



**Southeastern Massachusetts
Educational Collaborative**

Planning & Protocols for

Re-Opening our

Special Education

Programs

August 2020

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A Letter from the Executive Director

August 17, 2020

Dear SMEC staff, students and families:

As we enter the last few weeks of summer, it is my hope that our students, staff and families have been able to relax and enjoy some favorite summer activities while also maintaining best practices for preventing the spread of Covid-19.

Although this plan is entitled Planning and Protocols for Reopening our Special Education Programs, we have already had a tremendously successful soft reopening of our school programs during our 2020 Extended School Year schedule this summer. Operating on a hybrid basis, with most students attending each program in two separate groupings on a half time in-person basis to maximize physical distancing, we were able to bring students and staff back into our schools so that we could get back to the business of learning and growing together, which we know is the most effective model for all students. While we believe that our staff and students did an extremely admirable job with virtual learning during the unprecedented school closures this past spring, nothing can replicate the benefits of in person interaction between students and their teachers and classmates. Many of our students have difficulty accessing instruction through an online model and the social/emotional impacts of physical separation are profound. Therefore, it is our utmost desire to expand our in-person instruction time this fall while maintaining the priority of health and safety for our entire SMEC family. While continuing to monitor evolving guidance, our proposed model will be a hybrid of in-person and remote learning, with the majority of school time being in person to the extent that we can maintain appropriate physical distancing. It is our sincere hope that as the school year progresses, we will reach a point where a complete return to in person learning will be possible.

SMEC has ten (10) member school districtsⁱ and serves students from many non-member districts throughout Southeastern Massachusetts. Our school age programs are located in six different school district buildings and two stand alone locations. In order to create this plan, we have used information from all of the school reopening plans that have been approved and submitted by our member and host school districts as well as the most recent guidance from the Massachusetts DESE, DPH, EEC, CDC and American Academy of Pediatrics.

As a public educational organization, SMEC will be following the professional development schedule that has been approved by the DESE Commissioner allowing for 10 additional days of training at the start of the new school year in order to make sure that our staff are fully trained or retrained in all safety protocols, sanitation techniques, best practices for virtual instruction, all mandatory annual trainings such as CPI and First Aid/CPR, social/emotional health and culturally responsive practices. Our school program calendars typically follow those of our host districts so we will be amending our program schedules once the member districts approve and distribute their revised 2020/2021 calendars. We plan to begin staff training days on Monday, August 31, 2020 and anticipate the start of student

instructional days to begin on either September 15, 2020 or September 16, 2020 depending on our host district's calendars.

In short, this pandemic crisis has been extremely difficult for all of us, however our students may be the ones most affected in the long run. Our main goal as educators is to try to minimize that impact to the best of our abilities and to return to teaching and learning as soon as possible while doing our best to keep everyone safe. We will keep our SMEC family informed as things progress, adapt our plan as needed and prioritize both safety and learning as we begin the new school year. Thank you for your patience and understanding during these difficult times.

Catherine S. Cooper, M.Ed., JD
Executive Director

Executive Summary

On March 10, 2020, Governor Charlie Baker declared a State of Emergency in the Commonwealth in response to the COVID-19 pandemic (Executive Order No. 591: Declaration of a State of Emergency to Respond to COVID-19). Orders calling for extended K-12 school closures were also issued beginning March 16, 2020. Subsequent guidance provided by the Department of Elementary and Secondary Education (DESE), Executive Office of Health and Human Services (EOHHS), the State of Massachusetts (mass.gov), the Department of Public Health (DPH) and the Centers for Disease Control (CDC) have all been utilized for development of this plan of action for Southeastern MA Educational Collaborative.

This plan was originally developed to reopen our Extended School Year special education programs on a hybrid basis and has been adapted to plan for the reopening of our 2020-2021 school year programs and services based on current guidelines and expectations. As guidance continues to evolve, our policies and procedures will follow.

- Based on DESE Commissioner Riley’s decision to reduce the 2020-2021 school year to 170 days to allow for 10 additional professional development days for staff prior to resuming in-person instruction, SMEC’s instructional days will begin on either September 15, 2020 or September 16, 2020 based on the start date of the host school district. SMEC’s school programs typically follow the calendars of the district in which they are located unless otherwise noted. Therefore, we will follow the student start dates of our substantially separate programs’ host school buildings and/or the district in which our public day school buildings are located. Our educators will begin their ten (10) supplemental professional development days on Monday, August 31, 2020 and our program calendars will be revised to reflect these changes.
- SMEC successfully provided our Extended School Year (ESY) programs and services on hybrid model this summer. Beginning remotely for the first week on July 6, 2020, we successfully transitioned to a hybrid model on July 13, 2020 for the remaining four (4) weeks of ESY programming. Implementing the DESE guidelines in effect for the summer including a minimum of six (6) feet of physical distancing, we were able to serve each ESY student for 2 days per week in person and 2 days per week remotely in two separate cohorts. Our ESY staff learned a great deal this summer and will utilize and share this knowledge and experience with all of our school staff to transition to a more robust hybrid model in the fall in which all SMEC students will have the opportunity to attend school in-person at least four (4) days per week.
- Whenever possible, all students and teachers will practice six (6) feet of social distancing and wear face masks. The DESE initial fall guidance dictates that students and staff maintain a preferred physical distance of six (6) feet but no less than three (3) feet, wear face masks in grades two (2) and above and that schools attempt to organize students in cohorts to minimize cross interaction. We recognize that many of our students are unable to wear masks due to circumstances related to their disabilities, and that some require close physical proximity with staff in order to accomplish many tasks including but not limited to ADLs, physical intervention and hand over hand assistance. We will adhere to physical distancing guidelines to the extent possible and utilize additional levels of PPE and heightened sanitation techniques when close proximity is required. Our students are in natural cohorts based on our programmatic model and will be grouped as they usually are based on program, age group and instructional needs.

- Current DESE Special Education and Reopening Fall Guidance indicate that high need students, including special education students with significant needs, be prioritized for in-person instruction in school. Therefore, our plan is to offer a hybrid model with more in-person days in order to maximize our ability to serve our vulnerable population and minimize the time that students will receive services remotely. Students who are unable to attend in-person instruction due to underlying health conditions or other factors will receive all services remotely.

- Based on metrics provided weekly by the MA DPH and evolving guidance from the DESE and Governor Baker's office, schools may have to decide on a moment's notice to return to a fully remote model. Our staff will be prepared to offer both synchronous and asynchronous instruction and services if a fully remote model becomes necessary for any or all of our programs or students.

- We plan to start the 2020/2021 school year with the expectation that Plan A, a Hybrid Learning Model, will be the best approach to balance the need to bring students and staff together for teaching and learning while prioritizing health and safety. We also recognize the need to be ready to switch to a full remote model, Plan B, and also the desire to hope for an eventual return to a fully in-person teaching and learning model, Plan C. The three models are summarized below.

- Plan A: Hybrid Learning Model:** This option provides all students with a combination of in-person and out-of-school instruction with an emphasis on in-person opportunities. Activities that are more difficult to provide and receive remotely such as physical and other therapies and clinical services will be prioritized for in-person days along with academic and skills instruction and all other services as dictated by the students IEP service delivery. Teachers and staff will provide asynchronous and synchronous instruction and services on remote days. Our plan is for all students to attend in-person four (4) days per week and receive one (1) day per week of scheduled remote services. Specific schedules will vary by program location.

- Plan B: Remote Learning Model:** This option is available to any of our students who may not be able to return to in-person services at this time due to being immunocompromised or other factors. Remote learning will also be triggered for all students if the state metrics or guidance dictate school closures in our region. Families who initially choose remote learning can switch to our primary model at any point in the year.

- Plan C: Full In-Person Model:** We know that no other instructional model can replace the benefits of full in-person learning. In the event that a transition to a full in-person model becomes possible, we will notify families and adjust our operations accordingly. This model would follow the typical program schedule for each program location unless otherwise indicated.

- We reserve the right to make changes to any and all aspects of this plan, as well as our daily operations, as the situation with Covid 19 develops and/or as we receive updated state guidance. If we cannot move safely to 100% full in-person learning, we will remain in the hybrid model for as long as necessary. While our goal is 100% full in-person learning, as of right now, we feel the hybrid model provides the most flexibility because we can move with confidence along the reopening continuum from 100% remote learning to 100% in-person learning as the health situation on the ground at the local and state level dictates and it allows us to address logistical, training and sanitation issues across the Collaborative programs.

This document applies to Southeastern MA Educational Collaborative (SMEC) school programming for the 2020-2021 School Year. SMEC typically provides special education programming at one approved public day school, the Therapeutic Learning Center, located at 4238 Acushnet Avenue, New Bedford, one transitional services program based at 56 Bridge Street in Fairhaven and six sub-separate programs located in public school buildings in Acushnet, Dartmouth, Fairhaven, Mattapoisett, Old Rochester Regional and Rochester.

Definitions

Asynchronous-Occurring at different/individualized times. For example, asynchronous lessons or activities would be posted for students to do independently, without live real-time interaction with staff.

BOH: Local Board of Health for each city/town.

Clean – Cleaning removes germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Communicable Disease – A disease that is spread from one person to another in a variety of ways, including travel through the air, contact with bodily fluids, contact with a contaminated surface, object, food or water, and certain animal or insect bites.

