

TIU11 Early Intervention

Covid19 Re-Entry Plan

Communication with students, staff, parents, guardians, local health departments and the Department of Education should continue and all should collaborate, share information, and review plans with local health officials to help protect the whole school community, including those with special health needs. (CDC Guidance on COVID-19)

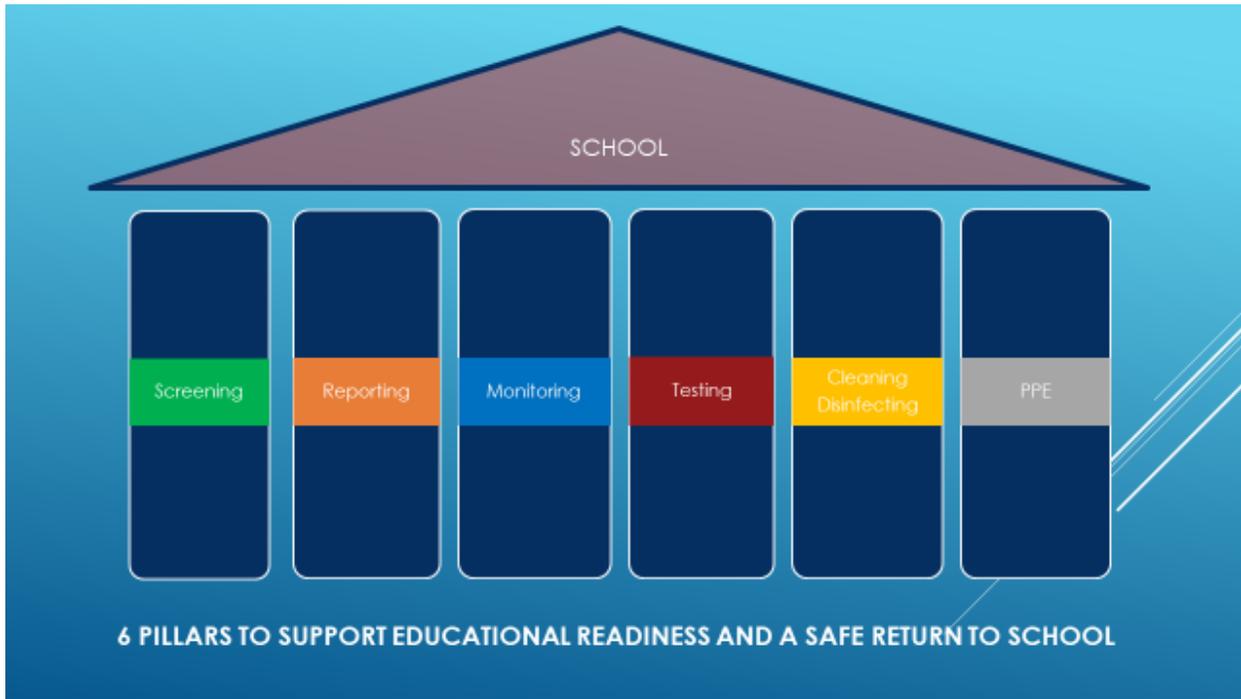
TIU11 Early Intervention Covid19 Re-Entry Plan

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6 Pillars to Support a Healthy and Safe Educational Environment



(Figure-1)

The 6 pillars to supporting a safe educational environment for our students and staff include screening, reporting, monitoring, testing, cleaning/disinfecting and access to personal protective equipment (PPE). Following these 6 pillars will ensure our Intermediate Unit (IU) takes the necessary mitigation procedures to address the spread of the COVID-19 virus. "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." (CDC website).

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Each school entity is required to identify a pandemic coordinator and/or pandemic team with defined roles and responsibilities for health and safety preparedness and response planning during the phased reopening of schools. The pandemic coordinator and team will be responsible for facilitating the local planning process, monitoring implementation of your local Health and Safety Plan, and continued monitoring of local health data to assess implications for school operations and potential adjustments to the Health and Safety Plan throughout the school year.

Health and Safety Plan Development: Individuals will play a role in drafting the enclosed Health and Safety Plan.

Pandemic Crisis Response Team: Individuals will play a role in within-year decision-making regarding response efforts in the event of a confirmed positive case or exposure among staff and students.

