and healthy learning environments.
- Guidance for child care programs and schools is organized into three categories based on the level of community transmission:
  - 1) when there is no community transmission (preparedness phase),**
  - 2) when there is minimal to moderate community transmission, and**
  - 3) when there is substantial community transmission.**
- Guidance is also provided for when a confirmed case has entered a site or program, regardless of the level of community transmission.

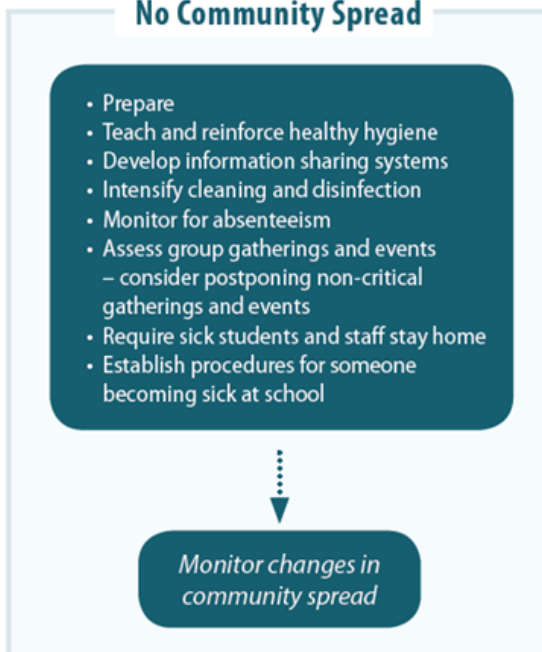
- All decisions about implementing site-based strategies (e.g., dismissals, event cancellations, other social distancing measures) should be made locally, in collaboration with the HPAL Board of Directors and the Henrico Health Department officials who can help determine the level of transmission in the community. Information about level of transmission is available in [CDC's framework for mitigation](#). The HPAL guidelines for the community outbreak responses are outlined in the "Administrative Guidelines for Community Outbreaks".
- HPAL is preparing for COVID-19 outbreaks in our local community and for individual exposure events to occur in our facilities, regardless of the level of community transmission, for example a case associated with recent travel to Henrico with sustained COVID-19 transmission. The following decision tree will be used to help HPAL determine which set of mitigation strategies may be most appropriate for our current situation:

## School Decision Tree

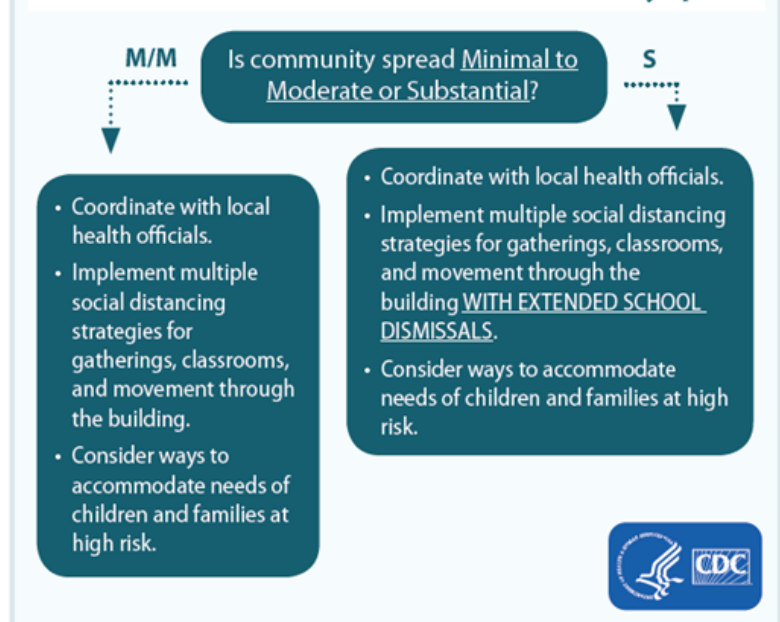
### All Schools Regardless of Community Spread



