

IN THE EVENT OF A DECLARED PUBLIC HEALTH EMERGENCY FOR COMMUNICABLE DISEASE

In the event that a public health emergency is declared, it is the commitment of The Clear View School Day Treatment Center that our preparations, first and foremost, ensure the health and safety of our constituents (staff, students and families) in the most effective manner available and to provide for the substantial continuity of educational and mental health services throughout the emergency. In recognition that such a declaration may include a range of requirements from increased restrictions on operation to complete closure, the follow pre-planning preparations will remain in place at all times:

- A 3-month supply of PPE (gloves, masks, face shields) will be in storage in addition to supplies that are in current use.
- A 6-month supply of disinfectant materials and spray virucide in addition to supplies in current use.
- Chromebooks ready for distribution to any student or staff member who would require a device to insure their equitable participation in tele education and telehealth services remotely.
- Active licensure to Google Suite for Education and Zoom.
- Details of the Emergency Plan will be reviewed with all staff upon hire and then yearly. All necessary training will be conducted upon receipt of plan and on an ongoing basis. The written plan will be available on the website and in the policy handbook.
- All signage encouraging hand hygiene and respiratory etiquette shall remain posted.

Essential Workers

In the event of FULL CLOSURE by the Governor:

- Administrative and Medical Assessment team (Executive Director, School Director, Clinical Director)
- CFO and COO
- Transportation personnel (as needed to deliver necessary equipment and supplies to constituents).
- Building maintenance staff
- IT personnel as needed to prepare devices for delivery and troubleshoot on site technology issues.

In the event of RESTRICTED OPERATIONS by the Governor:

- Classroom teaching staff, including head teachers and assistant teachers
- Teachers of special programs: PhysEd., Art, Music and Vocational Studies
- Unit Coordinators and crisis staff
- Related service providers
- Receptionist, records department, transportation coordinator and transportation staff

The above staff may be required to be on site daily or on a staggered schedule based on level of restriction and subsequent student needs. Home visits to students and families may be needed. Direct care staff will carry out those duties following safety protocols, including masks, distancing and outside visit only precautions.

Non-Essential Staff

All staff that are not required to be physically present at work site to perform duties, will provide their service through telecommuting provisions. Such an employee can request a school device to be provided and equipped with any software needed to substantially continue their duties while off site. Such employees are expected to fulfill all regular hours as they

would if performing a job on site. Designation as non-essential staff may be changed at any time in the sole discretion of the employer.

In the event that a given job is not possible to be performed, in person and cannot be substantially performed through telecommuting (e.g., off campus job coach, school nurse when students are not on site), an employee may be offered an alternate position, temporarily, if such a position is available. If the employee either does not wish to do an alternate job or if no such job for which they are qualified exists, the employee will be furloughed with the understanding that they will be called back to duty when their position is again available. Employees do not have to commit to returning.

Work Shifts on Site

Work shifts will be staggered as needed to accommodate restrictions on the number of employees on site or in a given work area in consideration of maintaining recommended distancing). Similarly, students may attend on a modified/hybrid schedule to reduce size of cohorts with respect to space and distancing requirements.

In the case of a fully remote or hybrid schedule, tele-education will maximize synchronous learning platforms. Individual or family therapy appointments will all be utilizing telehealth platforms such as Google Meet or Zoom.

PROTOCOL FOR INITIATING PUBLIC HEALTH EMERGENCY PLAN

- 1) Implementation begins when a public health emergency is declared by the Governor or governmental authority.
- 2) Administrative and Medical Assessment team will make plans to gather all employees either in person or utilizing virtual platforms as is most practical to inform staff of the need to initiate the plan and review next steps, including but not limited to assigning responsibility to individual or groups of staff for facilitating communication to families and identifying needs (devices needed, delivery of devices/meds/materials/ software downloads etc.).
- 3) All staff will be given the opportunity to gather any items they need to ensure their ability to provide substantial continuity of service on a full remote or partially remote basis. Devices will be provided to staff who need them to carry out remote functions.
- 4) A detailed schedule for on-site work shifts will be developed by each department and communicated to all essential employees. All employees considered non-essential, as dictated by terms of restrictions, will perform duties through telecommuting platforms until such time as their duties are needed on site at the discretion of employer in consideration of emergency restrictions.
- 5) Employees whose job functions are not possible will be contacted to determine if alternate duties for which they are qualified can be offered. If not, they will be informed of the date and terms of a furlough.
- 6) Designated staff teams will contact all families individually to inform them of the imminent closure/ partial closure. Immediate needs of the students and families will be assessed at that time. These include but are not limited to need for a dedicated device, medication, school materials, and food insecurity). Individual student plans will be made with family input as is possible within the constraints of the emergency restrictions.