Pandemic Team	Team Roles and Responsibilities
Kelly Zurybida, Pandemic Coordinator Special Education Supervisor	Health and Safety Plan Development and Pandemic Crisis Response Team
Sandi Dinardi, Director, Special Education	Health and Safety Plan Development and Pandemic Crisis Response Team
Instructional Team Leaders	Pandemic Crisis Response Team
Classroom Teachers	Pandemic Crisis Response Team

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COVID-19 Key Terms and Definitions:

- a. **Self-observation:** Individuals remain alert for fever, cough, body aches, loss of sense of smell and taste, diarrhea, or shortness of breath. If symptoms develop, begin the self-monitoring phase.
- b. **Self-monitoring:** Monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If symptoms occur, they should self-isolate and seek medical advice from a healthcare provider or their local health department via telephone to determine if medical evaluation is needed.
- c. **Self-monitoring with Public Health Supervision:** Public health authorities assume the responsibility for oversight of the self-monitoring for certain groups of people (e.g., travelers whom public health supervision is recommended at US port of entry).
- d. **Active Monitoring:** State or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever, cough, or difficulty breathing. For those with high-risk exposures, CDC recommends this communication occur at least once daily.
- e. **Quarantine:** Separate and restrict the movement of people who were exposed to a contagious disease but not yet symptomatic to see if they become sick to prevent the possible spread of the communicable disease.
- f. **Isolation:** Separates sick people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected.
- g. **Person at Risk:** An individual without symptoms that include the following: Has a history of travel to/through/from affected geographic areas; has close contact with a suspected or positive COVID-19 patient.
- h. **Close Contact:** being within approximately 6 feet of a COVID-19 case for a prolonged period of time – or – having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). Close contact can occur while caring for, living with, visiting or sharing a healthcare waiting area or room with a COVID-19 case.
- i. **Positive Case:** Individuals with at least one positive COVID-19 lab test.
- j. **Hospitalized Case:** Individuals admitted to the hospital with at least one positive COVID-19 lab test.

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- k. **Deaths:** Individuals with loss of life and at least one positive COVID-19 lab test.
- l. **Cleaning.** Refers to the removal of germs, dirt and impurities from surfaces. Cleaning does not kill germs but by removing them, it lowers their numbers and the risk of spreading infection.
- m. **Disinfecting.** Refers to using chemicals to kill germs on surfaces. 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 infections.
- n. **Definition References:** <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>; <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>; <https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html>; <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2>; <https://www.cdc.gov/media/releases/2020/t0303-COVID-19-update.html>; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>; <https://www.cdc.gov/quarantine/>

*This Health and Safety Plan captures the intent of the Governor’s phased re-opening plan for Pennsylvania. This plan is intended for both yellow and green phases. (Updated 7/ 27/2020)

As of August 10, 2020 additional considerations have been added as per the PDE guidance of recommended instructional models based on the level of community transmission per county as low, moderate or substantial. This plan is intended for both *low and moderate levels of transmission*. If counties move to *substantial* transmission levels after 2-4 weeks, our instructional model will be fully remote. (Updated 8/18/20)

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(Pillar 1)

SCREENING

Screening staff and students for COVID-19 related symptoms is a key step to protecting everyone entering the classroom environment. This mitigation measure (taking daily temperature) can help identify potentially symptomatic individuals, slow the spread of diseases while protecting vulnerable students and staff, and help to ensure students/staff have safe and healthy learning environments.

Guidance for Staff:

1. All families will be provided with OCDEL COVID-19 screening questions as below to self-screen their child before sending to the TIU EI classroom. These questions should also be provided at least monthly via family newsletter, See Saw communications or other electronic means, etc. Temperature guidelines will also be provided to encourage family to complete temperature check prior to sending to class. The family should keep the child home and notify the teacher if temperature is >100.4 or higher per CDC guidelines (without fever-lowering medication). (Updated 8/4/20) [Attachment J: TIU11 Covid Screener for In-person services](#)

2. Students arriving each day will have their temperatures taken by an authorized staff member with a non-contact thermometer. A medical professional is not required to do this. (Updated 8/4/20)

3. Student temperature results will be documented on the daily monitoring checklist. Students will be screened for other symptoms including cough, shortness of breath, fever, chills and/or any other COVID-19 related symptoms.

