



## Shadyside Presbyterian Church Nursery School Covid-19 Health & Safety Plan (revised August 2021)

This updated version of Shadyside Presbyterian Church Nursery School's (SPCNS) COVID-19 Health & Safety Plan is based on the Center for Disease Control's (CDC) guidance for Early Care and Education (ECE) programs, and it outlines main strategies for SPCNS to reduce the spread of COVID-19 and maintain safe operations. While fewer children have been sick with COVID-19 compared with adults during the pandemic, children can be infected with the SARS-CoV-2 virus that causes COVID-19, can get sick with COVID-19, and can spread the virus to others.

SPCNS serves children ages 2 to 5 years of age who are not eligible for vaccination at this time. Therefore, this guidance emphasizes implementing layered COVID-19 prevention strategies (e.g., using multiple prevention strategies together) to protect people who are not fully vaccinated, including infants and children, staff, and other members of their households. This guidance is based on current scientific evidence and lessons learned from schools and ECEs implementing COVID-19 prevention strategies.

In selecting the most appropriate layered prevention strategies, SPCNS carefully considered multiple factors, such as the physical space in which the program operates; the families and children served; the current levels of community transmission, outbreaks, or trends; and the level of vaccination coverage in the community and among the families. **These COVID-19 prevention strategies remain critical to protect people, including children and family members who are not fully vaccinated.** It is possible that sometime during this school year, vaccinations for children as young as age 2 years will be approved and available. When/if child vaccinations do occur, SPCNS will use further CDC guidance to revise our plan in such ways as to safely transition our school environments out of COVID-19 pandemic precautions as community transmission of COVID-19 reaches even lower levels. Likewise, SPCNS reserves the right to modify this Health & Safety Plan if circumstances change with regard to the Covid-19 pandemic in ways that would require increasing the number or level of prevention strategies which would continue to protect all children, families, and staff. Any such changes will first be reviewed by our medical consultants, Board of Trustees, and any other advisory groups, and then be communicated to all families and nursery school stakeholders.

## Prevention Strategies:

### ❖ Promoting vaccination

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. A growing body of evidence suggests that people who are fully vaccinated against COVID-19 are less likely to have an asymptomatic infection or transmit COVID-19 to others than people who are not fully vaccinated.

- ***All SPCNS teachers and staff, as well as families (including extended family members who have frequent contact with children in SPCNS) are strongly encouraged to get vaccinated as soon as possible.***
- ***While not mandated, 100% of SPCNS teachers and staff are fully vaccinated, and we will comply with recommendations for booster shots, if required.***
- ***Any parent or caregiver who must stay or wishes to remain in the classroom or school beyond the brief designated arrival/departure times MUST be fully vaccinated. This applies to the Two-, Three-, and Four-year-old programs. Proof of vaccination in these situations will be required.***

### ❖ Consistent and correct mask use

When people who are not fully vaccinated wear a mask correctly and consistently, they protect others as well as themselves. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors and when physical distancing cannot be maintained. SPCNS has opted to make mask use universally required both indoors and outdoors for a variety of reasons, the most compelling of which are 1) that we are serving children who are not yet eligible for vaccination and 2) that there are signs of increasing community transmission of a variant that is spread more easily. Children love to play close to one another, and their masks will provide an important layer of protection while they engage in healthy and developmentally-appropriate play. Finally, it is important for staff and other adults to model consistent and correct mask use for young children.

- ***Indoors: SPCNS requires universal mask wearing at all times indoors in the nursery school areas for all adults (regardless of their vaccination status) and children (age 2 years and up). Children will remove their masks during snack time, when they will be physically distanced (6 feet) from one another.***
- ***Outdoors: SPCNS requires universal mask wearing at all times outdoors for all adults (regardless of their vaccination status) and children (age 2 years and up).***
- ***Official exceptions include anyone who cannot wear a mask due to a medical condition, including those with respiratory issues that impede breathing, a mental health condition, or disability. Physician documentation of such conditions are required.***
- ***Practice: If a child is visibly upset, struggling, or unable to wear a mask properly, our focus will be on making sure that we can successfully teach them how to properly wear a mask and see that they are comfortable and not negatively affected by it. If necessary, we will prioritize having them wear masks during times when it is difficult to separate children and/or staff (e.g., while standing in line or during drop off and pick up), and it will be approached in a calm and learning manner that supports children's development and well-being. We encourage children to practice using the mask before the start of school.***