### No Community Spread



### Minimal to Moderate OR Substantial Community Spread



## 5. OVERALL PROTECTION PRACTICES

- 5.1. General Practices On How You Protect Yourself.
- 5.2. Hand Washing
- 5.3. Hand Sanitizers
- 5.4. Face Coverings
- 5.5. Gloves
- 5.6. Vehicles

### 5.1 GENERAL PRACTICES ON HOW YOU PROTECT YOURSELF?

- Know how COVID-19 and other viruses spread. There is currently no vaccine to prevent COVID-19.
  - **The best way to prevent illness is to avoid being exposed to this virus.**
  - The virus is thought to [spread mainly from person-to-person](#). Between people who are in close contact with one another (within about 6 feet).
  - Through respiratory droplets produced when an infected person coughs, sneezes or talks.
  - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
  - Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms. Remember that some people without symptoms may be able to spread virus.
- Social Distance
  - [Stay at least 6 feet \(about 2 arms' length\) from other people](#).
  - Do not gather in groups.
  - Stay out of crowded places and avoid mass gatherings.
  - Keeping distance from others is especially important for [people who are at higher risk of getting very sick](#).
- Cover your mouth and nose with a cloth face cover when around others
- You could spread COVID-19 to others even if you do not feel sick.
- Everyone should wear a [cloth face cover](#) (see Section 5.3) when they have to go out in public, for example to the grocery store or to pick up other necessities.
- Cover coughs and sneeze.
  - **If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and**

- **nose** with a tissue when you cough or sneeze or use the inside of your elbow.
  - **Throw used tissues** in the trash.
  - Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.
- Clean and disinfect.
  - **Clean AND disinfect [frequently touched surfaces](#) daily.** This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
  - **If surfaces are dirty, clean them.** Use detergent or soap and water prior to disinfection.
  - **Then, use a household disinfectant.** Most common [EPA-registered household disinfectants](#)[external icon](#) will work.
- Monitor Your Health
  - **Be alert for symptoms.** Watch for fever, cough, shortness of breath, or [other symptoms of COVID-19](#).
  - Especially important if you are [running essential errands](#), going into the office or workplace, and in settings where it may be difficult to keep a [physical distance of 6 feet](#).
  - **Take your temperature** if symptoms develop.
  - Don't take your temperature within 30 minutes of exercising or after taking medications that could lower your temperature, like acetaminophen.
  - Follow [CDC guidance](#) if symptoms develop.

## 5.2 WASH HANDS

- Everyone will wash hands often.
- All staff and students will practice [washing their hands](#) often with soap and water for at least 20 seconds especially after they have been in a public place, or after blowing nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol** (See Section 5.3). They will cover all surfaces of their hands and rub them together until they feel dry.
- **Avoid touching eyes, nose, and mouth** with unwashed hands.
- **Avoid close contact with people who are sick, even inside your home.** If possible, maintain 6 feet between the person who is sick and other household members.
- **Put distance between yourself and other people outside of your home.**

## Key Times to Wash Hands

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- **Before, during, and after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage

### During the COVID-19 pandemic, you should also clean hands:

- After you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
- Before touching your eyes, nose, or mouth because that's how germs enter our bodies.

## Follow Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

Follow these five steps every time.

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

Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.

### 5.3 HAND SANITIZERS

- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- All Programs will have hand sanitizer on any transportation vehicle, at the entrance/exit to the program sites/rooms and readily available for all staff and participants throughout the program.
- Electronic hand sanitizer dispensers or staff holding the bottles is recommended for dispensing of hand sanitizer.

### 5.4 FACE COVERINGS (MASKS)

#### Recommendation Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission

- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The cloth face cover is meant to protect other people in case you are infected.
- Do NOT use a facemask meant for a healthcare worker.
- Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.

CDC continues to study the spread and effects of the novel coronavirus across the United States. They now know from [recent studies](#) that a significant portion of individuals with coronavirus lack symptoms (“asymptomatic”) and that even those who eventually develop symptoms (“pre-symptomatic”) can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms. In light of this new evidence, CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) **especially** in areas of significant community-based transmission.