(Attachment A)

4. Staff will be reminded to self-screen for fever and other symptoms including cough, shortness of breath, fever, chills and/or any other COVID-19 related symptoms. Staff will record results on Staff Self Screening Log. If you reply **YES** to any of the questions on the form **or have symptoms according to the chart**, please **STAY HOME**. It is recommended that you contact your medical provider before you return to work.

(Attachment B and Attachment L (*updated 8/14/20)

5. If a *staff member* exhibits a temperature of >100.4 or has any other COVID-19 like symptoms the staff member will continue to wear a face mask, notify their supervisor, isolate themselves from other students and staff members, and return home. If suspected that you

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have COVID-like symptoms, it is recommended that you be tested by your healthcare provider or an authorized health care facility/agency.

6. If a *student* exhibits a temperature of >100.4 or has any other COVID-19 like symptoms the student will be separated from other students and provided supervised refuge in a designated, safe area.

7. The student will be provided PPE (face mask) if appropriate and monitored by staff.

8. The student's family will be called to pick up the child and notified of the symptoms.

9. For families dropping their students off at the school, parent(s) will remain at the school until the result of the daily temperature is taken. If the student's temperature is greater than >100.4 degrees or other symptoms are evident, the family will be required to return their student home until the fever and/or symptoms have been resolved.

10. For students who receive transportation services, we ask that families screen children for temperature and other symptoms of Covid19 prior to placing the student on the bus. Additionally, drivers will screen all students prior to entering the vehicle for temperature and symptoms. If a family refuses the screening, the student will stay home that day. (Updated 8/14/20)

5. Sick students will not be permitted into the school or classroom and should not be permitted to return until they are fever free without the use of Tylenol/Motrin or a fever reducing aid. Other symptoms such as respiratory (cough, shortness of breath, chills) must have shown improvement as well.

11. Because exposure is considered to be ongoing within the house, household contact of persons with COVID-19 must be quarantined for 14 days after the individual has been released from isolation. This means the household contacts will need to remain at home longer than the initial case.

12. People who have had close contact with a person with COVID-19 must be quarantined for 14 days from the date of last contact with the person with COVID-19. If someone had close contact with a COVID-19 case PRIOR to the case becoming symptomatic, there was no exposure and no quarantine is necessary.

13. If a *student* develops symptoms during the school day, staff will immediately isolate and move that student to a designated area within the classroom, away from other students, closing the door (if possible). Staff will take steps to limit spread by making a decision whether it is appropriate and reasonable to place a mask on the child. (A face mask acts to contain potentially infection respiratory secretions). Cloth face coverings should not be

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placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the covering without help. PPE will be worn by staff supervising the student. The student's family will be called to pick up the child and be notified of the symptoms. Families will be advised to contact their Primary Care Manager for follow up.

14. If a *staff* member develops symptoms during the school day, immediately isolate and/or move to a safe designated location away from other personnel. Take steps to limit spread by wearing a mask (mask acts to contain potentially infection respiratory secretions). If the staff member is not in acute distress, they should leave work immediately and contact their Primary Care Manager for follow up. The local hospital or PA Department of Health (1-800-PA-Health) can be contacted for follow up and testing locations.

(Pillar 2)

REPORTING

Reporting of COVID-19 related symptoms is another key step to protecting staff and students. This mitigation measure will ensure safety measures are in place to prevent further spread of infections.

Guidance for Staff:

1. Staff will self-monitor using a COVID19 screening checklist. Staff will immediately report any sickness and/or symptoms including cough, shortness of breath, fever, chills and/or any other COVID-19 related symptoms or absences from work to their supervisor(s).
2. Timely reporting of any illnesses or absences from work by staff is essential to ensuring the chain of command is accurately informed to manage the workforce. Make sure you contact your Supervisor and Human Resource Department to ensure you are on the proper leave status.
3. Any staff absence from work will be documented through appropriate mechanisms and tracked by HR to ensure the staff member is placed on the proper leave status.
5. Any sickness health-related information reported from staff to supervisors and between staff and the HR shall remain confidential in order to protect personal and health related privacy information.
6. If an employee is absent from work for any sickness related event, prior to returning to work he/she also will notify his/her supervisor to ensure proper screening and safety precautions are applied and all symptoms have been resolved. This should be done in accordance with current CDC recommendations and guidelines for persons returning to work after being sick or symptomatic for COVID-19.

