

Southwestern Consolidated School Corporation

Custodial and Maintenance Department:

Protocol for Coronavirus Response

This document is not meant to serve as an action plan in the event of an outbreak of Coronavirus (Covid-19) but will provide information such as FAQs, a school response guide, business response guide, chemicals and disinfectants, and cleaning protocols. All of the following information and guidance comes from the Center for Disease Control and Prevention for response and best practices. Throughout you will also find additional information in the hyperlinks in the body of information. These will take you to much more in depth information and specifics for each subject matter topic in bold print.

As we now know Covid-19 has spread across the world at a very fast pace with little knowledge of how many are infected, treatment options, containment/control or communication of the virus itself. However, we do have some understanding from past coronavirus outbreaks, and the responses that were taken to help contain the virus, limit its effect on those infected, limit exposure and help prevent outbreaks from occurring.

Last week the admin team started up a discussion about Covid-19 and what we need to do in order to help safeguard our students and staff, should it arrive in our region. While there is little we can do off our campus, we are able to address some of the concerns that are slowly starting to emerge.

For almost the last four years we have implemented a standard cleaning procedure from Buckeye International. While this often goes unnoticed by students and staff they do get to participate in the process by having a healthy environment to learn and work.

Cleaning protocols were established to have a systematic chain of operation to clean a classroom and other areas in the school. We do this so that, in the event, we ever have an outbreak of any kind of illness, we see where the failure occurred and make appropriate corrections. Should the Department of Health ever have to show up, due to an outbreak, we have to be able to provide them with uniform cleaning procedures. Our cleaning procedure was adopted and implemented from Buckeye International almost four years ago. (The following is the daily minimum disinfecting process, not the full cleaning process for each area.)

(Note: The below is copied from various locations from within the CDC **Preventing COVID-19 Spread in Communities** webpage. There are multiple sources within that website. Understand this is not all inclusive to all material within the CDC, but rather from the Educational

tab within it and then distilled into one location here for reference and ease of use. For more in-depth information please utilize the links within the following texts for more information)

Frequently Asked Questions and Answers: Coronavirus Disease-2019 (COVID-19) and Children

See information on COVID-19 and pregnancy and neonates.

See CDC guidance related to COVID-19 and breastfeeding.

Q: Are children more susceptible to the virus that causes COVID-19 compared with the general population and how can infection be prevented?

A: No, there is no evidence that children are more susceptible. In fact, most confirmed cases of COVID-19 reported from China have occurred in adults. Infections in children have been reported, including in very young children. From limited information published from past Severe Acute Respiratory Syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV) outbreaks, infection among children was relatively uncommon.

For information on risk, please see current risk assessment. Children should engage in usual preventive actions to avoid infection, including cleaning hands often using soap and water or alcohol-based hand sanitizer, avoiding people who are sick, and staying up to date on vaccinations, including influenza vaccine. Additional information on prevention measures can be found here (Prevention for 2019 Novel Coronavirus).

Q: Does the clinical presentation of COVID-19 differ in children compared with adults?

A: Limited reports of children with COVID-19 in China have described cold-like symptoms, such as fever, runny nose, and cough. Gastrointestinal symptoms (vomiting and diarrhea) have been reported in at least one child with COVID-19. These limited reports suggest that children with confirmed COVID-19 have generally presented with mild symptoms, and though severe complications (acute respiratory distress syndrome, septic shock) have been reported, they appear to be uncommon. See more information on CDC Clinical Guidance for COVID-19.

Q: Are children at increased risk for severe illness, morbidity, or mortality from COVID-19 infection compared with adults?

A: There have been very few reports of the clinical outcomes for children with COVID-19 to date. Limited reports from China suggest that children with confirmed COVID-19 may present with mild symptoms and though severe complications (acute respiratory distress syndrome, septic shock) have been reported, they appear to be uncommon. However, as with other respiratory illnesses, certain populations of children may be at increased risk of severe infection, such as children with underlying health conditions.

Q: Are there any treatments available for children with COVID-19?

A: There are currently no antiviral drugs recommended or licensed by the U.S. Food and Drug Administration for COVID-19. Clinical management includes prompt implementation of recommended infection prevention and control measures in healthcare settings and supportive management of complications. See more information on CDC Clinical Guidance for COVID-19.