It is critical to emphasize that maintaining 6-foot social distancing remains important to slowing the spread of the virus. CDC is additionally advising the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

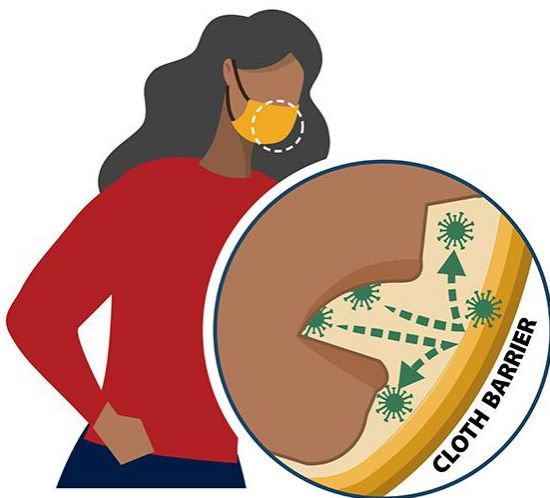
## About Cloth Face Coverings

- A cloth face covering may not protect the wearer, but it may keep the wearer from spreading the virus to others.
- COVID-19 spreads mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. [Studies and evidence](#) on infection control report that these droplets usually travel around 6 feet (about two arms lengths).

## Wear Cloth Face Coverings

[CDC recommends](#) wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain, such as grocery stores, pharmacies, and gas stations.

- Cloth face coverings may slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.
- Cloth face coverings can be made from household items.



## Prevent Spread by Those Without Symptoms

While people who are sick or know that they have COVID-19 should isolate at home, COVID-19 can be spread by people who do not have symptoms and do not know that

they are infected. That's why it's important for everyone to practice [social distancing](#) (staying at least 6 feet away from other people) and wear cloth face coverings in public settings. Cloth face coverings provide an extra layer to help prevent the respiratory droplets from traveling in the air and onto other people.

## How to Wash Cloth Face Coverings

- Cloth face coverings are an additional step to help slow the spread of COVID-19 when combined with [every day preventive actions](#) and [social distancing](#) in public settings.
- Cloth face coverings should be washed after each use. It is important to always [remove face coverings correctly](#) and [wash your hands](#) after handling or touching a used face covering.

## How to Clean by:

### Washing Machine

- You can include your face covering with your regular laundry.
- Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the face covering.

### Washing by Hand

- Prepare a bleach solution by mixing:
  - 5 tablespoons (1/3rd cup) household bleach per gallon of room temperature water or
  - 4 teaspoons household bleach per quart of room temperature water
- Check the label to see if your bleach is intended for disinfection. Some bleach products, such as those designed for safe use on colored clothing, may not be suitable for disinfection. Ensure the bleach product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
- Soak the face covering in the bleach solution for 5 minutes.
- Rinse thoroughly with cool or room temperature water.

**Make sure to completely dry cloth face covering after washing.**

## How to Dry

### Dryer



- Use the highest heat setting and leave in the dryer until completely dry

### Air Dry

- Lay flat and allow to completely dry. If possible, place the cloth face covering in direct sunlight.

## 5.5 GLOVES

### When to wear gloves

For the general public, CDC recommends wearing gloves when you are cleaning or caring for someone who is sick.

In most other situations, like running errands, wearing gloves is not necessary. Instead, practice [everyday preventive actions](#) like keeping [social distance](#) (at least 6 feet) from others, washing your hands with soap and water for 20 seconds (or using a hand sanitizer with at least 60% alcohol), and wearing a [cloth face covering](#) when you have to go out in public.

- When cleaning
- When you are routinely [cleaning and disinfecting](#).

Follow precautions listed on the disinfectant product label, which may include-

- Wearing gloves (reusable or disposable) and
- Having good ventilation by turning on a fan or opening a window to get fresh air into the room you're cleaning.
- [Wash your hands](#) after you have removed the gloves.

