In-Person COVID Prevention Protocols

for UW youth programs

Published 5/10/2021
About this training

- Intended for youth program professionals aspiring or planning to offer in-person youth programming.
  - Content is labeled to indicate whether a section is appropriate for a program director or all staff by a label on the section title slide: ALL STAFF or DIRECTOR
- Designed to help you plan for and implement the requirements outlined in the UW COVID-19 Prevention Plan for the Workplace and the COVID-19 Prevention Plan Addendum for Youth Programs

All content is subject to change with University COVID-related guidance and county, state and federal requirements.

This training content may be used in parts or as a whole.

Be aware that depending on the date used, the content may have changed due to changes in public health guidance. The content does not address all circumstances.

Contact OYPDS at uwminors@uw.edu for specific questions.

Last updated 5-10-21
Agenda

1. Preparing for and managing an in-person program
2. Social and physical distancing
3. Use of Face Coverings
4. Precautions for sick personnel and participants
5. Cleaning, sanitizing and disinfecting
6. Hygiene
7. Resources
Section 1: Preparing for and managing an in-person program

This section outlines what program directors need to do to prepare for and be approved to operate an in-person program, as well as considerations for managing a program once in-session.

Reference:
https://www.washington.edu/youth/covid-19-resources/in-person-program-guidance/#steps
and
https://www.washington.edu/youth/covid-19-resources/in-person-program-guidance/#communication
Approval to operate

In order to operate, programs must qualify as an allowable activity.

Depending on the phase, certain activities are not allowed, e.g.:
- Third party events
- Overnight stays
- Large gatherings


Currently, all programs wishing to operate in person must follow these steps before doing so:

Qualify as an allowable activity:

a. Programs that provide “child care” are allowed in most phases (meaning serve youth ages 12 and under for the primary purpose of allowing parents/guardians to work)

b. Activities by non-child care youth programs must be deemed necessary in order to achieve a deliverable or outcome that cannot be achieved by virtual means.

c. Unit heads, such as deans or vice presidents, must be notified and approve any in-person events.

Note that some activities or audiences are not allowed depending on the phase the University is in. Examples of activities that may not be allowed are third party-led events renting UW facilities, overnight stays, or large gatherings above group size limits set for the current phase.

Consult this guidance for additional information on what is allowable: https://www.washington.edu/youth/covid-19-resources/guidance-for-uw-youth-programs/
Required steps before operating

Prior to the start date, programs must:

1. Qualify as an allowable activity for the current phase
2. Notify OYPDS of your intention to operate via the YPRS
3. Complete and have reviewed by OYPDS:
   a. the COVID-19 Prevention Plan Addendum for Youth Programs AND
   b. the EH&S COVID-19 Prevention Plan for the Workplace
      Allow 10 business days for review.
4. Submit additional documentation, as requested
5. Register the activity in the Youth Program Registration System

During operation, programs must abide by the COVID-19 Prevention Plan AND Youth Programs Addendum.

Once a program has been determined to be allowed, follow these steps:

1. Notify the Office for Youth Programs Development and Support of your intention to operate via registration in the Youth Programs Registration System
2. Complete 2 COVID Prevention Plan documents: the UW-wide Workplace Prevention Plan and the Addendum specific to youth program considerations. Submit to OYPDS at uwminors@uw.edu and allow ten days for review. Incorporate feedback into your prevention protocols.
3. Submit any additional documentation requested by OYPDS, EH&S or other UW entities

Once operating, programs must comply with all protocols outlined in their documentation. OYPDS may make visit during your in-person activities to assess your implementation of prevention protocols, answer questions and provide additional feedback.

This guidance and all required documentation is found at:
https://www.washington.edu/youth/covid-19-resources/guidance-for-uw-youth-programs/
Preparation of Staff

- **Staff numbers and schedules**
  - Group size limits inform staffing needs
  - Allocate staff to specific groups/responsibilities
  - Limit use of “float” or on-call staff
  - Consider other COVID-19 specific staff responsibilities (e.g., screening, cleaning)

- **Training**
  - Ensure staff complete [UW-wide COVID-19 Safety Training](#)
  - Train on specific COVID prevention protocols and responsibilities
  - Stay home if you have any symptoms or feel sick

Staffing is different during COVID. Guidance about group size may result in serving fewer youth but with more staffing required to perform additional responsibilities.