Children and their family members should engage in usual preventive actions to prevent the spread of respiratory infections, including covering coughs, cleaning hands often with soap and water or alcohol-based hand sanitizer, and staying up to date on vaccinations, including influenza. Additional information on prevention measures can be found here (Prevention for 2019 Novel Coronavirus).

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/children-faq.html>

CDC: [What you need to know about Covid-19 Document from CDC](#)

Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19)

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19).

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the following CDC website periodically for updated interim guidance: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Health officials are currently taking steps to prevent the introduction and spread of COVID-19 into US communities. Schools can play an important role in this effort. Through collaboration and coordination with local health departments, schools can take steps to disseminate information about the disease and its potential transmission within their school community. Schools can prepare to take steps to prevent the spread of COVID-19 among their students and staff should local health officials identify such a need.

Schools should continue to collaborate, share information, and review plans with local health officials to help protect the whole school community, including those with special health needs. School plans should be designed to minimize disruption to teaching and learning and protect students and staff from social stigma and discrimination. Plans can build on everyday practices (e.g., encouraging hand hygiene, monitoring absenteeism, communicating routinely) that include strategies for *before*, *during*, and *after* a possible outbreak.

Who is this guidance for?

This interim guidance is intended to help administrators of public and private childcare programs and K-12 schools prevent the spread of COVID-19 among students and staff. Administrators are individuals who oversee the daily operations of childcare programs and K-12 schools, and may include positions like childcare program directors, school district superintendents, principals, and assistant principals. This guidance is intended for administrators at both the school/facility and district level.

Why is this guidance being issued?

Information provided should help childcare programs, schools, and their partners understand how to help prevent the transmission of COVID-19 within childcare and school communities and facilities. It also aims to help childcare programs, schools, and partners to react quickly should a case be identified. The guidance includes considerations to help administrators plan for the continuity of teaching and learning if there is community spread of COVID-19.

What is the role of schools in responding to COVID-19?

COVID-19 is a respiratory illness caused by a novel (new) virus, and we are learning more about it every day. There is currently no vaccine to protect against COVID-19. At this point, the best way to prevent infection is to avoid being exposed to the virus that causes it. Stopping transmission (spread) of the virus through everyday practices is the best way to keep people healthy. More information on COVID-19 is available [here](#).

Schools, working together with local health departments, have an important role in slowing the spread of diseases to help ensure students have safe and healthy learning environments. Schools serve students, staff, and visitors from throughout the community. All of these people may have close contact in the school setting, often sharing spaces, equipment, and supplies.

Guidance for schools which do not have COVID-19 identified in their community.

To prepare for possible community transmission of COVID-19, the most important thing for schools to do now is plan and prepare. As the global outbreak evolves, schools should prepare for the possibility of community-level outbreaks. Schools want to be ready if COVID-19 does appear in their communities.

Childcare and K-12 school administrators nationwide can take steps to help stop or slow the spread of respiratory infectious diseases, including COVID-19:

- Review, update, and implement emergency operations plans (EOPs). This should be done in collaboration with local health departments and other relevant partners. Focus on the components, or annexes, of the plans that address infectious disease outbreaks.

- Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza). Effective strategies build on everyday school policies and practices.
- Ensure the plan emphasizes common-sense preventive actions for students and staff. For example, emphasize actions such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often.
 - CDC has workplace resources such as posters with messages for staff about [staying home when sick](#) and how to [avoid spreading germs at work](#)
 - Other health and education professional organizations may also have helpful resources your school can use or share. For example, the American Academy of Pediatrics provides information on [germ prevention strategies](#) and [reducing the spread of illness in childcare settings](#)
- Ensure handwashing strategies include washing with soap and water for at least 20 seconds or using a hand sanitizer that contains at least 60% alcohol if soap and water are not available.
 - CDC offers several free handwashing resources that include [health promotion materials](#), information on [proper handwashing technique](#), and [tips for families to help children develop good handwashing habits](#).
- Reference key resources while reviewing, updating, and implementing the EOP:
 - Multiple federal agencies have developed resources on school planning principles and a 6-step process for creating plans to build and continually foster safe and healthy school communities *before*, *during*, and *after* possible emergencies. Key resources include [guidance on developing high-quality school emergency operations plans](#) and a [companion guide on the role of school districts in developing high-quality school emergency operations plans](#)
 - The Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center's [website](#)
 - Contains free resources, training, and TA to schools and their community partners, including many tools and resources on emergency planning and response to infectious disease outbreaks.
- Develop information-sharing systems with partners.
 - Information-sharing systems can be used for day-to-day reporting (on information such as changes in absenteeism) and disease surveillance efforts to detect and respond to an outbreak.
 - Local health officials should be a key partner in information sharing.
- Monitor and plan for absenteeism.