When caring for someone who is sick

- If you are providing care to someone who is [sick at home or in another non-healthcare setting](#)
  - Use disposable gloves when cleaning and disinfecting the area around the person who is sick or other surfaces that may be frequently touched in the home.
  - Use disposable gloves when touching or having contact with blood, stool, or body fluids, such as saliva, mucus, vomit, and urine.
  - After using disposable gloves, throw them out in a lined trash can. Do not disinfect or reuse the gloves.
  - [Wash your hands](#) after you have removed the gloves.

- When gloves aren't needed
  - Wearing gloves outside of these instances (for example, when using a shopping cart or using an ATM) will not necessarily protect you from getting COVID-19 and may still lead to the spread of germs. The best way to protect yourself from germs when running errands and after going out is to regularly wash your hands with soap and water for 20 seconds or use hand sanitizer with at least 60% alcohol.

## Other ways to protect yourself

COVID-19 is a respiratory virus and is mainly spread through droplets created when a person who is infected coughs, sneezes, or talks. You can protect yourself by keeping [social distance](#) (at least 6 feet) from others and washing your hands with soap and water for 20 seconds (or using a hand sanitizer with at least 60% alcohol) at [key times](#), and practicing [everyday preventive actions](#).

## Gloves in the workplace

Guidelines and recommendations for glove use in [healthcare](#) and [work settings](#) will differ from recommendations for the general public.

## How Germs Spread

Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:

- Touch your eyes, nose, and mouth with unwashed hands
- Prepare or eat food and drinks with unwashed hands
- Touch a contaminated surface or objects
- Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects.

## 5.6 Cleaning and Disinfecting Transport Vehicles

Interim Recommendations for U.S. Non-emergency Transport Vehicles that May Have Transported Passengers with Suspected/Confirmed Coronavirus Disease 2019 (COVID-19)

When student shows signs of COVID-19 and must be transported

When transporting a student showing signs related to COVID-19, it is recommended that drivers wear an N95 respirator or facemask (if a respirator is not available) and eye protection such as a face shield or goggles (as long as they do not create a driving hazard), and the passenger should wear a facemask or cloth face covering. Occupants

of these vehicles should avoid or limit close contact (within 6 feet) with others. The use of larger vehicles such as vans is recommended when feasible to allow greater social (physical) distance between vehicle occupants. Additionally, drivers should practice regular [hand hygiene](#), avoid touching their nose, mouth, or eyes, and avoid picking up multiple passengers who would not otherwise be riding together on the same route. CDC recommends that individuals wear [cloth face coverings](#) in settings where other social distancing measures are difficult to maintain, especially in areas with significant community transmission. Cloth face coverings may prevent people who don't know they have the virus from transmitting it to others; these face coverings are not surgical masks, respirators, or personal protective equipment (PPE). Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

The following are general guidelines for cleaning and disinfecting these vehicles. Similar guidance can be found for cleaning and disinfecting [homes](#), [community facilities](#), and [EMS vehicles used to transport](#) persons with suspected or confirmed COVID-19.

At a minimum, clean and disinfect commonly touched surfaces in the vehicle at the beginning and end of each shift and between transporting passengers who are visibly sick. Ensure that cleaning and disinfection procedures are followed consistently and correctly, including the provision of adequate ventilation when chemicals are in use. Doors and windows should remain open when cleaning the vehicle. When cleaning and disinfecting, individuals should wear disposable gloves compatible with the products being used as well as any other PPE required according to the product manufacturer's instructions. Use of a disposable gown is also recommended, if available.

- For hard non-porous surfaces within the interior of the vehicle such as hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles, clean with detergent or soap and water if the surfaces are visibly dirty, prior to disinfectant application. For disinfection of hard, non-porous surfaces, appropriate disinfectants include:
  - [EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2](#)[external icon](#), the virus that causes COVID-19. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
  - [Diluted household bleach solutions](#) prepared according to the manufacturer's label for disinfection, if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
- For soft or porous surfaces such as fabric seats, remove any visible contamination, if present, and clean with appropriate cleaners indicated for use on these surfaces. After cleaning, use [products that are EPA-approved for use against the virus that causes COVID-19](#)[external icon](#) and that are suitable for porous surfaces.

- For frequently touched electronic surfaces, such as tablets or touch screens used in the vehicle, remove visible dirt, then disinfect following the manufacturer's instructions for all cleaning and disinfection products. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect.