Coronavirus – Any of a family (Coronaviridae) of large single-stranded RNA viruses that have a lipid envelope studded with club-shaped spike proteins, infect birds and many mammals including humans, and include the causative agents of MERS, SARS, and COVID-19.

COVID-19 – A mild to severe respiratory illness that is caused by a coronavirus (severe acute respiratory syndrome coronavirus 2 of the genus betacoronavirus - SARS-CoV-2), is transmitted chiefly by contact with infectious material (such as respiratory droplets) or with objects or surfaces contaminated by the causative virus, and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and respiratory failure.

DDS- The Massachusetts Department of Developmental Services

DESE – The Massachusetts Department of Elementary and Secondary Education.

Disinfect – Disinfecting kills germs on surfaces or objects. Disinfecting works by using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection. Disinfecting may be appropriate for diaper tables, door and cabinet handles, toilets, and other bathroom surfaces. Changing tables must be cleaned and then disinfected after each use.

DPH – The Massachusetts Department of Public Health.

EEC – The Massachusetts Department of Early Education and Care.

Exposed – Having had close contact (within 6 feet for 15 minutes or more) with someone symptomatic of COVID-19 or who is asymptomatic but has tested positive for Covid-19 from the period of 48 hours before symptom onset/specimen collection until 10 days after they first had symptoms/got tested.

Fever – A measured or reported temperature of > 100.0° F. The threshold for school dismissal during the pandemic is 100 F or above.

Group – Two or more children who participate in the same activities at the same time and are assigned to the same educator for supervision, at the same time.

Health Care Consultant – A Massachusetts licensed physician, registered nurse, nurse practitioner, or physician's assistant with pediatric or family health training and/or experience.

Health Care Practitioner – A physician, physician's assistant or nurse practitioner.

The Health Care Supervisor shall be a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

Host District: A school district that rents space to SMEC to house our Collaborative programs.

Hybrid: A combination of traditional in-person learning in the school building or other suitable location and virtual, online or remote synchronous or asynchronous activities.

IEP: Individual Educational Plan

Member District: A school district that is a member of the Collaborative and participates in its governance. Current member districts include Acushnet, Dartmouth, Fairhaven, Fall River (pending), Marion, Mattapoissett, New Bedford. Old Rochester Regional, Rochester and Greater New Bedford Vocational Technical High School.

Parent – Father or mother, guardian, or person or agency legally authorized to act on behalf of the children in place of, or in conjunction with, the father, mother, or guardian.

Personal Protective Equipment (PPE) – PPE is used to minimize exposure to hazards that cause serious illness or injury. Gloves, masks, and gowns are all examples of PPE.

Premises – The facility that is used for the Public Day or Sub Separate Classroom School programming and the outdoor space on which the facility is located.

Program Administration - Program administrators include: The Collaborative Executive Director, Director of Student Services, Director of Clinical Services and the TLC Asst. Program Coordinator. Supervisory and administrative office staff may be included in administrative delegation.

Public Day School - A DESE approved public day school serving students with disabilities.

Remote-being apart from or far apart in distance. In this situation, it means that the student and teacher or staff are not in the same building during instruction.

School Staff - All individuals working with students participating in the Collaborative's school year programs and services. Staff may include directors, administrators, special education teachers, nurses, paraprofessionals, counselor or social worker, Occupational Therapist, Speech Therapist, Physical Therapist, Therapy Assistants, Board Certified Behavior Analysts (BCBA), van drivers and other individuals employed by the Collaborative who may have contact with children.

Sanitize – Sanitizing lowers the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements. This process works by cleaning and then sanitizing surfaces or objects to lower the risk of spreading infection. Surfaces used for eating and objects intended for the mouth (food service tables and wheelchair trays, mouthed toys, etc.) must be cleaned and then sanitized both before and after each use.

Synchronous- Occurring at the same time. For example, synchronous lessons would occur via live feed with teachers or staff online at the same time as student(s).

Virtual-carried out, accessed or stored by means of a computer or other device, especially over a network.

PLAN A: Hybrid Model

While our strong preference would be to return all students to full time, in person learning on every school day, we believe that under the current guidelines, state and local metrics and school climate, a combination of in-person and remote learning is the most prudent course of action in order to maximize in-person learning while implementing best practices for safety. Because all of our students are on Individualized Education Plans, and their schedules, programs and services are driven by individual needs, and to a large extent, our programs typically follow the calendars and schedules of their host districts, the hybrid plan may look different for different students or different groups in different SMEC programs or locations. However, the primary premise of our plan is to follow the DESE guidance on Special Education service (insert link) to maximize the in-person learning opportunities for our high need students. We plan to initially operate with all students attending in-person on four days/week and all students attending remotely for one (1) day per week. The scheduled remote day will be different in each of our programs to facilitate scheduling of therapy/clinical staff, transportation and professional development. Previously scheduled early release days and full professional development days during the year will still be incorporated into the individual program calendars for staff training. Revised program calendars and schedules will be distributed by 8/31/2020.

Programs will follow our typical scheduled arrival and dismissal times on in-person days with some allowance for multiple staggered transportation runs if needed to maintain physical distancing protocols on vans. Our Transitional Service Program Extended Day program will operate on the usual 2 day/week schedule, however the program dismissal time will be 5:00 P.M. rather than 7:00 P.M. to allow for deep cleaning of the building and vans after dismissal.

DAILY EXPECTATIONS IN THE HYBRID MODEL

Four Weekly In-Person Learning Days:

- Students will attend in-person instruction four days each week, and remote instruction one day each week. Schedules and calendars will vary by program location.
- All students will be assigned to a program-based cohort and remain in that cohort throughout each day.
- Students will attend school for their regularly scheduled day.
- Attendance will be taken daily.
- Students will begin their day with Attendance/Morning Meetings/Warm Up Activities.
- Student instruction will be focusing on individual IEP goals, academics based on the MA Frameworks and individual service delivery.
- Learning materials and supplies will not be shared - they will be assigned to individual students.
- Classrooms will be set up with student desks in rows, with 6 ft. distance between seats and facing in the same direction where possible.
- Mask breaks will be built into the schedule.
- Students will have lunch in the classroom or outside.

- Students will follow safety protocols for using bathrooms, using a classroom log to document their transitions.
- Students will follow safety protocols for using the bus; masks will be worn at all times while in transport.
- Hallway transitions will be explicitly taught and adhered to. Students will observe social distancing guidelines.

During the weekly remote day:

- Students will attend synchronous instructional meetings on remote learning days as scheduled.
- Attendance will be taken daily.
- Students will begin their day with synchronous 30 minute Attendance/Morning Meetings/Warm Up Activities.
- Students and teachers will use Google Classroom to assign/submit work and provide/receive feedback. Other apps, links, activities, etc. will be posted using Google Classroom.
- Google Meet will be used for synchronous meetings/teaching/therapy at least 180 minutes per remote day including the Morning Meeting.
- During asynchronous remote school time, students will independently complete work from in-person sessions, as well as additional digital work and activities assigned by their teacher, watch assigned prerecorded learning videos and complete follow up activities.
- Student work will be graded/assessed, feedback will be offered and progress will be measured as if students were physically present in school.
- Classroom teachers, paraprofessionals, therapists and clinicians will provide support during remote learning via digital mediums, phone, email and/or video.
- Staff will make contact with students and small groups will be established for differentiated support.

PLAN B: Fully Remote Model

The remote learning model is entirely remote/virtual learning option for students and families who determine that they cannot participate in a hybrid or in-person learning model due to being immunocompromised. In addition, in the event that the DESE or Governor Baker's office order school buildings to close, or the metrics in our region require a switch to a fully remote model, we will return to full remote and utilize the schedule and expectations listed for the remote learning day in Plan A on a daily basis. Students in quarantine will also receive services remotely.

PLAN C: Full In-Person Model

For this learning model, students receive in-person instruction full time in our typical school/program facilities that have been appropriately modified to address health and safety requirements issued by DESE and other state agencies. SMEC programs typically follow the calendars of their host districts

or the district in which the building is located, but may be adapted this year based on changes in time on learning standards, differing schedules for different students based on age level and level of highest need, transportation limitations, cleaning protocols or other factors.

In this model, we may still have a subset of students whose families have decided to continue in a remote learning model while the rest of our students return in-person full time. Those students will follow the model summarized in PLAN B.

When we return to full in-person learning, we will have determined based on the most up to date guidance and current metrics that we can follow the protocols in effect and recommended at the time to allow for appropriate spacing, distancing and procedures to have all students attend on a full day, 5 day per week schedule as would be the norm for a typical school year. Our students all receive special education transportation which would also be factored into the decision for a return to a full in person schedule. Our programs follow the state time on learning standards which may be modified based on emerging DESE guidance.

General Considerations and Practices

Coronavirus (COVID-19)

Symptoms

Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person by respiratory secretions. Coronavirus/Covid-19 has multiple presentations, including but not limited to: high fever, upper respiratory symptoms, shortness of breath, swelling of the pharynx and oropharynx (upper throat area), muscle pains and headache, gastrointestinal symptoms such as GI upset, diarrhea, and vomiting.