Staffing considerations include:
- Determining allowable program capacity. This calculation relies on:
  state/county and/or UW guidance about total allowable group size for youth programs; the size of your facility and your ability to provide enough space to be 6+ feet apart; your staffing levels and costs and ratios; and potentially other program-specific considerations.
- Allocating staff time and presence to provide sufficient supervision, keep groups/pods intact, and cover additional needs like cleaning, increased presence at check-in/out, etc.
- Accounting for staff breaks AND the need to keep groups intact and prevent overlapping bubbles/pods. Limit the use of float or break-time coverage as much as possible to avoid cross-group exposures.
- Plan for staff absences. One of the important messages we are responsible for conveying is that folks should stay home if they feel sick, have symptoms, or have been in contact with those who do. This can be a bit of a shift for many of us, who come to work with the sniffles or a cough without too much worry. All staff are encouraged to stay home for health reasons, which may lead to staff shortages. Have a plan for back-up staff, if possible, or communicating closures or reduced hours to your families if staff call out or are in quarantine.

COVID-19 also presents a whole new body of knowledge staff must learn, requiring...
supplemental training content.
- First and foremost is training staff to self-monitor and stay home if they have symptoms or have been exposed to those with symptoms.
- UW has a training required for all staff returning to the workplace. Program directors are responsible for making sure all staff complete this training.
- And further, program directors need to train staff on all the components of the COVID prevention plan and youth programs addendum so staff are prepared to execute these precautions. This presentation may form the basis of such a program-specific training.
Communicating with families

- Share your program’s COVID prevention protocols and expectations for staff, participants and families
- Share age-appropriate guidance about public health precautions and resources
- Identify a point-of-contact, and if possible, an after-hours contact

Program directors should also develop and execute a plan for communicating with families.

Families should be informed about the specific precautions the program is taking to prevent transmission of COVID, as well as the expectations you have for staff, participants and families alike. For example, families should be informed about your health surveillance requirements and what will be asked of them. You should also reiterate to families that they should stay home or keep their kids home if they have symptoms or have been around anyone with may have COVID.

UW programs are also expected to convey public health information to families and participants. This includes information about handwashing, for example. This information should be shared in the languages families are most comfortable speaking, and using age-appropriate language and graphics.

Families should be given a point of contact for questions about COVID, and, if possible, an after-hours contact should symptoms arise or diagnoses be made outside of program hours that impact other program participants.

Programs can consider how best to share these and other program-related communications. Some strategies include email, posters, paper notifications sent home with participants, etc.
Prevention preparation

- **Forms** and consents
  - AOR, Privacy notice and consent, conduct codes, health info?
- **Illness** and attendance logs
- What surveillance mechanisms will you use? What will you do when someone doesn't comply?

Responding to potential health concerns starts with preparation.

As with all youth programs, you will need to collect certain information, forms, and consents from participants.

1. Acknowledgement of Risk - [OYPD has drafted a specific AOR form with COVID called out](#)
2. Privacy Notice and Consent, if necessary
3. Codes of Conduct for staff and participants -- programs might want to add specific conduct expectations related to in-person protective factors

Consider what kind of health information you might need to collect. Don’t just revert to what you have collected in the past -- your activities may have changed due to space, staffing or other considerations driven by COVID, and COVID also brings about some unique new considerations too. For example, you might want to collect information about health conditions that make someone particularly vulnerable to COVID. This doesn’t only apply to participants, either -- consider if any of your staff may need particular support or precautions because of their health conditions. Before requesting information, make sure you NEED that information. Consider how you will store it, ensure you can abide by both privacy and retention practices required by the UW.

Another preparatory step is to consider how you will monitor your staff and participants’ compliance with the protective protocols you are instating. Who will be responsible for ensuring staff wear masks? Complete their attestations? Clearly identify these responsibilities in your prevention plans, along with the staff member(s)
who will fulfill these roles.

Consider what you will do if someone doesn’t comply with a required prevention protocol. How will your behaviors be different for staff versus participants or their families? What if noncompliance happens at check-in? Or midday? Having a clear plan is hopefully insurance that you will never need to use it!

And last but not least, program directors should put in place a logging system for tracking attendance by participants, as well as ensuring their records about staff scheduling and attendance are also clear and accurate. Additionally, all illness must be logged. These logs are invaluable should contact tracing be necessary.
Other administrative responsibilities

- **Materials procurement (e.g., PPE, cleaning supplies)**
  - What do you need, for whom and in what quantity?
  - Where should you procure it?