- 7) Arrangement for outdoor pick up of needed equipment and materials will be made with each family. Transportation staff will be utilized to deliver devices/ materials etc. to families who are unable to transport themselves for pick up.
- 8) Classroom staff will contact all students and families through student school email accounts (already in place) to communicate schedules for learning. Family therapists will do likewise to schedule individual and family therapy sessions. Follow up phone contact with each family will also be made by the team to ensure understanding and to troubleshoot technical ability to access tele education and telehealth services.
- 9) Letters will be emailed to all CSE chairs and District superintendents of the students and families we are contracted to serve informing them of our plan to maintain substantial continuity of educational and mental health services during the emergency period. These constituents will be kept informed at least monthly of program progress and any changes.
- 10) In addition to the at least weekly, but more frequently as needed personal outreach by phone or video platform, families will receive regular email communications on the broad progress or planned changes in response to the emergency and have the opportunity to attend a virtual community meeting once an emergency has been declared and then, at least quarterly, during the emergency period.

IMPLEMENTING THE EMERGENCY PLAN

Once the emergency plan is initiated the following protocols will be followed to maximize ability to contain spread in the school community and to facilitate contact tracing.

- 1) All individuals are to remain home if they feel ill.
- 2) All individuals will stay home if they have been exposed to a known case of communicable disease or test positive for disease and report the exposure to their supervisor. Information will be kept confidential except as it applies to contact tracing. LDOH will be contacted, and the facility will assist in obtaining information requested regarding contact tracing.
- 3) All individuals will fill out a Health Assessment form and submit to a non- touch temperature check before entering the facility. If an individual has a temperature over 100.0 degrees and/or identifies symptoms of communicable disease, they will not be permitted on grounds.
- 4) Upon admittance, all individuals will move directly to their workspace/classrooms. There will be no congregating outside of cohorts. Masks will be worn at all times except for allowance for short mask breaks and while eating. Distancing will be practiced even within cohorts as is practicable.
- 5) Masks are available at each entrance in 2 sizes, adult and child. Hand sanitizer is available at each entrance, at various locations throughout the facility and in each office and classroom. Face shields for students and staff are in each classroom for use as needed. Disinfectant wipes are available to each classroom teacher and office staff to wipe down frequently touched surfaces as needed. Sinks are in each classroom.

- 6) Individuals and classrooms may use PPE requisition form to replenish their supply of necessary PPE and disinfecting materials.
- 7) Floor markings and hall assigned staff will assist in maintaining distancing when moving through the hall.
- 8) Hand Hygiene and respiratory etiquette will be practiced and supported within the community by signage, training and education.
- 9) Maintenance will disinfect all frequently touched surfaces in shared areas twice during program hours and at the end of day. All program areas will be deeply cleaned and disinfected at the end of each week.
- 10) An individual who presents with symptoms of communicable disease while on site will leave immediately or be isolated until they are able to be transported home. Isolation area will be closed for 24 hrs and then disinfected with a virucide fog before returning to use.
- 11) Individuals who present with symptoms of communicable disease will obtain testing. If the test is positive, the individual will remain off site as guidance directs in consultation with LDOH and assessment team. Work area will be disinfected with virucide.
- 12) Contact tracing will commence with infected individuals facilitated by their direct supervisor and in consultation with the LDOH. Any individuals identified by contact tracing as a significant exposure will be tested and remain off site as guidance directs. (see #7).
- 13) If an entire cohort is affected, that cohort will be shifted to tele education/tele health/ telecommuting status until such time as they are permitted to return on site. Affected area will be thoroughly cleaned and disinfected after 24 hours with virucide.
- 14) Absences that are a direct result of either illness with a communicable disease or in order to obtain testing to confirm health status with regard to a communicable disease will not count against sick or personal time.
- 15) Hours on site for employees are documented by electronic timesheet. Hours for students on site are documented by daily attendance.