Transmission

Those with Coronavirus may or may not present with symptoms. There is a window of 5-14 days prior to presentation of symptoms for some people. For others, symptoms may not present themselves (asymptomatic), but that person could still be unknowingly contagious. You may become infected by coming into close contact (less than six (6) feet distance) with a person who has COVID-19; the virus is primarily spread from person to person. Respiratory droplets are expressed through talking, singing, breathing, coughing, and sneezing. Droplets may settle onto a surface or an object and are transmitted through touching a contaminated surface and then touching your mouth, nose, or eyes.

Protection

There is currently no vaccine to protect against COVID-19. Primary protections recommended include:

- Wearing a cloth or paper/medical face covering that covers your nose and mouth when around others. Bandanas are not sufficient.
- Washing hands with soap and water for at least 20 seconds frequently.
 - If soap and water are not readily available, use of an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Physical distancing, (6 feet or more if possible) whenever possible.
 - Avoiding large crowds.

- Cleaning and disinfecting frequently touched surfaces.

Prevention

Stay home if you are sick. Maintain consistent protections (see above) as often and as strictly as possible. Separate yourself if you feel symptoms and seek medical attention and advice. Everyone is at risk of contracting and spreading COVID-19. Those with underlying medical conditions may be at higher risk for more severe illness. Monitor yourself ongoing for symptoms. Get rest, stay hydrated and exercise.

All employees must participate in mandatory Covid 19 trainings before returning to work or working in-person with students.

Despite all precautionary measures, the possibility of exposure to Covid-19 cannot be eliminated.

Infection control and universal precautions are also outlined in the SMEC School Health Manual.

1. Preparedness and Planning for Health and Safety

A. Planning

SMEC has developed a plan for reopening to address how SMEC will meet the current health and safety requirements. The plan will be revised as new guidance is issued from state and local authorities. SMEC has identified the many ways that reopening during the COVID-19 pandemic affects the programs and has developed a plan of action. Elements of this plan include the following:

(1) A Cleaning Plan:

- Custodial/maintenance and/or assigned program staff have completed cleaning and disinfection of all areas of the building prior to opening.
 - Materials used for cleaning are EPA approved for the type of use.
 - EPA & MA DOL guidelines and procedures for cleaning/disinfecting will be followed.
 - Custodial/maintenance and assigned program staff will maintain an inventory of essential cleaning supplies and follow established agency reordering protocols, taking into consideration current delayed delivery timelines.
- Custodial/maintenance and assigned program staff will clean/disinfect each surface area within the building at the close of each school/program day that students attend and frequently throughout the day at specified intervals and as needed following heavy use.
- Prior to reopening, SMEC program directors will meet with staff/teachers to review what materials must be removed from program areas and what learning/activity materials need to be prepared to minimize sharing.
- Program staff will utilize a protocol within their own program space each day.
 - Program staff will receive information on cleaning approved materials.
 - Cleaning/sanitizing materials will be available within the classroom/school in a storage area that is not accessible to students.
 - Prior to the start of each work day, and at specified intervals, staff will wipe off desks, tables, doorknobs, chairs, keyboards and all high touch surfaces.

- During the work day, staff will wipe down all surface areas they are utilizing for work, snacks, etc.
- At the close of the work day, staff will wipe down/spray areas they have utilized for work, breaks, eating, etc. as well as the light switches and door handles.

(2) Handling of sick, symptomatic, and exposed students:

- School Nurses will designate steps for managing sick and/or symptomatic students and staff based on the guidelines from CDC/DPH. SMEC's sub separate programs will follow the protocols designated by our host buildings.
- Symptomatic students will be moved to a designated medical waiting/isolation area.
- The Program Director or lead teacher will designate staff, utilizing appropriate levels of PPE, to watch student until a parent/guardian arrives or the student can be transported home. Nurse/program supervisors will maintain communication with the supervising staff to monitor student status.
- The nurse/program director or designee will be responsible to contact a parent/guardian to report a sick and/or symptomatic student.
- The nurse/program director or designee will determine if additional medical assistance is required and call EMS for students exhibiting severe symptoms.
- The nurse/program staff utilizing appropriate levels of PPE will be responsible to monitor a sick student until parent/guardian arrives to dismiss individual and/or other transportation can be arranged.

(3) Monitoring/Communication with local and state health departments

- Executive Director and/or Director of Communication and/or HR Manager are responsible to monitor updated/additional guidance for infection control including cleaning and disinfection.
- Executive Director and/or Program Directors or nurses are responsible to monitor updated/additional guidance for management of COVID-19 situations (e.g. sick staff or student, notifications, etc.) from agencies such as CDC, DPH, and Local Health authorities.
- Executive Director and/or Program Directors/Asst. Directors are responsible to monitor updated/additional guidance for School/Public Day school requirements through DESE, DPH or the Governor's office.

(4) Vendor deliveries/Essential Visitors if applicable.

Non-contact delivery and drop-off protocols must be arranged whenever possible, on the curb or in the parking lot of our stand-alone facilities.

- Vendor deliveries will be requested to load items onto a designated area outside but not blocking the door to encourage non-contact when possible. Only heavy objects requiring specialized delivery equipment (handtruck, etc.) may be brought into the building by the delivery driver.
- Mail carriers will be asked to deposit mail into mailbox and/or mail bin to encourage non-contact when possible.
- Packages for vendor pick up (e.g. UPS, FedEx) will be left in an easily accessible area to limit contact or entry to the building when possible.
- Whether during program hours or not, delivery drivers, repairmen/women or other essential visitors who enter the building must wear face coverings at all times and fill out a contact tracing sheet/symptom attestation form upon arrival. Pens used for signing the forms will be sanitized by the receptionist or the staff responsible for allowing entry, between visitors.

(5) Transportation

- How to implement infection control strategies during transportation.

- Boarding: Parents/guardians will be asked to attest to the passenger's lack of symptoms and/or Covid-19 exposure before boarding the van.
- All students must use hand sanitizer upon boarding and disembarking the van and wear a cloth or paper mask unless medically unable to do so.
- Disembarking: Students must disembark one at a time, front to back, to ensure social distancing is maintained and use hand sanitizer upon exiting the vehicle.
- Physical distancing: Current guidance requires a 6 foot preferred but no less than 3 foot distance to be maintained between individuals at this time on all SMEC vehicles and/or occupancy of every other seat with an empty seat behind the driver and between students front to back. Seats to remain empty must be marked.
- All van drivers will wear masks, use hand sanitizer upon entering the van, wear gloves when cleaning/sanitizing the vans or assisting students on/off the van or to buckle their seatbelts, and dispose of PPE in a proper container following trained protocols. Drivers will clean and sanitize all used and nearby surfaces (seats, interior walls, handrails, seatbelts, etc.) between runs and sanitize the rugs/floors and driver cockpit area after each shift. See Transportation checklist.

(6) Transportation

- Arrival
 - Students will exit the van/bus one at a time when directed to do so by staff.
 - Pacing will be maintained to encourage physical distances to the extent possible.
 - Students arriving by car will be asked to wait in the car until directed by a staff member to transition into the building.
 - Students requiring physical assistance will be assisted out of the vehicle one at a time by SMEC drivers to reduce the amount of staff entering the van and classroom staff will assist the student to the classroom once they have exited the van. Students requiring assistance who are transported by family members will be assisted by SMEC staff when it is their turn to enter the building.
- Dismissal
 - Students will be called one at a time by a designated staff person to transition from the classroom to transportation vehicle while observing physical distance to the extent possible.
 - Pacing will be maintained to encourage physical distances to the extent possible.
 - Students requiring physical assistance to enter the van or buckle their seatbelts/harness will be assisted to the van by program staff and by the driver or monitor once they reach the vehicle door.
 - Students leaving by car will be escorted by staff one at a time from the classroom to the passenger door of their family member's vehicle.

(7) Handling program closings, staff absences, and gaps in child attendance

- Communication to the Executive Director related to large increases in child and/or staff absences, substantial increases in respiratory illnesses, such as the common cold or the "flu," positive COVID-19 diagnoses, etc. will be the responsibility of the nurses/supervisory staff.
- Executive Director in collaboration with program directors will be responsible for decisions to close the programs and/or school buildings.
 - Need to alert local health officials will be the decision of the Executive Director.
- Communication with staff, parents and sending districts

- Program Directors, in collaboration with the Executive Director, are responsible to maintain ongoing communication with staff and parents.
- School Nurses are responsible for informing the local Board of Health under the guidance of the Executive Director.
- Executive Director and/or designee is responsible for maintaining communications with member districts (e.g. Superintendents), as well as the Board of Directors.

(8) Coordinating space and facilitation of related services for students

- To limit contact and movement throughout the building, related services staff will deliver services within the classroom/program specific setting to the extent possible. When feasible, students should remain in their classroom/identified program areas unless they are outside.