- Review the usual absenteeism patterns at your school among both students and staff.
 - Alert local health officials about large increases in student and staff absenteeism, particularly if absences appear due to respiratory illnesses (like the common cold or the “flu,” which have symptoms similar to symptoms of COVID-19).
 - Review attendance and sick leave policies. Encourage students and staff to stay home when sick. Use flexibility, when possible, to allow staff to stay home to care for sick family members.
 - Discourage the use of perfect attendance awards and incentives.
 - Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.
 - Determine what level of absenteeism will disrupt continuity of teaching and learning.
- Establish procedures for students and staff who are sick at school.
 - Establish procedures to ensure students and staff who become sick at school or arrive at school sick are sent home as soon as possible.
 - Keep sick students and staff separate from well students and staff until they can leave.
 - Remember that schools are not expected to screen students or staff to identify cases of COVID-19. The majority of respiratory illnesses are not COVID-19. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps.
 - Share resources with the school community to help families understand when to keep children home. This guidance, not specific to COVID-19, from the American Academy of Pediatrics can be helpful for [families](#)
- Perform routine environmental cleaning.
 - Routinely clean frequently touched surfaces (e.g., doorknobs, light switches, countertops) with the cleaners typically used. Use all cleaning products according to the directions on the label.
 - Provide disposable wipes so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down by students and staff before each use.
- Create communications plans for use with the school community.
 - Include strategies for sharing information with staff, students, and their families.
 - Include information about steps being taken by the school or childcare facility to prepare, and how additional information will be shared.
- Review CDC’s guidance for businesses and employers.
 - Review this CDC [guidance](#) to identify any additional strategies the school can use, given its role as an employer.

Childcare and K-12 administrators can also support their school community by sharing resources with students (if resources are age-appropriate), their families, and staff. Coordinate with local health officials to determine what type of information might be best to share with the school community. Consider sharing the following fact sheets and information sources:

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

For questions about students who plan to travel, or have recently traveled, to areas with community spread of COVID-19, refer to CDC's [FAQ for travelers](#). Schools can also consult with state and local health officials. Schools may need to postpone or cancel trips that could expose students and staff to potential community spread of COVID-19. Students returning from travel to areas with community spread of COVID-19 must follow guidance they have received from health officials. COVID-19 information for travel is updated regularly on the CDC [website](#).

Guidance for schools with identified cases of COVID-19 in their community.

If local health officials report that there are cases of COVID-19 in the community, schools may need to take additional steps in response to prevent spread in the school. [The first step for schools in this situation is to talk with local health officials](#). The guidance provided here is based on current knowledge of COVID-19. As additional information becomes available about the virus, how it spreads, and how severe it is, this guidance may be updated. Administrators are encouraged to work closely with local health officials to determine a course of action for their childcare programs or schools.

Determine if, when, and for how long childcare programs or schools may need to be dismissed.

Temporarily dismissing child care programs and K-12 schools is a strategy to stop or slow the further spread of COVID-19 in communities. During school dismissals, childcare programs and schools may stay open for staff members (unless ill) while students stay home. Keeping facilities open a) allows teachers to develop and deliver lessons and materials remotely, thus maintaining continuity of teaching and learning; and b) allows other staff members to continue to provide services and help with additional response efforts.

Childcare and school administrators should work in close collaboration and coordination with local health officials to make dismissal and large event cancellation decisions. Schools are not expected to make decisions about dismissal or canceling events on their own. Schools can seek specific guidance from local health officials to determine if, when, and for how long to take these steps. Large event cancellations or school dismissals*** may be recommended for 14 days, or possibly longer if advised by local health officials. The nature of these actions (e.g., geographic scope, duration) may change as the local outbreak situation evolves.