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Positive cases of COVID-19 in the Classroom:

1. Classroom(s) will be closed for 14 days in accordance with CDC guidelines.
2. Temporarily dismissing childcare programs and K-12 schools is a strategy to stop or slow the further spread of COVID-19 in communities.
3. Teachers, therapists and classroom staff will provide virtual instruction and teletherapy as the method of service delivery for students with Individualized Education Plans.
4. During school closure (after cleaning and disinfection), classroom programs 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. Decisions on which, if any, staff should be allowed in the classroom will be made in collaboration with local health officials.
5. Students or Staff that test positive for Covid19, must be symptom and fever free without the use of medication for 48 hours before returning to school/work.

(Pillar 3)

MONITORING

Regular and consistent monitoring of staff and students health status is required to ensure a safe and healthy work and learning environment. At this time, the total effects of the COVID-19 virus are not fully understood and it is important for staff to be aware of the signs and symptoms of the virus and be able to implement monitoring techniques that will protect the health and safety of everyone in the classroom environment. Knowing what symptoms to look for will prepare us to respond correctly.

Guidance for Staff:

1. People with COVID-19 have had a wide range of symptoms ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:
 - Cough
 - Shortness of breath or difficulty breathing
 - Fever
 - Chills
 - Muscle pain
 - Sore throat
 - New loss of taste or smell

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- Less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea
2. Older adults (>50 years of age) and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. This information is offered so that staff are diligent about self-monitoring and self-screening symptoms as listed above.
 3. Children have similar symptoms to those in adults and generally have more mild illness, but they can be equally affected by the virus.
 4. If a staff member suspects themselves or a student to be exhibiting these symptoms they should follow the guidance listed in REPORTING (Pillar 2).
 5. Individuals suspected of having COVID-19 should do the following and monitor themselves;
 - Stay at home
 - Separate from others (Isolate/Quarantine/Social Distance)
 - Keep in contact with their doctor/health care manager
 - Avoid public transportation
 - Wear a face mask

(Pillar 4)

TESTING

Testing will not be performed at the classroom or the work environment at TIU11. All testing will be performed by medical professionals or as directed by doctors or an individual's Primary Care Manager (PMC).

Guidance for Staff:

1. Decisions about testing are made by state and local health departments or healthcare providers. Tests are generally administered to individuals in high risk categories (fire, medical, police) but can be performed on individuals exhibiting COVID-19 symptoms.
2. If a staff member suspects they have COVID-19 they should notify their supervisor in order to protect the students as well as other staff members and seek medical attention from their PCM or a hospital.
3. You can also visit your state or local health department's website to look for the latest local information on testing.

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(Pillar 5) CLEANING & DISINFECTING

Regular cleaning and disinfecting of facilities has proven to be effective in decreasing the spread of the COVID-19 virus. Staff will follow [CDC Reopening America Guidance for Cleaning and Disinfecting](#). Staff will regularly clean and disinfect surfaces, equipment, and other elements of the work environment. Staff will use Environmental Protection Agency (EPA)-approved cleaning chemicals with label claims against the coronavirus, following manufacturer's instructions for the use of all cleaning and disinfection products.

The virus that causes COVID-19 can be killed if you use the right products. The EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes. See the list at: [List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\) | US EPA](#)

(Attachments C and D)

Guidance for Staff:

1. Staff will need to regularly ensure the classroom environment is as clean as possible by taking proactive steps to clean all areas where students and staff reside.
2. Staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by persons, focusing especially on frequently touched surfaces. High touch areas such as tables, door handles, light switches, chairs, bathrooms, etc. will be wiped down and/or cleaned and disinfected with proper cleaning supplies throughout the day.
3. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
4. For disinfection, most common EPA-registered household disinfectants (Lysol and Clorox wipes) should be effective. Approved cleaning supplies will be purchased locally or on Amazon.
5. Cleaning, sanitizing and disinfecting products should not be used in close proximity to children and adequate ventilation should be maintained during any cleaning, sanitizing or disinfecting to prevent children or staff from inhaling any toxic fumes.