(9) Sharing information and guidelines with parents

- Information is typically posted on SMEC website (www.smecollaborative.org) and sent through our School Messenger alert system which can be transmitted by phone, email and by text (opt in). Google voice/SMEC cell phone or landline may also be used with some families. General announcements will also be posted to the SMEC Facebook page.
- Information related to COVID-19, safety and learning will be communicated by the nurses or program administration and/or teacher, program staff or counselors for day-to-day learning and social/emotional activities.
- Information and communication will be provided in the primary languages spoken by the parents.
- Prior to the start of school and day programs, individual contact with each parent/guardian will be made for each student to determine up-to-date contact and health information. Current contact information for parents and alternative emergency contacts must be provided in the event a student develops symptoms during the day and must be dismissed.
 - Nurses, Teachers, Counselors, and/or Program Directors/Asst. Directors will reach out to each family to go over protocols, expectations and contact/emergency information.
- Communication systems will include School Messenger (capable of email, phone and/or opt-in text message), SMEC email, phone, and/or USPS will be utilized. Families are responsible for notifying the SMEC school personnel of any change in contact information.
- Prior to the start of our school age programs, families will be offered a Zoom session to answer parent questions related to COVID-19 including symptoms, transmission, prevention, and when to seek medical attention. Information will also include school policies for preventing and responding to infection and illness.
 - Parents will be encouraged to share information with their children as appropriate.
- Staff will receive a schedule for continued staff meetings/trainings via Zoom and/or in-person.
- Local Board of Health have been invited to visit/inspect all of our stand alone facilities prior to reopening.
- If/when a confirmed exposure occurs, the Executive Director, in collaboration with the program nurse and/or program directors will facilitate the sharing of information to parents, staff, districts, and the Board of Directors as appropriate.

B. Preparing

The school program environments will be prepared to promote the new health and safety requirements and to facilitate infection control activities prior to opening.

(1) Individual classroom/program walkthroughs have been conducted by the nurses and program directors to monitor the preparation of materials, furniture and equipment to minimize sharing and promote distancing.

- Items that cannot be easily washed (e.g., stuffed animals, pillows) and unnecessary furnishings will be removed.
- Items that may encourage children to put the toy in their mouths (e.g., play food, pretend utensils) will be removed.
- A bin or designated area will be established in each program for any items brought in from home to inspect the cleanliness of these items and avoid cross-contamination. Students and families will be discouraged from bringing items from home.
- Personal belongings will be spread out as much as possible within the classroom or program space and should only be brought into the program if necessary for participation.
- Shared items that cannot be cleaned or disinfected at all (such as playdough) will be removed from activity rotation unless designated for only one student.
- All water, sand, and sensory tables and activities will be removed unless designated for an individual student.

(2) Prepare all cleaning, sanitizing, and disinfecting solutions

- EPA/CDC-approved materials for cleaning will be utilized.
- Storage will be in a locked area that is not accessible to students.
- Approved supplies will be ordered and distributed to program staff as needed through established agency protocols.
- Staff will be discouraged from bringing miscellaneous cleaning supplies or hand sanitizer to school for use in the classroom without prior administrative approval.
- Training/review of approved materials and cleaning/disinfecting methods will be scheduled for program staff.
- Supplies for hand hygiene will be readily accessible throughout the school in designated areas (lobby, bathroom areas, classroom/hallways, common spaces, etc.)

(3) Prepare the program space to promote physical distancing.

- Lobby areas will have chairs removed and/or spaced no less than 6 ft apart to promote physical distancing.
- Desks and tables within classrooms will be spaced at least six (6) feet apart to the greatest extent possible but no less than three (3) feet minimum, seat edge to seat edge. A general rule of six (6) foot preferred but no less than three (3) foot minimum distance per student in each direction will be followed in each program area and signs will be posted indicating the capacity of each program space.
- Visuals (e.g. arrows) will be placed to support distancing within the hallways (as one-way hallways are not currently possible within the school settings).
- Program staff will be encouraged to support physical distancing to the extent that is possible.

(4) Drinking fountains that require contact for use will be closed at this time. Student are encouraged to bring a pre-filled, labeled personal water bottle.

- Water dispensers will be administered only by staff.
 - Staff will wash/hand-sanitize hands prior to touching water spigot and/or use a clean paper towel to hold the spigot.
 - Staff will hold the water bottle/cup so that it does not touch the dispenser
 - Staff will wipe off spigot with a sanitizing wipe after filling the bottle/cup.
 - Students must not be independently accessing the water dispensers.

(5) SMEC will ensure that ventilation systems in our stand-alone buildings and vans operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans (must be inaccessible to young children) to exhaust air out the windows as appropriate, and other recommended methods to increase fresh air flow.

- Prior to school opening, ventilation systems have been checked by a licensed HVAC Technician.
- Windows will be open to distribute fresh air whenever practicable.

2. Staffing and Operations

A. Daily Operations

(1) Arrival and Pre-Arrival:

- Prior to or upon entering the building, staff must fill out the electronic daily attestation regarding symptoms and potential exposure.
- Upon entering the building each day, staff must immediately wash their hands for 20 seconds or more after entering and/or punching in.
- Designated staff will log and note attendance/pre-screening questions for all students upon arrival from van drivers/caregivers as applicable.
- Once in the program space/office, obtain items needed for the day (e.g. pens, iPad/Chromebook, etc.) to discourage sharing.
- All high touch surfaces, desks, tables, chairs, bathrooms, stall, sinks, toilets, etc., must be cleaned and sanitized upon arrival and at specified intervals throughout the day AND as needed. Program directors will establish a schedule and designate staff responsibilities.
- Review what materials may be needed for lessons, activities and routines of that day and prepare for individual students.
 - No materials may be shared by students at this time unless the item can be fully cleaned and sanitized between use.
- Social gathering or congregating with other colleagues in person should be avoided.

(2) All field trips, inter-group events, and community outings will be cancelled at this time, with the exception for approved 1:1 transition or employment related activities for TSP or other grade 10+ students.

(3) Group physical activities will be limited to those that can occur with six foot physical distancing and will be held outside to the greatest extent possible. Masks can be removed during outdoor physical activities if physical distancing of 6 feet or more can be maintained.

(4) Visitors/volunteers will not be allowed at this time to work with students during the program time.

- Non-essential adults are not allowed to enter the premises at this time.

(5) Each student enrolled must have on file current contact / emergency / and medical information.

- Program nurses and designated staff will work to contact each family/caregiver to confirm this information and stress the importance of availability in the event a student exhibits symptoms and needs to be picked up.
- Prior to the school/program opening, caregiver acknowledgment will include the necessity of current contacts for dismissal.

(6) IEP meetings

- IEP meetings are directed and scheduled by a student's home district/LEA. It will be recommended that IEP meetings be held virtually or as a hybrid meeting with program staff that are in the program setting able to physically distance with other participants to attend virtually.

(7) Referral / Tours

- Referrals will be processed and visits scheduled by the Program Directors.
 - Tours may be in person during non-program hours.
 - Participants will be asked to wear masks and physical distance to the extent possible. Participants will be asked pre-screening questions and attest (e.g. no fever, or other symptoms, etc.)
 - Tours may be arranged virtually.

(8) Sign in

- It will be necessary to record all individuals that enter/leave the school building to allow for contact tracing should that be necessary. Curbside contactless pickup/delivery will be strongly encouraged.
 - All staff will be required to complete a daily attestation form prior to or upon arrival with the date entered.
 - Others entering the building will be instructed to check in at the front desk and their information will be recorded by the receptionist/designated staff person.
 - Information will include their name, address and phone number to allow for contact tracing if it becomes necessary and attestation that no COVID-19 symptoms have been experience in the last 72 hours. Pens will be single use or sanitized between uses.

(9) IEP related services

- IEP related services may be an exception to visitors within a school/program such as ancillary services, OT, PT, Counseling, Speech, and other related services.
 - This schedule of services must be available prior to services being delivered.
 - This information must be discussed with the Program Directors prior to the start of the services.
 - IEP related goals/objectives that require services be delivered outside the classroom or school setting (e.g. vocational/transition skills) may occur with prior approval from the Program Directors.
 - Requests may be made to the Program Director with identification of the student and rationale for requested off site service location.
- Re-evaluation testing to be conducted by district staff should be scheduled at a time and place to minimize contact between the district staff and the other participants and staff of the program.

(10) Program/Classroom - breaks

- It is understood that there may be times that staff and/or students need a break from wearing masks, especially during the warmer months.
- Weather permitting, time will be arranged for each group to have time outside where physical distancing is easier to maintain for temporary removal of masks.
- Staff breaks will be arranged to allow for separation from the class.
 - Staff are encouraged to ask for breaks as needed (within reason).
 - Only one staff at a time should enter an indoor staff break area and should wipe down high touch surfaces and wash hands for at least 20 seconds before and after use.

(11) Snacks / Eating

- Shared snacks will **not** be allowed. Students may be provided prepackaged snacks or may bring prepackaged snacks from home as determined by each program type/requirements.
- School lunches in our day school programs will be “grab and go” individually served and packaged for the start of the school year. Our substantially separate programs will follow the lunch options of the host building.
- Before/after eating, students and staff must wash hands and wipe down any surface they have been in contact with an EPA approved cleaner/disinfectant (see cleaning).
- As masks are off for eating, a minimum of six (6) foot physical distancing is required with students preferably facing the same direction.
 - Staff that need to support students eating (e.g. be in close proximity and/or touching) must wear appropriate PPE (mask and gloves are required; face shields, goggles, disposable gowns and other PPE are available if needed).

(12) Bathroom breaks

- Students who are independent in self-care /toileting must be allowed in only one person at a time and should be monitored to ensure proper handwashing.
- Staff who are needed to provide assistance or monitoring for students within the bathroom must utilize appropriate PPE if necessary.
- Staff who must perform diapering and/or total care must continue to follow standard precautions and procedures that have been in place. PPE should be utilized (e.g. mask, gloves; face shields and disposable gowns as necessary).
 - When procedures are complete, call for staff assistance to take student back to class/specified group area.
 - All bathroom surfaces must then be cleaned and disinfected after each use.
 - Appropriate PPE doffing and disposal protocols must be followed.
- Hand washing for 20 seconds or more after bathroom use is required for all staff and students.
- Disinfecting supplies will be maintained in proximity to bathrooms but outside of student reach to facilitate ongoing cleaning and disinfecting.