If an ill student or staff member attended school prior to being confirmed as a COVID-19 case:

- Local health officials may recommend temporary school dismissals if a student or staff member attended school prior to being confirmed as a COVID-19 case. Local health officials' recommendations for the scope (e.g., a single school, a full district) and duration of school dismissals will be made on a case-by-case basis based on the most up-to-date information about COVID-19 and the specific cases in the impacted community.
- Schools should work with the local health department and other relevant leadership to communicate the possible COVID-19 exposure. This communication to the school community should align with the communication plan in the school's emergency operations plan. In such a circumstance, it is critical to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act.
- If a student or staff member has been identified with COVID-19, school and program administrators should seek guidance from local health officials to determine when students and staff should return to schools and what additional steps are needed for the school community. In addition, students and staff who are well but are taking care of or share a home with someone with a case of COVID-19 should follow instructions from local health officials to determine when to return to school.

If schools are dismissed, schools can consider the following steps:

- Temporarily cancel extracurricular group activities and large events.
 - Cancel or postpone events such as after-school assemblies and pep rallies, field trips, and sporting events.
- Discourage students and staff from gathering or socializing anywhere.
 - Discourage gatherings at places like a friend's house, a favorite restaurant, or the local shopping mall.
- Ensure continuity of education.
 - Review continuity plans, including plans for the continuity of teaching and learning. Implement e-learning plans, including digital and distance learning options as feasible and appropriate.
 - Determine, in consultation with school district officials or other relevant state or local partners:

- If a waiver is needed for state requirements of a minimum number of in-person instructional hours or school days (seat time) as a condition for funding;
 - How to convert face-to-face lessons into online lessons and how to train teachers to do so;
 - How to triage technical issues if faced with limited IT support and staff;
 - How to encourage appropriate adult supervision while children are using distance learning approaches; and
 - How to deal with the potential lack of students' access to computers and the Internet at home.
 - Ensure continuity of meal programs.
 - Consider ways to distribute food to students.
 - If there is community spread of COVID-19, design strategies to avoid distribution in settings where people might gather in a group or crowd. Consider options such as “grab-and-go” bagged lunches or meal delivery.
 - Consider alternatives for providing essential medical and social services for students.
 - Continue providing necessary services for children with special healthcare needs, or work with the state *Title V Children and Youth with Special Health Care Needs (CYSHCN) Program*.
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Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19), February 2020

This interim guidance is based on what is currently known [about the coronavirus disease 2019 \(COVID-19\)](#). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

CDC is working across the Department of Health and Human Services and across the U.S. government in the public health response to COVID-19. Much is unknown about how the virus that causes COVID-19 spreads. Current knowledge is largely based on what is known about similar coronaviruses.

CDC Industry Guidance

- [Resources for Airlines](#)
- [Resources for the Ship Industry](#)

CDC Business Sector

Dr. Messonnier provides a situational update on COVID-19 for CDC private sector partners. Coronaviruses are a large family of viruses that are common in humans and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people, such as with MERS-CoV and SARS-CoV. The virus that causes

COVID-19 is spreading from person-to-person in China and some limited person-to-person transmission has been reported in countries outside China, including the United States. However, respiratory illnesses like seasonal influenza, are currently widespread in many US communities.

The following interim guidance may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings. The guidance also provides planning considerations if there are more widespread, community outbreaks of COVID-19.

To prevent stigma and discrimination in the workplace, use only the guidance described below to determine risk of COVID-19. Do not make determinations of risk based on race or country of origin, and be sure to maintain confidentiality of people with confirmed COVID-19. There is much more to learn about the transmissibility, severity, and other features of COVID-19 and investigations are ongoing. Updates are available on CDC's web page at www.cdc.gov/coronavirus/covid19.

Recommended strategies for employers to use now:

- **Actively encourage sick employees to stay home:**
 - Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
 - Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
 - Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
 - Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
 - Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- **Separate sick employees:**
 - CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).
- **Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:**

- Place posters that encourage [staying home when sick](#), [cough and sneeze etiquette](#), and [hand hygiene](#) at the entrance to your workplace and in other workplace areas where they are likely to be seen.
- Provide tissues and no-touch disposal receptacles for use by employees.
- Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
- Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
- Visit the [coughing and sneezing etiquette](#) and [clean hands webpage](#) for more information.
- **Perform routine environmental cleaning:**
 - Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
 - No additional disinfection beyond routine cleaning is recommended at this time.
 - Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.
- **Advise employees before traveling to take certain steps:**
 - Check the [CDC's Traveler's Health Notices](#) for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China, and information for aircrew, can be found at on the [CDC website](#).
 - Advise employees to check themselves for symptoms of [acute respiratory illness](#) before starting travel and notify their supervisor and stay home if they are sick.
 - Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.
 - If outside the United States, sick employees should follow your company's policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.
- **Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19:**
 - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.