Gloves and any other disposable PPE used for cleaning and disinfecting the vehicle should be removed and disposed of after cleaning; [wash hands](#) immediately after removal of gloves and PPE with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer with at least 60% alcohol if soap and water are not available. If a disposable gown was not worn, work uniforms/clothes worn during cleaning and disinfecting should be laundered afterwards using the warmest appropriate water setting and dry items completely. Wash hands after handling laundry.

# ADMINISTRATIVE GUIDELINES WHEN THERE IS COMMUNITY TRANSMISSION.

## When a confirmed case has entered a HPAL school site or program, regardless of community transmission

Any school used by HPAL might need to implement short-term closure procedures regardless of community spread **if an infected person has been in a program site**. If this happens, CDC recommends the following procedures regardless of the level of community spread:

### **Coordinate with Henrico Health Department.**

Once learning of a COVID-19 case in someone who has been in the school, immediately notify the school principal and Henrico Health Department officials. These officials will help administrators determine a course of action for HPLA programs or schools.

### **Dismiss students and most staff for 2-5 days.**

This initial short-term dismissal allows time for the Henrico Health Department to gain a better understanding of the COVID-19 situation impacting the school. This allows the Henrico Health Department officials to help the school determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

- Henrico Health Department officials' recommendations for the scope (e.g., a single school, multiple schools, the full district) and duration of school dismissals will be made on a case-by-case basis using the most up-to-date information about COVID-19 and the specific cases in the community.
- During school dismissals, also cancel extracurricular group activities, school-based afterschool programs, and large events (e.g., assemblies, spirit nights, field trips, and sporting events).
- Discourage HPAL staff, students, and their families from gathering or socializing anywhere. This includes group child care arrangements, as well as gathering at places like a friend's house, a favorite restaurant, or the local shopping mall.

### **Communicate with staff, parents, and students.**

Coordinate with the Henrico Health Department officials to communicate dismissal decisions and the possible COVID-19 exposure.

- This communication to the school community should align with the communication plan in the school's emergency operations plan.
- Plan to include messages to counter potential [stigma](#) and discrimination.
- In such a circumstance, it is critical to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act.

## **Clean and disinfect thoroughly.**

- Close off areas used by the individuals with COVID-19 and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection most common EPA-registered household disinfectants should be effective.
  - The Virginia Child Care Services provides a list of recommended disinfection products.
  - A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [at the CDC's website](#).. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
  - Additionally, diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:
 

5 tablespoons (1/3<sup>rd</sup> cup) bleach per gallon of water or  
4 teaspoons bleach per quart of water
- Coordinate all cleaning with the site partners to ensure compliance with their policies and procedures.

## **Make decisions about extending the program dismissal.**

Temporarily dismissing programs is a strategy to stop or slow the further spread of COVID-19 in communities.

- During program dismissals (after cleaning and disinfection), program sites may stay open for staff members (unless ill) while students stay home. Keeping facilities open: a) allows managers and counselor to develop and deliver lessons and materials remotely, thus maintaining continuity of teaching and learning; and b) allows other staff members to continue to provide services and help with additional response efforts. Decisions on which, if any, staff should be allowed in the sites or offices should be made in collaboration with the school administrators and Henrico Department of Health.
- **HPAL and school administrators should work in close collaboration and coordination with Henrico Department of Health and the Virginia Child Care Licensing Services to make dismissal and large event cancellation decisions.** HPAL is not expected to make decisions about dismissal or canceling events on our own. Program dismissals and event cancellations may be extended if advised by Henrico Department of Health. The nature of these actions (e.g., geographic scope, duration) may change as the local outbreak situation evolves.
- Administrators should seek guidance from Henrico Department of Health officials to determine when students and staff should return to schools and what additional steps are needed for the school community. In addition, students and staff who are well but are taking care of or share a home with someone with a case of COVID-19 should follow instructions Henrico Department of Health officials to determine when to return to school.