B. Staffing

(1) All programs will maintain staffing to a level necessary to maintain safety and provide for student’s educational and support programming and services.

- This will include licensed teachers, paraprofessionals, nurses, clinicians/therapists, direct care staff, supervisors, custodial/maintenance and other staff deemed necessary to run the program.

(2) Staff will be provided information and training about COVID-19, including how the illness is spread, how to prevent its spread, symptoms, appropriate use of PPE, cleaning/sanitizing protocols and when to seek medical assistance for sick children or employees.

(3) Staff are required to stay home if sick per CDC recommended precautions

(<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>).

- Absenteeism will be monitored by the nurse and/or program directors to identify any trends in employee or student absences due to illness, as this might indicate spread of COVID-19 or other illness.

- Staff age 65 or older or those with serious underlying health conditions are encouraged to talk to their healthcare provider to assess their risk and to determine if they must stay home or follow additional precautions. Staff are encouraged to speak to the HR manager if leave is needed to determine what may be available.

(4) Upon arrival to the program, program staff are instructed to wash their hands, proceed to their assigned location and log in to attest that they feel well,

- Prior to work each day, all staff, including drivers, must take their own temperature.
- Upon arrival, staff will be asked to attest that:
 - They do not have a temperature over 100.0; they are not exhibiting (x,y,z) symptoms, they have not had exposure to COVID-19 within the last 14 days that they are aware of.
- Staff will complete the process to record their attendance (time clock/time sheet as applicable) and self-report any symptoms, travel outside of the northeast or known exposures.

(5) Prior to the opening of the school/adult programs, all staff will receive these procedures to review prior to attendance at work. Safety is a priority for all staff and students. Training and support will be provided in the areas of:

- COVID-19 information and resources,
 - Symptoms of COVID-19
 - What to do if they develop symptoms; who to contact
 - What preventative strategies are necessary?
 - What PPE is necessary; what is available.
 - How to properly put on, use, and take off PPE.
 - How to properly dispose of PPE.
- Appropriate use and hazards of the cleaning chemicals used in the workplace in accordance with Occupational Safety Hazard Administration (OSHA)'s Hazard Communication standard (29 CFR 1910.1200).

3. Group Sizes and Ratios

A. Group Sizes

- (1) Group sizes will be within special education guidelines and ratios with a preferred distance of at least six (6) feet but no less than three (3) feet separation in all directions. This is the current guidance and subject to change.
- To the extent possible, students must remain with the same group each day and at all times during the school/program day
 - To the extent possible, groups must not be combined.
- (2) Staff who must float between groups (e.g. therapists, clinicians) must wash hands between each treated student and group. Virtual therapy sessions with students receiving staff support should be considered to minimize staff travel between groups.
- Change PPE as appropriate between close personal interaction with each student.

4. Screening and Monitoring of Students and Staff

A. Daily Screening

- (1) Point of entry will be assigned

- Staff will enter program by assigned point of entry.
 - Students' point of entry will vary by location and be based on arrival via van or parent transport.
- (2) All staff are expected to wear masks. Long sleeve shirts and long pants are strongly suggested for positions requiring close contact.
- Staff may wear their own cloth masks unless otherwise indicated. Bandanas are not acceptable. Cloth masks must be replaced with a fresh mask or washed daily.
 - Disposable masks and other PPE will also be provided as necessary.
 - Staff responsible for monitoring a student with symptoms of COVID-19 will use PPE including N95 or KN95 masks, gloves, face shields, and gowns.
 - It is recommended that staff maintain a set of personal clothing to change if needed.
 - Remove/discard gloves and other PPE, in accordance with CDC guidance.
- (3) Program staff must initiate typical greeting practices with each student and visually screen each child upon arrival.
- Refer any concerns to the nurse and/or program director/asst. director.
- (4) Students are encouraged to appropriately wear a mask when possible.
- Disposable masks will be made available for students who do not bring their own.
- (5) Students, upon entry to the classroom, will be directed to wash their hands/use hand sanitizer.
- Student and staff items from home (backpacks, etc.) must be spaced so not touching another individual/s belongings. Students are strongly encouraged to leave personal belongings at home.
- (6) All staff, parents, children, and any individuals seeking entry into the school building are requested to self-screen at home, prior to coming into school building.
- Self-screening shall include checking temperature (temperature of 100.0°F or above is considered a fever), checking for symptoms and reporting probable exposure.
 - Staff will self-screen during their morning check in (prior to arriving at work) and document review on a daily log upon arrival.

B. Regular Monitoring

Staff must actively monitor children throughout the day for symptoms of any kind as they typically would.

- Any concerns must be directed to the nurse and/or program director.

5. Isolation and Discharge of Sick Students and Staff

A. Planning for Isolation and Discharge

- (1) A separate space to isolate children or staff who may become sick will be designated at each school and program building.
- (2) Should the nurse be involved in monitoring the isolation area, alternate coverage of the nurses' office will be determined by the program administrators. Non-nursing staff may be assigned to supervise the isolated student to keep the nurse available for other students.
- (3) Masks or other cloth face coverings will be available for use by students and staff who become symptomatic. Face shields will be available for any symptomatic student who cannot wear a mask due to medical reasons.

B. If a Student Becomes Symptomatic

If a student becomes ill at school, it is important to isolate them as quickly as possible to reduce the chance of transmission of illness to others.

- The staff member who suspects a student is ill must notify the nurse and/or supervisor to request an assessment.
- The student with suspected illness should wear a mask and be brought by the school nurse to the isolation room for assessment.

- The nurse/program supervisor should complete an assessment of illness to determine if isolation/dismissal or an immediate call to 911 is required.
- If child exhibits symptoms of illness, call to parent/guardian if applicable to inform of assessment findings and ask parent if there has been any known exposure to illness. If the student is his/her own guardian, request permission to notify the applicable family member.
- If the student is assessed to require emergency care, 911 should be called immediately and administration or their designee must be notified and a stay-put initiated. The nurse/designated staff person will don appropriate PPE and stay with the student providing support until EMS arrives.
- If the student assessed requires isolation, their parent/guardian or designated adult should be called to pick them up.
- A nurse or qualified staff member will supervise the student to monitor for symptoms that may become life threatening until they have been picked up from their program.
- Once a student arrives home their parent/guardian should call their healthcare provider for further directions.
- Designated staff should wait 24 hours before cleaning and disinfecting the area to minimize potential for other employees being exposed to respiratory droplets. If waiting 24 hours is not feasible, wait as long as possible.
- During this waiting period, open outside doors and windows to increase air circulation in these areas.
- Custodial/designated staff should follow the [CDC cleaning and disinfection recommendations](#) for cleaning the exposed area, including the isolation area, any bathroom used by the affected student, any program areas used by the individual that day and the entry/exit area used by the individual.
- In addition to cleaning and disinfecting, employers should determine which students and staff may have been exposed and need to take additional precautions and what additional notification should be made.
- SMEC health office and administration should follow the [Public Health Recommendations for Community-Related Exposure](#) and notify the local Board of Health.
- Parents/Guardians should follow EOHHS, DESE and [CDC-recommended steps](#) for return to school/program. Students should not return to the program until they have met the criteria to [discontinue home isolation](#) and have consulted with a healthcare provider and state or local health department.
- If staff or students have any of these symptoms, they must get a test for active COVID-19 infection prior to returning to school.
- If a student is confirmed to have COVID-19, SMEC administration should inform other students' families and applicable staff of their possible exposure to COVID-19 while maintaining confidentiality as required by the HIPPA/FERPA and Americans with Disabilities Act (ADA).
- We will remain in contact with the local Board of Health for guidance.

C. If a Staff Becomes Symptomatic

- If a staff member becomes ill at school, it is important to isolate them as quickly as possible to reduce the chance of transmission of illness to others.
- The staff with suspected illness should wear a mask and be brought to the isolation room as soon as possible.
- If the staff member feels well enough to drive home they should do so. If they are not well enough to drive, they should identify a person that may be called to pick them up. Once home they should call their healthcare provider for further directions.
- Designated remaining staff should wait 24 hours before cleaning and disinfecting to minimize potential for other employees being exposed to respiratory droplets. If waiting 24 hours is not feasible, wait as long as possible.
- During this waiting period, open outside doors and windows to increase air circulation in these areas.

- Designated staff should follow the [CDC cleaning and disinfection recommendations](#) for cleaning the exposed area.
- In addition to cleaning and disinfecting, the Program Director/Asst. Director should determine which employees may have been exposed to the virus and need to take additional precautions.
- SMEC staff should follow the [Public Health Recommendations for Community-Related Exposure](#).
- Sick employees should follow [CDC-recommended steps](#). Employees should not return to work until they have met the criteria to [discontinue home isolation](#) and have consulted with a healthcare provider and state or local health department.
- If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the HIPPA and Americans with Disabilities Act (ADA).
- If staff or students have any of the list of symptoms, they must get a test for active COVID-19 infection prior to returning to school.