Cleaning and Sanitizing Toys

Guidance for Staff:

1. Toys that cannot be cleaned and sanitized should not be used. Toys that children have placed in their mouths or that are otherwise contaminated by body secretion or excretion should be set aside as much as possible until they are cleaned by hand with water and detergent, rinsed, sanitized, and

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air-dried or in a mechanical dishwasher. Play with plastic or play foods, play dishes and utensils, should be closely supervised to prevent shared mouthing of these toys.

2. Machine washable cloth toys should be used by one individual at a time. These toys should be laundered before being used by another child.
3. Indoor toys should not be shared between groups of children unless they are washed and sanitized before being moved from one group to the other. Follow directions for safe use of cleaning products.
4. Small toys with hard surfaces can be set aside for cleaning by putting them into a dishpan labeled "soiled toys." This dish pan can contain soapy water to begin removal of soil, or it can be a dry container used to bring the soiled toys to a toy cleaning area later in the day. Having enough toys to rotate through cleaning makes this method of preferred cleaning possible.
5. Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between use.
6. Discourage sharing of items that are difficult to clean or disinfect.
7. Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
8. Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
9. Avoid sharing electronic devices, toys, books, and other games or learning aids.
10. No toys from home permitted in the building except for comfort items, as needed and first discussed with the classroom teachers.

(Pillar 6) PPE

PERSONAL PROTECTIVE EQUIPMENT -

Using PPE is a proven mitigation measure to decrease and help slow the spread of the COVID-19 virus. The goal of the IU is to ensure you protect yourself from acquiring the virus and understand the importance of using PPE. The use of facemasks (N95 or surgical masks) lessens the risk that a person may acquire the virus through their respiratory system, which is the primary method of infection in people. This means that the virus can spread between people interacting in close proximity (speaking, coughing, or sneezing) even if

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those people are not exhibiting symptoms, aka being asymptomatic. Gloves can also be used to create a barrier between your skin and touch surfaces to prevent the virus from coming in contact with your body.

Guidance for Staff:

1. Staff will use facemasks (surgical mask, N95 or other form of cloth facemask) when they are within 6 feet of students and other staff members. CDC guidelines recommend using facemasks when 6 feet social distancing measures cannot be followed. **Update (7/1/20):** On July 1, 2020, the Secretary of the Pennsylvania Department of Health announced an [Order Requiring Universal Face Coverings](#). The order, signed under Secretary Levine's authority under the Disease Prevention and Control Act, outlines the situations when a mask must be worn and includes limited exceptions to the face-covering requirement.

Based upon PA guidance regarding universal face coverings; it is required that adults and children over 2 who are present during an in-person service wear masks in their home or other setting where the child is receiving Early Intervention services. Children under the age of 2 should not wear a mask at any time. Clear masks are suggested when EI staff are working with children with speech/language needs or hearing impairments. Families should be prepared to supply their own face covering(s) during the in-person Early Intervention services. If a family indicates the adults will not wear any face covering, the provider agency will offer tele-intervention strategies to implement the IFSP/IEP as an alternative to in-person strategies. **Updated 8/4/20**

Exceptions to mask wearing:

Any child over the age of 2 or adult, not including Early Intervention personnel, who cannot wear a mask due to a medical condition, including those with respiratory issues that impede breathing, a mental health condition, or disability is encouraged to wear a full-face shield. Additionally, social distancing between non-household members must be in place for the duration of the in-person Early Intervention service.

2. CDC also recommends that everyone wear cloth face coverings when leaving their homes, regardless of whether they have fever or symptoms of COVID-19. This is because of evidence that people with COVID-19 can spread the disease, even when they don't have any symptoms.
3. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
4. Face coverings or masks worn by others may protect you from getting the virus from people carrying the virus. Improperly wearing facemasks will increase your chance of infection. Refer to the CDC guidance on [How to Safely Wear and Take Off a Cloth Face Covering](#)

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(Attachment E)

General Considerations for Wearing Facemasks/Coverings:

- Make sure the mouth and nose are fully covered
- The mask/covering should fit snugly against the sides of the face, no gaps
- Breathing should be normal, not difficult
- Cloth facemask should be washed after each daily use, in a washing machine using a bleach solution
- Disposable surgical masks should be thrown away after each daily use