## **Implement strategies to continue education and related supports for students.**

- **Ensure continuity of education.**
  - Review continuity plans, including plans for the continuity of teaching and learning. Implement e-learning plans, including digital and distance learning options as feasible and appropriate.
  - Determine, in consultation with school district officials or other relevant state or local partners.
    - If a waiver is needed for state requirements of a minimum number of in-person instructional hours or school days (seat time) as a condition for funding;
    - How to convert face-to-face lessons into online lessons and how to train teachers to do so;
    - How to triage technical issues if faced with limited IT support and staff;
    - How to encourage appropriate adult supervision while children are using distance learning approaches; and
    - How to deal with the potential lack of students' access to computers and the Internet at home.
- **Ensure continuity of meal programs.**

- Consider ways to distribute food to students.
- If there is community spread of COVID-19, design strategies to avoid distribution in settings where people might gather in a group or crowd. Consider options such as “grab-and-go” bagged lunches or meal delivery.
- **Consider alternatives for providing essential medical and social services for students.**
  - Continue providing necessary services for children with special healthcare needs, or work with the state *Title V Children and Youth with Special Health Care Needs (CYSHCN) Program*.

## When there is no community transmission (preparedness phase)

The most important thing to do now is **plan and prepare**. Administrators should reinforce healthy practices among HPAL students and staff. As the global outbreak evolves, programs should prepare for the possibility of community-level outbreaks. HPAL needs to **be ready** if COVID-19 does appear in our programs. Here are some strategies:

### **Update, and implement emergency operations plans (EOPs).**

The EOP has been developed and reviewed in collaboration with the Henrico Department of Health and other relevant partners. The EOP focuses on the components of all current outbreaks to show how to address the outbreaks.

- The EOP updates will include additional strategies to reduce the spread of the new outbreak. This includes current strategies for social distancing and school dismissal that may be used to stop or slow the spread of the outbreak. The plan includes strategies for continuing education, meal programs, and other related services in the event of school or program dismissal.
- The update emphasizes everyday preventive actions for students and staff. For example, emphasize actions such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often.
  - CDC has workplace resources such as posters with messages for staff about [staying home when sick](#) and how to [avoid spreading germs at work](#).
  - Other health and education professional organizations may also have helpful resources HPAL can use or share. For example, the American Academy of Pediatrics provides information on [germ prevention strategies](#) and [reducing the spread of illness in child care setting](#).
  -



- Key resources used while reviewing, updating, and implementing the EOP:
  - Multiple federal agencies have developed resources on planning principles and a 6-step process for creating plans to build and continually foster safe and healthy child care programs *before, during, and after* possible emergencies. Key resources include [guidance on developing high-quality school emergency operations plans](#), and a [companion guide on the role of school districts in developing high-quality school emergency operations plans](#).
  - The Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center's [website](#) external icon contains free resources, trainings, and TA to schools and HPAL community partners, including many tools and resources on emergency planning and response to infectious disease outbreaks.

### **Develop information-sharing systems with partners.**

- Information-sharing systems were used for day-to-day reporting and disease surveillance efforts to detect and respond to an outbreak.
- Henrico Health Department officials are a key partner in information sharing.

### **Teach and reinforce healthy hygiene practices.**

- HPAL Staff are trained on healthy hygiene practices so they can teach these to students.
- HPAL staff ensure handwashing strategies include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- HPAL staff use the CDC handwashing resources that include [health promotion materials](#), information on [proper handwashing technique](#), and [tips for families to help children develop good handwashing habits](#).
- HPAL provides the adequate hygiene supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.

### **Intensify cleaning and disinfection efforts.**

- Routinely clean and disinfect surfaces and objects that are frequently touched. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, classroom sink handles, countertops). Clean with the cleaners typically used. Use all cleaning products according to the directions on the label. For disinfection most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that

causes COVID-19 is available [here](#)<sup>external icon</sup>. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

- Provide EPA-registered disposable wipes to teachers and staff so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down before use.
- Ensure adequate supplies to support cleaning and disinfection practices.