D. If a Student or Staff Contracts COVID-19

Sick students or employees who are COVID-19 positive or presumed to have COVID-19 by their physician, must not return until they have met the criteria for discontinuing home isolation and have consulted with a health care provider. To the extent possible:

- The SMEC nurse and/or program director will work with the family or staff to determine the date of symptom onset for the child/staff.
- The SMEC nurse and/or program director will work with the family or staff to determine if the child attended the program while symptomatic or during the two days before symptoms began.
- The SMEC nurse will work with the family or staff to identify what days the child attended during that time and determine who had close contact with the affected party during those days.
- If an individual tests positive for COVID-19, then self-isolation is for a minimum of 10 days **and** until at least three days have passed with no fever and improvement in other symptoms as noted. If the test is negative, the student/staff can return to school if asymptomatic and wearing a mask.

E. Notifying Required Parties

In the event that a program experiences an exposure, the SMEC nurse will notify the Executive Director. Determination will be made with the applicable program director of the need for and extent of further notification.

- Notifications may include staff members, family/students, member districts, Board of Directors and the local Board of Health.
- Confidentiality must be maintained.
- Close contacts of a positive COVID-19 case should be tested. For general guidance, DPH defines close contact as:¹
 - Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment, OR
 - Being within less than 6 feet of a COVID-19 case for at least 15 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case while the case was symptomatic or within the 48 hours before symptom onset, OR

¹ <https://www.mass.gov/doc/covid-19-testing-guidance/download>

- In school settings, close contacts include other students and staff who were within 6 feet of the positive student or staff for at least 15 minutes in a classroom, in other school spaces, on the bus, or at an extracurricular activity.
- If a close contact tests positive for COVID-19, then self-isolation is for a minimum of 10 days **and** until at least three days have passed with no fever and improvement in other symptoms as noted.
- If the close contact tests negative, the student/staff must still quarantine for 14 days because the illness can take up to 14 days to develop.
<https://www.mass.gov/doc/covid-19-testing-guidance/download>.

F. Self-Isolating Following Exposure or Potential Exposure

- In the event that a staff member believes they have been exposed (within six feet for more than 15 minutes) to a person who has been diagnosed with COVID-19, they should seek medical guidance from their primary care provider and follow self quarantine per their PCP and CDC guidelines.
 - In the event that a student or their family member discloses they have been exposed to a person who has been diagnosed with COVID-19, they must seek medical guidance from their primary care provider and follow self-quarantine per their PCP and CDC guidelines.
 - If a staff member or member of their immediate household subsequently tests positive or their doctor confirms probable COVID-19, they will be directed to follow self-quarantine per their PCP and CDC guidelines.
 - If a student or their family member tests positive or their doctor confirms probable COVID-19, they are to follow self-quarantine per their PCP and CDC guidelines.
 - If a student, staff member travels to a state or territory labeled as high risk, they are asked to self-quarantine for 14 days and not attend the program or work during that timeframe. Upon producing a negative Covid-19 test result, taken upon return to MA, the isolation period may be lifted and the employee may return to work.

G. If an Exposed Student or Staff Remains Asymptomatic and/or Tests Negative for COVID-19

If a staff or student is exposed (within six (6) feet for more than 15 minutes) to someone who subsequently tests positive for COVID-19, even the student or staff person remains asymptomatic they should get tested and must self quarantine for fourteen days.

6. Hygiene and Health Practices

A. Resources and Supplies

SMEC will have the following materials and supplies required before able to open:

- (1) Hand washing facilities with soap and water readily accessible to all children and staff.
 - Posted hand washing instructions near every hand washing sink and where they can easily be seen by children and staff.
 - When necessary, staff will provide direct instruction on proper handwashing
- (2) Hand sanitizer with at least 60% alcohol may be utilized at times when hand washing is not available.

B. When to Wash Hands

Children and staff must wash their hands or use hand sanitizer often, making sure to wash all surfaces of their hands (e.g., front and back, wrists, between fingers). Reinforce to staff and children that they must be regularly washing their hands with soap and water for at least 20 seconds as often as possible, including:

- Upon entry into and exit from classroom;
- When coming into the classroom space from outside activities;
- Before and after eating;
- After sneezing, coughing or nose blowing;
- After toileting and diapering;
- Before handling food;
- After touching or cleaning surfaces that may be contaminated;
- After using any shared equipment like toys, computer keyboards, mouse, climbing walls;
- After assisting children with handwashing;
- Before and after administration of medication;
- Before entering vehicles used for transportation of children;
- After contact with facemask or cloth face covering; and
- Before and after changes of gloves.

C. Cover Coughs or Sneezes

Children, families, and staff must avoid touching their eyes, nose, and mouth.

- Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer
- Sneeze into one's elbow when possible to avoid or lessen the spread of germs

D. Additional Healthy Habits

Staff should provide modeling, instruction and visuals to support daily healthy habits such as wearing a mask, coughing/sneezing into a tissue or crook of the arm, utilizing coping strategies, etc. Reinforcement of following healthy habits will be modeled, directly taught, and utilized.

- Staff must know and follow the steps needed for effective handwashing (use soap and water to wash all surfaces of their hands for at least 20 seconds, wait for visible lather, rinse thoroughly and dry with individual disposable towel).
- Build in monitored handwashing for students at all necessary times throughout the day (e.g., upon arrival, before and after meals, after toileting and diapering, after coughing and sneezing, after contact with bodily fluids).
- Visual steps of appropriate hand washing will be posted to assist children
- Assist children with handwashing.
- Keep hand sanitizer out of the reach of young children and monitor use closely.
 - Due to its high alcohol content, ingesting hand sanitizer can be toxic for a child. Supervise children when they use hand sanitizer to make sure they rub their hands until completely dry, so they do not get sanitizer in their eyes or mouth or on their food.
- Handwashing is preferred over hand sanitizer; Young children must be monitored for appropriate hand washing technique.
- Explain to children why it is not healthy to share drinks or food, particularly when sick.
- Teach children to use tissue to wipe their nose and to cough inside their elbow. They must wash their hands with soap and water immediately afterwards.

7. Personal Protective Equipment (PPE) and Face Masks and Coverings

A. Face Masks and Coverings

- (1) Wearing of masks will be required of all staff. Students are encouraged to wear masks as well to the extent possible. Based on current guidance, six (6) feet of physical distancing to the is required for reopening.
 - To slow the spread of COVID-19, program staff are required to wear a cloth face covering while serving children/adults and interacting with others, especially when 6 feet of physical distancing is not possible,

unless medically unable to do so. Other PPE may be required for certain activities such as toileting and assisting with other ADLs.

- Masks are not worn by children who are eating or drinking. Social distancing is required when masks cannot be worn.
- Masks do not need to be worn while engaging in physical outdoor activities, if children are able to keep physical distance from others.
- Other PPE for face coverings include face shields or goggles (see also “types of PPE”).
- Staff with long hair are encouraged to wear hair up or pulled back from the face.
- Staff are discouraged from wearing fake nails as they have been shown difficult to maintain proper hygiene.

(2) Families will be requested to provide their children with a sufficient supply of clean masks and/or face coverings.

- Families are encouraged to send in (at least) 2 masks/day with each student.
- Staff will work with families to encourage a plan for routine cleaning of masks and face coverings, to clearly mark masks with the child’s name, if applicable, and clearly marked with which side of the covering should be worn facing outwards so they are worn properly each day.
 - It is encouraged that masks and face coverings are routinely washed at least daily and any time the mask is wet or becomes soiled, depending on the frequency of use.
 - When possible, masks must be washed at home in a washing machine in hot water and dried fully before using again. If a washing machine is unavailable, masks must be hand washed with soap and hot water and allowed to dry fully before using again.
- If families are unable to provide masks, masks are available at the program.

(3) If using a disposable mask, follow CDC guidance on proper daily removal.

- Grasp bottom ties or elastics of the mask, then the ones at the top, and remove without touching the front. Discard in a waste container and wash hands or use an alcohol-based hand sanitizer immediately. PPE training is required for all staff and available for all students.

(4) SMEC will enforce, to the extent possible, the wearing of face masks by anyone on the Collaborative premises (including parents or guardians) and at all times during drop-off and pick-up.

(5) Face coverings are most essential at times when physical distancing is not possible. Staff and students must be frequently reminded not to touch the face covering and to wash their hands frequently. Everyone should avoid touching their mouth, nose and eyes.

B. Exceptions to Use of Face Masks/Coverings

Exceptions for wearing face masks include situations that may inhibit an individual from wearing a face mask safely. These may include, but are not limited to:

- (1) Children under the age of 3 years;
- (2) Students who cannot safely and appropriately wear, remove, and handle masks;
- (3) Students who have difficulty breathing with the face covering or who are unconscious, incapacitated, or otherwise unable to remove the cover without assistance;
- (4) Individuals with severe cognitive or respiratory impairments that may have a hard time tolerating a face mask;
- (5) Individuals where the only option for a face covering presents a potential choking or strangulation hazard;
- (6) Individuals who cannot breathe safely with a face covering, including those who require supplemental oxygen to breathe;
- (7) Individuals who, due to a behavioral health diagnosis or an intellectual impairment, are unable to wear a face covering safely; and students unable to don/doff masks independently are not required to wear masks.

(8) Individuals who need to communicate with people who rely upon lip-reading. Clear face masks may be available in these instances.