## ❖ **Physical distancing and cohorting**

Maintaining physical distance is often not feasible in an ECE setting, especially during certain activities (e.g., diapering, feeding, holding/comforting, etc.) and among younger children in general. Thus, it is especially important to layer multiple prevention strategies, (as described in other sections of this plan) to help reduce transmission risk. Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of children and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children.

- ***Child arrival/drop-off, and dismissal/pick-up times (or locations) will be staggered by cohort (class), and we will prioritize outdoor pick-up, when possible. Cohorts (classes) will be assigned to one of three schedules (8:45a-11:45a; 9a-noon; 9:15a-12:15p), and parents will be informed of their times and locations nearer to the start of school in September.***
- ***Children will remain in self-contained classrooms with physical distance maintained between classes. The mixing of groups of children will be limited to minimal or no interaction in communal spaces (such as the playground or in the Parish Hall. Movement through designated hallways will be staggered, and 3- 6 feet distance will be maintained between different cohorts of children and staff.***

- ***Physical distancing in the classroom will be maintained by both limiting the total number of children enrolled in each class, as well as by limiting the number of children playing at the same tables or area of the room at one time.***
- ***When possible, physically active play will be done outside. We will maintain cohorts if feasible in outdoor play spaces.***
- ***Parents will provide drink and snack for their own child every school day. Children will be spaced out while they are eating, and their masks will be stored in a clean marked container for reuse after snack is finished.***
- ***No events that require large crowded indoor gatherings (such as school wide celebrations) will be scheduled.***

## ❖ **Ventilation**

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with other preventive strategies, including wearing a well-fitting, multi-layered mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows.

- ***Classroom windows and doors will be open to bring in fresh air whenever classes are in session. Additionally, HEPA filter air purifier units will be operating in each classroom.***

## ❖ **Handwashing and respiratory etiquette**

Adults and children should practice handwashing and respiratory etiquette (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. SPCNS will monitor and reinforce these behaviors and provide adequate handwashing and sanitizing supplies.

- ***Children will wash their hands with soap and water for 20 seconds upon arrival at school, before and after eating, after playing outdoors, after using the bathroom, and whenever hands are visibly dirty. Parents are encouraged to use hand sanitizer upon entry as well.***
- ***If hands are not visibly dirty and soap and water are not readily available, alcohol-based hand sanitizers with at least 60% alcohol can be used. Staff will supervise the use of hand sanitizer. There will be hand hygiene stations at school and classroom entrances.***
- ***In addition, staff will wash hands before and after coming in contact with bodily fluids, used masks, or handling food garbage.***

- ***Children will be guided to cough and sneeze into their elbow or a tissue, and to refrain from touching their eyes, nose and mouth and mask.***

❖ **Staying home when sick or being in close contact**

Staying home when sick is essential to keep COVID-19 infections out of SPCNS and prevent spread to others. It also is essential for people who are not fully vaccinated to quarantine after a recent exposure to someone with COVID-19. The overlap between COVID-19 symptoms with other common illnesses means that some people with symptoms of COVID-19 could be ill with something else. This is even more likely in young children, who typically have multiple viral illnesses each year. Although COVID-19, colds, and flu illnesses have similar symptoms and are different diseases, they share a common vital strategy to further reduce the transmission of the disease: children who have symptoms of infectious illness or certain symptoms of COVID-19 may not attend school.