### **Monitor and plan for absenteeism.**

- Review the usual absenteeism patterns at your school among both students and staff.
- Alert Henrico Health Department officials about large increases in student and staff absenteeism, particularly if absences appear due to respiratory illnesses (like the common cold or the "flu," which have symptoms similar to COVID-19).
- Review attendance and sick leave policies. Encourage students and staff to stay home when sick, even without documentation from doctors. Use flexibility, when possible, to allow staff to stay home to care for sick family members.
- Discourage the use of perfect attendance awards and incentives.
- Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.
- Determine what level of absenteeism will disrupt continuity of teaching and learning.

### **Assess group gatherings and events. Consider postponing non-critical gatherings and events.**

- Ensure you have a clear understanding of all upcoming gatherings and large events for your school community (e.g., assemblies, field days, spirit nights, athletic events). Give special consideration to events that might put students, staff, or HPAL families in close proximity to others from communities that may have identified cases of COVID-19.
- Consider whether any of these events should be canceled. Speak with Henrico Health Department officials to help determine the best approach.

### **Require sick students and staff to stay home. Establish procedures for students and staff who are sick at school.**

- Establish procedures to ensure students and staff who become sick at school or arrive at school sick are sent home as soon as possible.
- Keep sick students and staff, particularly those with symptoms of respiratory illness, separate from well students and staff until they can leave. Plan to have areas where these individuals can be isolated from well students and staff until they can leave the school.
- Remember that **schools are not expected to screen students or staff to identify cases of COVID-19**. If a community (or more specifically, a school) has

cases of COVID-19, Henrico Health Department officials will help identify those individuals and will follow up on next steps.

- Share resources with the school community to help families understand when to keep children home. This guidance, not specific to COVID-19, from the American Academy of Pediatrics can be helpful for [familiesexternal icon](#).

## **Create and test communications plans for use with the school community.**

- Include strategies for sharing information with HPAL staff, students, and families.
- Include information about steps being taken by the school or child care facility to prepare, and how additional information will be shared.
- Test communication capacity, and reiterate steps staff, students, and families can take to stay healthy and guidance that they should stay home if sick.

## **Review CDC's guidance for businesses and employers.**

Review this CDC [guidance](#) to identify any additional strategies the school can use, given its role as an employer.

HPAL will support each of the HPAL programs by sharing resources with HPAL students (if resources are age-appropriate), their families, and staff. Coordinate with Henrico Health Department officials to determine what type of information might be best to share with the school community. Consider sharing the following fact sheets and information sources:

- Information about COVID-19 available through [state](#) and Henrico Health Department
- General CDC fact sheets to help staff and students' families understand COVID-19 and the steps they can take to protect themselves:
  - [What you need to know about coronavirus disease 2019 \(COVID-19\)](#)pdf icon
  - [What to do if you are sick with coronavirus disease 2019 \(COVID-19\)](#)
  - [Stop the spread of germs – help prevent the spread of respiratory viruses like COVID-19](#)pdf icon
- CDC Information on [COVID-19 and children](#)
- CDC information for HPAL staff, students, and their families who have recently traveled back to the United States from areas where CDC has identified community spread of coronavirus:
  - A list of countries where community spread of COVID-19 is occurring can be found on the CDC webpage: [Coronavirus Disease 2019 Information for Travel](#)

For questions about students who plan to travel, or have recently traveled, to areas with community spread of COVID-19, refer to CDC's [FAQ for travelers](#). Schools can also consult with state and Henrico Health Department officials. Schools may need to

postpone or cancel trips that could expose students and staff to potential community spread of COVID-19. Students returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials. COVID-19 information for travel is updated regularly on the CDC [website](#).

## When there is minimal to moderate community transmission

If Henrico Health Department officials report that there are multiple cases of COVID-19 in the community, schools may need to implement additional strategies in response to prevent spread in the school, but they should continue using the strategies they implemented when there was no community transmission. These additional strategies include:

### **Coordinate with Henrico Health Department officials.**

This should be a first step in making decisions about responses to the presence of COVID-19 in the community. Henrico Health Department can help a school determine which set of strategies might be most appropriate for HPAL specific community's situation.