C. When to Use Gloves

Program staff must wear gloves when appropriate to meet Standard Precautions. Gloves should be worn at all times during the following activities.

- (1) Diapering or assistance with toileting
- (2) Food preparation and/or 1:1 feeding assistance.
- (3) Screening/teaching activities requiring contact.
- (4) Handwashing or use of an alcohol-based hand sanitizer before and after these procedures is always required, whether or not gloves are used.
- (5) When cleaning/sanitizing high touch surfaces.
- (6) When assisting a student or staff member exhibiting symptoms.

D. Additional Guidance on Using Gloves

To reduce cross-contamination, disposable gloves should always be discarded after the following instances:

- (1) Visible soiling or contamination with blood, respiratory or nasal secretions, or other body fluids occurs.
- (2) Any signs of damage (e.g., holes, rips, tearing) or degradation are observed.
- (3) Maximum of four hours of continuous use.
- (4) Removing gloves for any reason. Previously removed gloves should not be re-donned as the risk of tearing and contamination increases. Therefore, disposable glove should not be reused.
- (5) In addition, gloves should be removed following activities where glove usage is required including diapering, food preparation, and screening activities requiring contact.
 - After removing gloves for any reason, hand hygiene should be performed with alcohol-based hand sanitizer or soap and water.
- (6) Gloves should be changed after working directly and less than 6 feet away with a student and new gloves applied before beginning work with a different student.

E. Gowns / clothing covering

Disposable gowns are available as needed for staff working with students where bodily fluids may be interchanged.

○ E.g. Toileting / changing students; feeding programs.

- Staff are encouraged to wear long sleeves and/or long pants to limit skin contact by others.
- Staff are encouraged to wear clothing that can easily be washed upon return to home.

F. Face Shields

Face shields are an option available as needed for staff working in close proximity to students where bodily fluids may be interchanged. Some examples may include:

- Feeding or other oral motor programs;
- Students requiring close proximity for instruction that visibly have a runny nose or common cold or other medical allergies.
- During a restraint or to guard against a student with a history of spitting
- Masks should still be worn under a face shield when possible

G. Goggles

Goggles are an option available as needed for similar situations as described in the face shield section. Masks must still be worn.

8. Cleaning, Sanitizing, and Disinfecting

A. Resources and Supplies

Supplies for cleaning, sanitizing, and disinfecting will be provided by SMEC.

- (1) Programs must use EPA-registered disinfectants and sanitizers for use against COVID-19. Follow directions on the label, including ensuring that the disinfectant or sanitizer is approved for that type of surface (such as specific cleaners for food-contact surfaces).
- (2) Staff are discouraged from bringing miscellaneous items from home to use in the classroom without prior approval.
- (3) Only single use, disposable paper towels shall be used for cleaning, sanitizing, and disinfecting. Sponges shall not be used for sanitizing or disinfecting.
- (4) All sanitizing and disinfecting solutions must be labeled properly to identify the contents, kept out of the reach of children and, and stored separately from food items. Do not store sanitizing and disinfecting solutions in beverage containers.
- (5) Avoid aerosols in contained areas whenever possible, because they contain propellants that can affect breathing. Pump or trigger sprays are preferred.

B. Proper Usage

Proper guidelines must be followed when cleaning, sanitizing, and disinfecting.

- (1) All sanitizing and disinfecting solutions must be used in areas with adequate ventilation and never in close proximity to children as to not trigger acute symptoms in children with asthma or other respiratory conditions.
 - Do not spray chemicals around children. If possible, move children to another area or have someone distract them away from the area where a chemical is being used.
 - Any cleaning product should be sprayed on the paper towel rather than directly on the surface to lessen the possibility of spreading a virus back into the air.
- (2) To ensure effective cleaning and disinfecting, always clean surfaces of any visible dirt with soap and water prior to disinfecting. Appropriate wipes may be used for this purpose if approved for the specific surface/use.
- (3) Use all cleaning products according to the directions on the label. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
- (4) Surfaces and equipment must air dry after sanitizing or disinfecting.
 - Do not wipe dry unless it is a product instruction. Many disinfectants must air dry in order to fully sanitize the surface. Careful supervision is needed to ensure that children are not able to touch the surface until it is completely dry.
- (5) Keep all chemicals out of the reach of children both during storage and in use.
- (6) Keep chemicals in their original containers. If this is not possible, label the alternate container clearly to prevent errors.
- (7) Do not mix chemicals. Doing so can produce a toxic gas.

C. General Guidelines for Cleaning, Sanitizing, and Disinfecting

Program general guidelines for cleaning, sanitizing, and disinfecting.

- (1) Program staff will intensify the routine of cleaning within the classroom and program areas.
 - Frequently touched objects and surfaces within the classroom should be wiped down frequently during the day and again prior to leaving at the end of the day.
 - Doorknobs, sinks, keyboards, desks, tables, chairs, etc.
- (2) Clean and disinfect toys, manipulatives and activity items, including sports and specialty activity equipment after use.
 - Classrooms may set up a “dirty” bin for used items (e.g. manipulatives, fidgets, books, program materials) to be cleaned at the end of the day.
 - Items/classroom materials should not be shared by students consecutively.
- (3) While cleaning and disinfecting, staff must wear gloves. Handwashing or use of an alcohol-based hand sanitizer after these procedures is always required, whether or not gloves are used.

D. Cleaning, Sanitizing, and Disinfecting Indoor Areas

Guidelines for cleaning, sanitizing, and disinfecting indoor play areas.

(1) Books and magazines, 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.

- Programs should conduct regular inspection and disposal of books or other paper-based materials that are heavily soiled or damaged.
- Books touched by students that are not able to wear masks, should be wiped down between each use.

(2) Machine washable cloth toys cannot be used at all in the classroom at this time.

(3) Items that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions must 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 sanitizer, and air-dry or clean in a mechanical dishwasher (if available on site).

(4) For electronics, such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.

- Consider putting a wipeable cover on electronics. (Saran wrap or similar).
- Follow manufacturer's instruction for cleaning and disinfecting.
 - If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Wait in accordance with manufacturer's directions and then dry surface thoroughly or allow to air dry.
 - Do not spray any cleaning product directly on an electronic surface - spray onto a cloth or towel.
- Older students may be supported to clean their own electronics.
- Pointers (individual per student/staff) can be available to use for touch screens

(5) Program/activity materials

- To the extent possible, materials should be identified as student -specific at this time.
 - No communal bins (e.g. markers, legos, crayons, blocks, manipulatives, etc.)
 - Prepare materials for the day/week per student.
- Materials should be wiped and sanitized between students.
 - Allow time between students.
- Manipulatives/toys may be cleaned by running through a dishwasher (if available on site).
- Materials should be left to air dry when possible.

E. Cleaning, Sanitizing, and Disinfecting After a Potential Exposure in All Programs

If a program suspects a potential exposure, they must conduct cleaning and disinfecting as follows.

(1) Close off areas visited by the ill persons, including bathrooms.

- Open outside doors and windows and use ventilating fans to increase air circulation in the area.
- Wait 24 hours or as long as practical before beginning cleaning and disinfection of the affected area(s).
- Programs must plan for availability of alternative space while certain areas are out of use. Programs may need to be closed for 24 hours if necessary.

(2) Cleaning staff must clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (e.g., tablets, touch screens, keyboards) used by the ill persons, focusing especially on frequently touched surfaces.

F. Additional Considerations: Programs must also consider the following precautions.

(1) Staff clothing should not be worn again until after being laundered at the warmest temperature possible.

Reusable cloth masks should be laundered nightly.

(2) Programs must comply with MA DOL workplace standards on Bloodborne Pathogens (29 CFR 1910.1030), including proper disposal of regulated waste and PPE (29 CFR 1910.132).

- Infection control is also outlined in SMEC Healthcare manual

- Standard Precautions (formerly Universal Precautions) are already required within the SMEC Programs and still apply.

(3) Programs shall follow CDC infection control guidelines designed to protect individuals from exposure to diseases spread by blood, bodily fluids, or excretions that may spread infectious disease.

- Health precautions include, but are not limited to, the use of PPE, proper disposal containers for contaminated waste, handwashing and proper handling of bodily waste.
- Non-latex gloves shall be provided and used for the clean-up of blood and bodily fluids
- Used gloves and any other materials containing blood or other bodily fluids shall be thrown away in a lined, covered container. Only material saturated/dripping with blood is considered medical waste and must be stored and disposed of pursuant to the regulations. Materials such as band-aids, tissues and others with minimal blood are not considered medical waste
- Contaminated student clothing shall be sealed in a plastic container or bag, labeled with the owner's name, and sent home at the end of the day
- Sharps waste shall be stored and disposed of in appropriate sharps containers with the word biohazard and the universal biohazard symbol.

9. Strategies to Reduce the Risk of Transmission

A. Physical Distancing

Covid-19 is spread through the air or by landing on surfaces that are then touched. Remaining at least six feet apart is one tool to help prevent the spread

- Breathing, talking or singing - saliva drops may spread out at least six feet
- Coughing or sneezing can spray 10-15 feet
- When physical distancing is not possible, use of a face covering and washing hands can help prevent the spread of the virus.

B. Toileting and Activities of Daily Living

Toileting guidelines are included in the SMEC Healthcare manual and the program guidelines if appropriate to the student population.