- ***Daily Screenings-families must remain on the alert for signs of illness in their children and keep them home when they are sick. See below for specific symptom and necessary actions.***
- ***Any adults, staff, or children who have a fever of 100.4 °F or above or other signs of illness will not be admitted to SPCNS. Staff will sign in and document health status. Nursery school families will self-monitor and report any signs of illness to SPCNS.***
- ***Your child will be excluded from school if s/he has any ONE of the following symptoms of COVID-19:***
  - ★ ***Fever >=100.4***
  - ★ ***Shaking chills***
  - ★ ***Shortness of breath/trouble breathing***
  - ★ ***New loss of taste or smell***
  - ★ ***New body/muscle aches***
  - ★ ***Nausea /vomiting***
  - ★ ***New or worsening cough***

***Or TWO of the following symptoms of COVID-19:***

- ★ ***Headache***
- ★ ***New fatigue***
- ★ ***Sore throat***
- ★ ***Congestion / runny nose***
- ★ ***Diarrhea***

- ***The length of time the child must stay out of school will depend on whether the child has COVID-19 or another illness. The director and school nurse/advisor will assess each individual case based upon the history of probable exposure and the input of the child's doctor.***
- ***Parents may be asked to consider whether their child needs to see a healthcare provider and be tested for COVID-19. The CDC recommends all people with symptoms of COVID-19, including children, get tested. (Acceptable Covid-19 tests are any that are obtained by a doctor, clinic and over the counter from a pharmacy.). Subsequently, parents will***
  - ***inform the school if their child has had a COVID-19 test and what the result is, if available.***
  - ***bring their child back to school or other in-person activities only after they can safely be around others. In most instances, those who have COVID-19 can be around others after***
    - ***10 days since symptoms first appeared and***
    - ***24 hours with no fever without the use of fever-reducing medications and***
    - ***Other symptoms of COVID-19 are improving***
- ***If symptoms emerge during the school day, the child will be taken to an isolation area with a staff person and kept comfortable until picked up. We ask that you come within one hour to take them home. The isolation area will be closed off and properly cleaned and disinfected after the sick child is picked up.***

In the event of a child or staff member being exposed to Covid-19, whether and for how long they must be excluded from SPCNS depends on their vaccination status.

- ***Children and unvaccinated adults who had close contact with someone who has (suspected or confirmed) COVID-19 should stay home (quarantine) for 14 days after their last exposure to that person. Close contact is defined as within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. Families might choose to use testing to shorten quarantine period.***
- ***Adults and staff who are fully vaccinated and are exposed to COVID-19 are advised to get tested 3-5 days after exposure. They should wear a mask for up to 14 days following exposure (even if they have no symptoms) until their test is negative. If test is positive, they are to isolate for 10 days. If test is negative, they may discontinue wearing mask.***

## ❖ **Contact tracing and community notifications**

- ***SPCNS will collaborate with state and local health departments to confidentially provide information about people diagnosed with or exposed to COVID-19. This allows us to identify which children and staff with positive COVID-19 test results should isolate, and which close contacts should quarantine.***
- ***SPCNS will notify staff and families of children who were close contacts as soon as possible (within the same day if possible) after we are notified that someone in the program has tested positive.***

## ❖ **Cleaning and disinfecting**

An enhanced cleaning, sanitizing and disinfecting schedule in compliance with CDC guidelines will be followed. In general, current CDC recommends that cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Teachers and church sextons will help with cleaning procedures.

- ***High touch hard surfaces such as countertops door handles, light switches, table tops, etc. will be disinfected after school is dismissed each day.***
- ***Mostly toys and educational materials that can be cleaned and sanitized will be used. Toys that children have placed in children's mouths or that are otherwise contaminated by body secretion or excretion will be set aside until they are cleaned and sanitized.***
- ***Machine washable cloth toys will be used by one individual at a time. These items will be laundered before being used by another child.***
- ***Indoor toys will not be shared between groups of children unless they are washed and sanitized before being moved from one group to the other.***

## ❖ **Additional Considerations**

- ***Any visitors to SPCNS, including but not limited to direct service providers (DSP) and early intervention support, must adhere to the provisions in the SPCNS Health & Safety Plan. Visitors and DSPs must sign in on the log provided near the office.***
- ***SPCNS will base decisions regarding all other issues of curricula, classroom management, and other daily school operations upon the guidelines for ECE programs issued by the CDC, when appropriate.***