### **Implement multiple social distancing strategies.**

Select strategies based on feasibility given the unique space and needs of the school. Not all strategies will be feasible for all schools. For example, limiting hall movement options can be particularly challenging in secondary schools. Many strategies that are feasible in primary or secondary schools may be less feasible in child care settings. Administrators are encouraged to think creatively about all opportunities to increase the physical space between students and limit interactions in large group settings. Schools may consider strategies such as:

- **Cancel field trips, assemblies, and other large gatherings.** Cancel activities and events such as field trips, student assemblies, athletic events or practices, special performances, school-wide parent meetings, or spirit nights.
- **Cancel or modify classes where students are likely to be in very close contact.** For example, in physical education or choir classes, consider having teachers come to classrooms to prevent classes mixing with others in the gymnasium or music room).
- **Increase the space between desks.** Rearrange student desks to maximize the space between students. Turn desks to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
- **Avoid mixing students in common areas.** For example, allow HPAL students to eat lunch and breakfast in school classrooms rather than mixing in the cafeteria. If

it is not possible to suspend use of common areas, try to limit the extent to which students mix with each other, and particularly with students from other classes (e.g., stagger lunch by class, segregate lunch and recess area by class, send a few students into the library to pick out books rather than going as a class, suspend the use of lockers). Restrict hallway use through homeroom stays or staggered release of classes. Try to avoid taking multiple classes to bathrooms at once (e.g., avoid having all classes use the bathroom right after lunch or recess). In child care or elementary school settings, consider staggering playground use rather than allowing multiple classes to play together, and limit other activities where multiple classes interact.

- **Stagger arrival and/or dismissal times.** These approaches can limit the amount of close contact between students in high-traffic situations and times.
- **Reduce congestion in the health office.** For example, use the health office for children with flu-like symptoms and a satellite location for first aid or medication distribution.
- **Limit nonessential visitors.** Limit the presence of volunteers for classroom activities, mystery readers, cafeteria support, and other activities.
- **Limit cross-school transfer for special programs.** For example, if students are brought from multiple schools for special programs (e.g., music, robotics, academic clubs), consider using distance learning to deliver the instruction or temporarily offering duplicate programs in the participating schools.
- **Teach HPAL staff, students, and their families to maintain distance from each other in the school.** Educate HPAL staff, students, and their families at the same time and explain why this is important.

### **Consider ways to accommodate the needs of children and families at-risk for serious illness from COVID-19.**

Consider if and how to honor requests of parents who may have concerns about HPAL students attending programs due to underlying medical conditions of HPAL children or others in their home.

Additional information about social distancing, including information on its use for other viral illnesses, is available in this [CDC publicationpdf icon](#)

### **When there is substantial community transmission**

Additional strategies should be considered when there is substantial transmission in the local community in addition to those implemented when there is no, minimal, or moderate transmission. These strategies include:

**Continue to coordinate with Henrico Health Department officials.**

If Henrico Health Department officials have determined there is substantial transmission of COVID-19 within the community, they will provide guidance to administrators on the best course of action for child care programs or schools. These strategies are expected to extend across multiple programs, schools, or school districts within the community, as they are not necessarily tied to cases within schools or child care facilities.

### **Consider extended school dismissals.**

In collaboration with Henrico Health Department officials, implement extended school dismissals (e.g., dismissals for longer than two weeks). This longer-term, and likely broader-reaching, dismissal strategy is intended to slow transmission rates of COVID-19 in the community. During extended school dismissals, also cancel extracurricular group activities, school-based afterschool programs, and large events (e.g., assemblies, spirit nights, field trips, and sporting events). Remember to implement strategies to ensure the continuity of education (e.g., distance learning) as well as meal programs and other essential services for students.

**From the VA State website at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>**

### **Watch for symptoms**

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

**Use the State “Coronavirus Self-Checker” site at [www.vahhs.gov](http://www.vahhs.gov).**

It states:

The purpose of the Coronavirus Self-Checker is to help you make decisions about seeking appropriate medical care. This system is not intended for the diagnosis or treatment of disease or other conditions, including COVID-19. This system is intended only for people who are currently located in the United States.

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