5. The IU will provide 1 clear and 1 fabric reusable face masks for all staff. Disposable face masks for staff will also be available, but staff should also prepare to have their own facemasks available for use when inside the classroom or other buildings. Please inform your supervisor if you don't have a facemask or cannot get access to them. **Updated 8/3/20.**

6. It may be difficult for students to wear face masks throughout the day and children should have mask breaks built into the day. Wearing face coverings is a skill that must be explicitly taught. Encourage wear by all, but be flexible and understanding. Use your judgment and refer to the above steps for the proper use of masks. Inform your supervisor of any problems. **Updated 8/18/20**

7. Staff may wear gloves in the classroom, which will help create a barrier between skin and touch surfaces. However, gloves are not required for general classroom instruction and *washing your hands regularly* is the best method to stop the spread of the virus. Refer to [Fact Sheets | Handwashing](#)

(Attachment F)

8. Staff must use disposable gloves when touching or having contact with blood, stool, or body fluids, such as saliva, mucus, vomit, and urine. After using disposable gloves, throw them out in a lined trashcan. Do not disinfect or reuse the gloves.

9. The following diaper-changing procedure should be posted in the changing area, followed for all diaper changes.

[Diaper-Changing Steps for Childcare Settings | Diapering | Hygiene | Healthy Water](#)

[Safe and Healthy Diapering Procedures](#)

(Attachment G)

10. Further guidance for use of PPE can be found on the CDC website; <http://www.CDC.gov>

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Social Distancing

Guidance for Staff:

1. Our EI school opening at this time will balance in person learning and remote learning for all students to begin September 3, 2020.
2. Classrooms will be assessed for square footage and adjustments will be made for student schedules based on the current recommended social distancing occupancy of six feet. This will result in smaller class sizes.
3. Children will stay in *one cohort* per scheduled time slot.
4. There will be a revised daily classroom schedule. This will be developed by classroom teachers in collaboration with the Supervisor of Special Education, the Special Education Coordinators and the Instructional Team Leaders. **Update: 7/27/20** Classroom Schedules will be adjusted as follows to allow additional time for necessary re-organization, cleaning and disinfecting of area, toys, etc. between student groups.

AM: 8:30-11:00 PM: 12:30-3:00

5. Arrival time for children may be scheduled at different times to adhere to social distancing requirements. This will be further assessed as transportation plans develop. **7/30/20**
6. Drop off and pick up will take place outside of the classroom in order to limit the number of individuals in the classroom/building.
7. There will be no large group gatherings of 25 or more people at this time. This would include open house, fall festivals, holiday festivities etc. **7/30/20**
8. Classroom layout will be adjusted accordingly, allowing for 6 feet of separation among students and staff throughout the day, to the maximum extent possible given a preschool classroom setting.
9. Snack time will be assigned seating of (at least) every other chair, not directly across from another child, with the teacher seated at the middle of the table for easy access to and supervision of children. Seating should maintain the 6 ft. space whenever possible and appropriate.

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10. There will be no family style snacks. All snacks should be individually wrapped or single serving. Use of disposable paper products is mandatory.
11. Kitchen/lunch table space may be used by staff for eating, provided social distancing guidelines are followed.
12. All *essential* visitors (e.g. other agencies) will be permitted in the classroom, given they wear appropriate PPE, have temperature taken and complete the screening questionnaire provided and all other safety protocols as outlined in the TIU11 Health and Safety Plan.
7/30/20
13. Transportation assignments will be adjusted in order to accommodate the recommended CDC social distancing guidelines. **7/30/20**
14. All school transport drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect school buses or other transport vehicles, see attached guidance for [bus transit operators](#).

(Attachments **H and I**)

*In addition to this health and safety plan for Early Intervention Classrooms and Service providers, all staff will receive training relative to all *Pillars of Educational Readiness*. The Supervisor of Special Education will be providing initial professional development on the use of this manual and related protocols on teacher training days, September 1 and 2, 2020. Ongoing training will occur in collaboration with Special Education Supervisor, Special Education Coordinator and Instructional Team leaders. Classrooms will be provided with the following:

1. No contact thermometers
2. Disposable Face Masks
3. Disposable Gloves
4. Clear face shields
5. Hand sanitizer
6. Antibacterial hand soap
7. Safety Posters, reminders and checklists to be posted in highly visible locations. These signs and checklists will promote everyday protective measures to stop the spread of germs such as hand washing, use of PPE and social distancing.