- 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 Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.

Planning for a Possible COVID-19 Outbreak in the US

The severity of illness or how many people will fall ill from COVID-19 is unknown at this time. If there is evidence of a COVID-19 outbreak in the U.S., employers should plan to be able to respond in a flexible way to varying levels of severity and be prepared to refine their business response plans as needed. For the general American public, such as workers in non-healthcare settings and where it is unlikely that work tasks create an increased risk of exposures to COVID-19, the immediate health risk from COVID-19 is considered low. The CDC and its partners will continue to monitor national and international data on the severity of illness caused by COVID-19, will disseminate the results of these ongoing surveillance assessments, and will make additional recommendations as needed.

Planning Considerations

All employers need to consider how best to decrease the spread of acute respiratory illness and lower the impact of COVID-19 in their workplace in the event of an outbreak in the US. They should identify and communicate their objectives, which may include one or more of the following: (a) reducing transmission among staff, (b) protecting people who are at higher risk for adverse health complications, (c) maintaining business operations, and (d) minimizing adverse effects on other entities in their supply chains. Some of the key considerations when making decisions on appropriate responses are:

- Disease severity (i.e., number of people who are sick, hospitalization and death rates) in the community where the business is located;
- Impact of disease on employees that are vulnerable and may be at higher risk for COVID-19 adverse health complications. Inform employees that some people may be at higher risk for severe illness, such as older adults and those with chronic medical conditions.
- Prepare for possible increased numbers of employee absences due to illness in employees and their family members, dismissals of early childhood programs and K-12 schools due to high levels of absenteeism or illness:
 - Employers should plan to monitor and respond to absenteeism at the workplace. Implement plans to continue your essential business functions in case you experience higher than usual absenteeism.
 - Cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff members are absent.
 - Assess your essential functions and the reliance that others and the community have on your services or products. Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations if needed).

- Employers with more than one business location are encouraged to provide local managers with the authority to take appropriate actions outlined in their business infectious disease outbreak response plan based on the condition in each locality.
- Coordination with the [state](#) and [local](#) health officials is strongly encouraged for all businesses so that timely and accurate information can guide appropriate responses in each location where their operations reside. Since the intensity of an outbreak may differ according to geographic location, local health officials will be issuing guidance specific to their communities.

Important Considerations for Creating an Infectious Disease Outbreak Response Plan

All employers should be ready to implement strategies to protect their workforce from COVID-19 while ensuring continuity of operations. During a COVID-19 outbreak, all sick employees should stay home and away from the workplace, respiratory etiquette and hand hygiene should be encouraged, and routine cleaning of commonly touched surfaces should be performed regularly.

Employers should:

- Ensure the plan is flexible and involve your employees in developing and reviewing your plan.
- Conduct a focused discussion or exercise using your plan, to find out ahead of time whether the plan has gaps or problems that need to be corrected.
- Share your plan with employees and explain what human resources policies, workplace and leave flexibilities, and pay and benefits will be available to them.
- Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.

Recommendations for an Infectious Disease Outbreak Response Plan:

- Identify possible work-related exposure and health risks to your employees. OSHA has more information on how to [protect workers from potential exposures](#) to COVID-19.
- Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws (for more information on employer responsibilities, visit the [Department of Labor's](#) and the [Equal Employment Opportunity Commission's](#) websites).
- Explore whether you can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies. For employees who are able to telework, supervisors should encourage employees to telework instead of coming into the workplace until symptoms are completely resolved. Ensure that you have the information technology and infrastructure needed to support multiple employees who may be able to work from home.