- Staff that are needed to provide assistance or monitoring for students within the bathroom should utilize appropriate PPE (e.g. mask, gloves and disposable gowns are available).
- Staff that must perform diapering and/or total care should continue to follow standard precautions and procedures that have been in place. PPE should be utilized (e.g. mask, gloves and disposable gowns are available).
 - When procedures are complete, call for staff assistance to take student back to class or group area.
 - All surfaces must then be cleaned and disinfected after each use.
- Hand washing after bathroom use is required for all staff and students.
- Classrooms/student groups will be assigned to bathrooms to help limit the need for contact tracing.

C. Time-Out rooms / areas (students)

- Staff should maintain current procedures in place for safety of the student and staff.
- PPE is available as needed such as face shields, gowns and gloves.
- Upon student successfully exiting a TO area, each space must be cleaned and disinfected in between each student.

D. Program break areas

- Students will be encouraged to stay within their classroom areas. A hierarchy of break areas will still be necessary (e.g. at their desk, in a designated area within the classroom, designated outdoor areas).
- Communal areas are discouraged, but it is understood that some areas will be shared with physical distancing.

- Upon exit from any such area, disinfectant spray will be utilized between students.
 - Staff person wearing gloves and a mask may spray the area and wipe down. Area should be allowed to dry before another student enters the area.

E. Physical Intervention and Restraint

- Procedures and protocols as outlined within SMEC and following the CPI Model will remain in place.
 - Staff will utilize de-escalation techniques and strategies; utilize proximity controls; utilize “help”, “prompt”, “wait” strategies.
 - As a last resort, when all other attempts to de-escalate have failed, staff may be required to utilize physical intervention/restraint.
 - If time allows, staff may don PPE as needed for safety precautions
 - PPE may include gloves or a face shield. (Staff should already have on their mask).
 - Disposable gowns can be easily ripped, torn or cause tripping and are not advised as they may become a hazard.
 - If time does not permit donning PPE, back-up staff may don PPE and then switch out with staff as soon as is safe.
 - Staff are encouraged to wear long sleeve shirts and/or pants to help limit skin contact.
 - Staff should be mindful that students seeing staff putting on protective equipment or being approached by staff wearing protective equipment can create (or increase) anxiety. Maintain a student centered approach and offer reassurance throughout interactions.

10. Food Safety

A. General Regulations

Programs will follow the food safety guidelines below.

- Snacks must be pre-packaged or ready to serve in individual portions to minimize handling and preparation. Certain programs may provide pre-packaged snacks to eliminate the need for students to bring snacks from home.
- Cooking lessons are not allowed at this time.
- Meals must be “grab and go” single served in compliance with current safety standards.
- Students are encouraged to bring single serve items for lunch/snacks and to eat only at designated times in designated areas to ensure proper sanitation.

(2) Each child must have individual disposable utensils.

(4) Staff must ensure students wash hands prior to and immediately after eating.

(5) Staff must wash their hands and don gloves before preparing/serving snacks and again after helping students to eat and removing gloves.

(6) Tables and chairs used for meals need to be cleaned and sanitized before and after use.

(7) All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of food products must be washed, rinsed, and sanitized before each use.

- Additionally, programs must frequently clean non-food contact surfaces, such as doorknobs, tabletops, and chairs.
- Use sanitizers approved by the EPA for use against COVID-19 and for food-contact surfaces.

(8) When disinfecting for coronavirus, EPA recommends following the product label use directions for enveloped viruses, as indicated by the approved emerging viral pathogen claim on the master label.

- If the directions for use for viruses/viricidal activity list different contact times or dilutions, use the longest contact time or most concentrated solution. Be sure to follow the label directions for FOOD CONTACT SURFACES when using the chemical near or on utensils and food contact surfaces.

11. Transportation (See also Daily Operations: Transportation)

(1) SMEC Transportation has developed protocols for transportation staff and students transported by SMEC transportation

- Many Districts coordinate their own transportation. Programs will follow District guidelines.

(2) Transporting a sick child:

- SMEC will discuss individually with each family the coordination of transportation for their child if they become sick at school/program. It is important that all families arrange for the availability of alternate transportation if they are unable to pick their child up from SMEC upon becoming ill.

12. Summary and Attestation

As SMEC re-opens the school programs, we are committed to providing a clean and safe environment in which to work and learn.

Within the workplace, posted notices to employees and visitors will note that SMEC has completed a COVID-19 Control Plan in accordance with the Massachusetts re-opening guidance. SMEC assures employees and visitors that steps have been taken to comply with the Massachusetts mandatory standards for workplaces, including:

- ✓ Our employees are wearing face coverings
- ✓ Physical distance measures have been put in place
- ✓ We have developed thorough cleaning and disinfecting protocols
- ✓ We provide handwashing options
- ✓ We are regularly sanitizing high touch areas
- ✓ Our staff have been trained regarding physical distancing, PPE and hygiene protocols

Below are updated expectations of all SMEC Program Staff members. Staff will be asked to sign and agree with these requirements. If there are questions, please reach out to program administration or HR. SMEC appreciates everyone's assistance in keeping our school community as healthy as possible!

1. HEALTH AND SAFETY

- ◆ Before I come to work each day, I will conduct a personal assessment of my health in accordance with CDC guidance and Massachusetts guidance to determine if there is any indication that I may have symptoms and/or may have been exposed to COVID-19, including taking my temperature with a functional thermometer. When I come to work each day, I recognize that I will be confirming that I do not have any symptoms related to, and have not been knowingly exposed to, COVID-19. If this status changes, I agree to immediately leave the workplace and immediately contact my supervisor immediately.
- ◆ I agree to contact my Program Director and not come into work if I am feeling ill.
- ◆ I acknowledge that if my temperature exceeds 100 degrees Fahrenheit, I will not be permitted to work.
- ◆ While some coughs and sneezes are unrelated to COVID-19, like allergies, no matter the situation, when coughing and/or sneezing, I agree to cover my mouth and nose with a tissue or use the inside of my bent elbow. I will follow-up immediately with washing my hands with warm water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.

2. FACE COVERING

- ◆ I agree to wear a face mask at all times while on school property. I understand that I may request and take mask breaks outdoors, or in designated areas, as needed, within reason.
- ◆ I understand that it is my responsibility to have a mask for work each day, but know that a disposable mask is available if I do not have my own.
- ◆ I will ensure that my cloth face coverings are laundered at a minimum each day.

3. PHYSICAL DISTANCING

- ◆ I agree to keep 6 feet between myself and others while on SMEC property to the best of my ability. I will follow all posted arrows and signs.
- ◆ I will refrain from using another person's equipment, phone, computer, desk, or entering private offices without an invitation from the respective person, and only when the six feet preferred but no less than three feet of physical distancing protocol can be followed.
- ◆ Physical distancing in our environment will be tricky. For students that require close proximity for safety reasons, self-care reasons, and/or instructional reasons, I will ensure I have a mask, wash my hands frequently, and utilize other PPE as is necessary for the specific task/activity (e.g. gloves, gown, face shield).

4. GLOVES

- ◆ I understand gloves are required as part of Standard Precautions for certain activities. I recognize they DO NOT stop the spread of germs but are a barrier for skin and I will still need to wash my gloved hands or use sanitizing gel as if I were wearing no gloves at all.
- ◆ I understand all staff are required to wear gloves when performing cleaning duties and when assisting with personal care and while serving or assisting with snacks/meals. Gloves must be changed before and after each of these duties.

5. CLEANLINESS

- ◆ I agree to keep my hands washed/sanitized while at SMEC locations and while working with students on vans or in the community.

6. FACILITY CLEANLINESS

- ◆ I understand I am responsible to contribute to routine cleaning and disinfection of surfaces.
- ◆ When cleaning surfaces, I agree to wear gloves and immediately dispose of used gloves safely. I will not reuse gloves.
- ◆ I agree to follow all protocols for meals and snacks.

7. ACCOMMODATIONS AND TIME OFF

Employees with accommodation needs or time off needs should contact Audrey Rodrigues, HR Manager, 508 998 5599, ext. 102; arodrigues@smecollaborative.org). Reasonable accommodations for specific positions in accordance with relevant policies and current laws can be discussed.

Paid sick time and paid time off in accordance with the CARES Act Family First Coronavirus Response Act and any other policies may be available (for year-round employees or for school employees during the school year). During the per diem/hourly summer/extended school year, there is no paid time off (unless I am a year-round employee).

8. ACKNOWLEDGMENT:

- ◆ I understand return to work is voluntary. I will discuss my options with HR if I cannot or may not be able to return to work.
- ◆ For school employees, if I decide not to return to work when the school reopens in September 2020, I understand it will be considered that I have resigned my position within the Collaborative unless other arrangements have been made with SMEC to provide me with approved time off.

Please be assured the Southeastern MA Educational Collaborative is doing its part to comply with State and Federal Guidance to provide the safest possible workplace and requires employees do the same.

By attesting to this document, employees acknowledge and agree to comply with this policy. By attesting to this document, employees agree to help SMEC ensure that maintaining all of the proper precautions put in place to keep the workplace safe and making sure SMEC programs are a healthy environment for our employees, students and families.

Failure to comply with these requirements may result in discipline up to and including termination of employment. Employees will be asked to sign an attestation to this document when returning to work in August 2020.

SMEC Contact Information

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ⁱ Fall River Public Schools membership pending DESE approval