*This plan remains flexible based on the CDC, DOH and PDE guidance for Pennsylvania. Guidance will be updated as new information becomes available. As we transition between the different phases

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(red, yellow, green or **as of 8/10/20 low, moderate, substantial spread by county**) there may be different triggers that affect our transition between the different phases of re-opening. The TIU Early Intervention Program will have a conditions-based approach to re-opening, following local, state and federal guidelines from the PA Department of Education, the PA Department of Health, Governor's Office and the CDC.

*Parents will be provided a copy of this plan in addition to individualized information relative to their child's educational program. All health and safety protocols, revised schedules and transportation needs will be communicated to parents and guardians using mail, email, phone, website and social media outlets.

***Please see the attached Health and Safety Plan plan [for ECE and home-based visits](#). (7/27/20) and [Activities for Use of PPE- In home guidance](#) (8/17/20)**

Resources

[Centers for Disease Control and Prevention \(CDC\)](#)

[Department of Health Home](#)

[Home | National Resource Center](#)

[FEMA.gov: Home](#)

[PEMA](#)

[US Department of Labor: Home](#)

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>

[Coronavirus Guidance and Resources for School Communities](#)

[Stop Germs! Wash Your Hands](#)

[Safe and Healthy Diapering Procedures](#)

[GUIDANCE FOR CLEANING & DISINFECTING](#)

[Interim Guidance for Child Care Programs and K-12 Schools](#)

[List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\) | US EPA](#)

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[How to Safely Wear and Take Off a Cloth Face Covering](#)

[Schools and Childcare Programs checklist for Teachers](#)

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

[What Bus Transit Operators Need to Know About COVID-19](#)

Attachments:

[Attachment A: Student Daily Screening](#)

[Attachment B: Staff Self Screening Log](#)

[Attachment B1- TIU Employee Screening Protocols](#) (HR guidance 8/18/20)

[Attachment C: Cleaning and Disinfecting](#)

[Attachment D: 6 Steps for Safe & Effective Disinfectant Use](#)

[List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\) | US EPA](#)

[Attachment E: How to Safely Wear and Take Off a Face Covering Interim Guidance for Mass Gathering](#)

[Attachment F: Handwashing](#)

[Handwashing: Keeping Your Family Healthy](#)

[Stop Germs! Wash Your Hands](#)

[Attachments G: Diaper-Changing Steps for Childcare Settings | Diapering | Hygiene | Healthy Water](#)

[Safe and Healthy Diapering Procedures](#)

[Attachment H: What Bus Drivers need to know](#)

[Attachment I: HEALTH AND SAFETY PROTOCOLS FOR TRANSPORTATION PROVIDERS](#)

[Attachment J: TIU11 Covid Screener for In-person services](#) (7/27/20)

[Attachment K: TeleIntervention Decision Tree-Revised 7/21/20](#) (7/27/20)

[Attachment L: August TIU Health Screening](#) (HR document added 8/14/20)

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The following checklists and information will also be shared with Parents and Guardians:

[Germ Prevention Strategies](#)

[When to Keep Your Child Home from School](#)

[School Checklist for Parents](#)

Revised Health and Safety Plan Governing Body Affirmation Statement

The Board of Directors of the **Tuscarora Intermediate Unit 11** reviewed and approved the Revised Phased School Reopening Health and Safety Plan on **September 10, 2020**.

The plan was approved by a vote of:

 8 Yes

 0 No

Affirmed on: **September 10, 2020**

By:



(Signature* of Board President)

 Janice R. Metzgar

(Print Name of Board President)

*Electronic signatures on this document are acceptable using one of the two methods detailed below.

Option A: The use of actual signatures is encouraged whenever possible. This method requires that the document be printed, signed, scanned, and then submitted.

Option B: If printing and scanning are not possible, add an electronic signature using the resident Microsoft Office product signature option, which is free to everyone, no installation or purchase needed.