- Identify essential business functions, essential jobs or roles, and critical elements within your supply chains (e.g., raw materials, suppliers, subcontractor services/products, and logistics) required to maintain business operations. Plan for how your business will operate if there is increasing absenteeism or these supply chains are interrupted.
 - Set up authorities, triggers, and procedures for activating and terminating the company's infectious disease outbreak response plan, altering business operations (e.g., possibly changing or closing operations in affected areas), and transferring business knowledge to key employees. Work closely with your local health officials to identify these triggers.
 - Plan to minimize exposure between employees and also between employees and the public, if public health officials call for social distancing.
 - Establish a process to communicate information to employees and business partners on your infectious disease outbreak response plans and latest COVID-19 information. Anticipate employee fear, anxiety, rumors, and misinformation, and plan communications accordingly.
 - In some communities, early childhood programs and K-12 schools may be dismissed, particularly if COVID-19 worsens. Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from school. Businesses and other employers should prepare to institute flexible workplace and leave policies for these employees.
 - Local conditions will influence the decisions that public health officials make regarding community-level strategies; employers should take the time now to learn about plans in place in each community where they have a business.
 - If there is evidence of a COVID-19 outbreak in the US, consider canceling non-essential business travel to additional countries per [travel guidance](#) on the CDC website.
 - Travel restrictions may be enacted by other countries which may limit the ability of employees to return home if they become sick while on travel status.
 - Consider cancelling large work-related meetings or events.
 - Engage [state](#) and [local](#) health departments to confirm channels of communication and methods for dissemination of local outbreak information.
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(Note: From here until the end is not from the CDC and is the information, protocols, procedures and potential plan of action that we will develop as a campus)

Cleaning Chemicals

On campus we utilize Buckeye International and have for years. We have had great results and service from them as well. This is possibly our best line of defense once an infectious disease of any kind has arrived on our campus. I spoke with Angela Knickmeyer, a chemist for Buckeye, about Covid-19 and what we should be doing to help prepare.. She was able to answer some questions as well as provide a couple of factsheets in regards to the EPA rules and product usages.

[First, Coronavirus Disease 2019 \(COVID-19\) Information for Health Care Facilities, Physicians, Nurses and Public Health Officials Buckeye Research Fact Sheet \(1\), which explains the rule on EPA Emerging Viral Pathogen Policy.](#)

The second is from the, (insert a copy at the end of the paper due to the amount of pages) [The American Chemistry Council Center For Biocide Chemistries, which is a list of the chemicals that have been pre-approved by the EPA.](#) We are currently using E23 Neutral Disinfectant and Sanicare TBX. We will be adding Purell Professional Surface Disinfectant as a third disinfectant. Adding a third disinfectant to our list has been talked about since the beginning of flu season, not just to address Covid-19, but to add another line of protections against viruses and pathogens. By utilizing three different disinfectants this will allow us to target an overlay control of the similar pathogens but gives us controls for other pathogens the other two might not control. By increasing the spectrum of chemical control we are able target a wider range of pathogens. As shown in the supporting documentation these three disinfectants all fall into the category currently addressed by the EPA and their standards.

Throughout the schools we also utilize hand sanitizing stations with the chemical Alkyl dimethyl benzyl ammonium chloride. This has a control of 99.9% of common disease causing organisms, while being more gentle on skin. I have reached out to our supplier for documentation on control for Covid-19 equal to the recommendation of 61% alcohol usage for hand sanitizing.

[Use and Recommendation of of Non-alcohol Hand Sanitizers from Buckeye Bulletin #1110](#)

[Symmetry Non-Alcohol Foaming Hand Sanitizer](#)

Cleaning Protocols

Classrooms

1. High Dust and remove large debris.
2. E23/Sanicare disinfectant desks, door handles, chairs, switches and other high contact items in classrooms. Let stand and move onto step 3.

3. Spot cleaning desks, tables, whiteboards etc that need special attention due to excessive grime. Use E23/Sanicare disinfectant or E15 Peroxide Cleaner.
4. Clean the floor and wall around recycling containers. E23/Sanicare disinfectant
5. Dust Mop.
6. Empty trash daily.
7. Clean door glass. E12 Glass cleaner.
8. Vacuum rugs/carpet daily.
9. Wet mop 1 time per week. E23 disinfectant and floor cleaner

Hallways

1. Drinking fountains cleaned with Sparkle (acid cleaner) and rinsed daily.
2. E23 disinfectant, minimum of 1x per day.
3. Floors E23 disinfectant and floor cleaner minimum once per week.
4. Locker doors and handles sprayed with E23, Sanicare or EndBac disinfectant minimum 1x per day (during cold and flu season)

Offices

Same as the classrooms

Cafeteria

1. All tables and chairs sprayed with E23 or Sanicare between each lunch period.
2. Sweep floors and clean as needed between lunches.
3. Check and replace hand sanitizers at entries to the cafeteria/food line.
4. End of lunch spray and let stand E23 or Sanicare and let dwell 3 minutes then re wipe down.
5. Mop the entire floor minimum 2x per week with E23 disinfectant and floor cleaner.

Restrooms

1. Spray all toilets, urinals and feminine hygiene containers with E23 disinfectant and let stand for 10 minutes. Move to the next steps during dwell time.

2. Use Sparkle on all fixtures and rinse.
3. Countertops use E23 disinfectant and E15 peroxide cleaners let stand 3 minutes.
4. Brush down all toilets and urinals.
5. Refill toilet paper, soap, paper towels and hand sanitizers as needed.
6. Respray all fixtures with E23 disinfectant or Sanicare and wipe down.
7. Mop floor using E23 and floor cleaner.

Coaches, trainers, referee and AD rooms

1. Follow restroom cleaning protocols on all toilet facilities.

Locker Rooms

1. Spray all toilet and shower fixtures, benches, handles, locker seats, feminine hygiene containers and shower floors with E23 or Sanicare let dwell for 10 minutes, move to next steps.
2. Clean glass and mirrors.
3. Dust mop.
4. Refill soap, disinfectant stations, toilet paper, paper towels as needed.
5. Empty trash.
6. Respray Step 1 with E15 Peroxide cleaner and wipe down all fixtures.
7. Spray floor with E23 disinfectant.
8. Spray floor with E42 odor counteractant minimum once per week.
9. Mop using E33.

Nurses Station (day and evening on top of what the nurse does)

1. Spray all beds, handles, switches, toilet fixtures with E23 and let dwell.
2. Clean restroom same as above.
3. Refill all soap, sanitizers, toilet paper, paper towels and supplies as needed.
4. Empty trash.

5. Respray all of Step 1 with E15 or E23 and wipe down.
6. Mop restroom daily with E23 and floor cleaner.

In addition to the above mentioned cleaning procedures, during cold and flu season when absenteeism rises, we do additional disinfecting of high touch areas during school hours. For the high school we spray all the locker doors and latches with E23 and/or EndBac, office chairs, drinking fountains and additional restroom disinfecting. When it is possible we spray down the student desks, chairs, switches and handles with E23/EndBac. In the elementary school we try to get into each classroom daily to spray the same way we do in the high school. In addition we try to get all toys, additional seating areas and high touch items as much as possible.

Our approach is to be proactive to try and safeguard our campus and most importantly our students and staff. A unified approach is necessary in order to keep our campus safe from widespread illness. We are encouraging all students, faculty, staff, to adhere to the guidelines outlined by the CDC. This will be a multi-front effort from our parents at home monitoring their children. To our teachers encouraging proper hand hygiene, sneezing/coughing covering and keeping an eye on their students. Our custodial staff take time to address high touch surfaces throughout the day, focusing on high absentee classrooms during the day and proper cleaning techniques of an evening. Our administrative team communicates information and addresses questions that will come up from our academic community. Open lines of communication are key from students to the local and national subject matter health officials.

Our custodial staff had a refresher meeting to go over the cleaning protocols again in an effort to reduce complacency by regular routine. With spring break at the end of this month this will allow the custodial staff to do a deep clean, which is already protocol on long breaks, to focus yet again on the high touch areas of the campus. Should the need to place more hand sanitizing stations throughout the campus we are able to do so without a problem.

I have reached out to Buckeye International in St.Louis, the manufacturer of our cleaners and disinfectants, about possible supply chain issues due to panic buying that we are already happening in retail locations. I was told that as of right now they are manufacturing and keeping up as quickly as the orders come in but they have seen an increase as well. For our campus specifically I was told to reach out to our local dealer. I spoke with Brian, our local dealer, and he has seen a large increase in ordering, mainly hand sanitizers. The sanitizer and chemical supply, according to him, are in no danger of running short and the supply is steady. The only shortage he is seeing is in the hand sanitizer stands. According to these contacts, we will be notified via phone call in the event of a shortage.