- **Monitoring compliance**
  - Who is responsible for monitoring adherence to protocols?
  - What will you do if staff, participants or families don’t comply?

Program directors are also responsible for procuring materials needed to safely bring staff and participants into the facility or program. UW programs are responsible for providing PPE necessary for staff to perform their jobs. We recommend having back-up masks on hand for youth participants, even if the expectation is they bring their own. You will also want to procure cleaning supplies, hand sanitizer, hand soap, and other hygiene supplies, as well as any engineering controls like Plexiglas barriers that your space needs. UW EH&S’s website provides good information about how to source many of these supplies: [https://www.ehs.washington.edu/covid-19-prevention-and-response/covid-19-health-and-safety-resources](https://www.ehs.washington.edu/covid-19-prevention-and-response/covid-19-health-and-safety-resources).

Program directors should also develop a plan for monitoring and enforcing compliance with COVID prevention protocols. Who will monitor mask use by youth, for example? What steps will they take should a youth not wear a mask? What if a staff member attends work without having performed their health attestation? Having a plan in place, and adequately preparing anyone expected to execute the plan, will make such interactions run smoother should they happen.
The next topic, social and physical distancing within youth programs, applies to ALL STAFF who will be participating in the in-person programming.

Reference:
https://www.washington.edu/youth/covid-19-resources/in-person-program-guidance/#distancing
Groups

1) Determine group size and capacity based on county/state and UW guidance, facility size, and staffing.

<table>
<thead>
<tr>
<th>UW Phase 2</th>
<th>No more than 15 youth and adults per cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>UW Phase 3</td>
<td>No more than 32 youth and adults per cohort</td>
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As of April 21, 2021- group size limits may change

To reduce transmission and ease contact tracing, your participants and staff should be organized into groups, aka pods or bubbles.

Group size will be restricted by public health or university guidance, as well as your facility size and staffing. Also, be aware that while WA DOH or county guidance may allow for greater numbers per group, UW’s guidance may be somewhat more conservative. Where numbers differ, abide by the most conservative guidance -- likely to be UW’s.

Remember group sizes must include staff as well as youth participants.
Groups

2) Assign participants and staff to a cohort/pod. Maintain cohort/pod assignments throughout the program.

Everyone should remain in their groups throughout the program day. Groups should not overlap or come into contact with each other.
Groups

3) Keep groups separate throughout the program. With 6+ feet between. Schedule program activities and allocate space to prevent groups coming into contact.

Schedule program activities and allocate space within your facility to prevent groups coming into contact:
- Avoid use of common areas, like a cafeteria, if possible, instead having groups eat in their group-specific area or classroom.
- If multiple groups will use a common area simultaneously, be sure the area is large enough to accommodate both or all groups with at least 6 feet distance between them.
- Put barriers in place or otherwise demarcate areas within the overall space for each group.
- If multiple groups will use a common area throughout the day, build in time and staff to clean and sanitize the space between each group’s use.
Groups

4) Minimize use of float staff. When necessary, ensure proper hygiene and PPE is used.

Remember not just to group your participants, but staff as well. As discussed, consider how you will ensure coverage by float staff or back-ups during break times.

It is recommended to limit float staff or staffers who have contact with multiple cohorts/pods. However, if you will use float staff, they should thoroughly wash hands before and after each group transition. As is possible, have float staff maintain extra distance between themselves and participants. If possible, schedule float staff or break coverage staffing to take place during activities that facilitate distancing (e.g., nap time) so as to minimize the potential close proximity of the float staff and participants. -- assign float staff wisely and ensure they wear proper PPE and practice prevention protocols before joining a bubble.
Maintaining distance

- Goals:
  - Fewer people
  - Interacting with fewer others
  - In fewer spaces
  - At fewer times.

- *Expect things to take longer and require more staff.*

Many of these protocols can be boiled down to: fewer people, interacting with fewer other people, in fewer spaces, fewer times.

The goal is to maintain distance from drop-off to pick-up, through all the activities between. Many, if not all, of these strategies mean that things will take longer -- like drop-off and pick-up -- and require more staff or more of staff’s time. Expect those delays and be realistic about the responsibilities assigned to each staff member. Communicate these expectations of delays to families and participants.
Reduce people on site

- Only those who must come in-person should do so; others work from home
- Ask families to designate ONE person for pick-up and drop-off
- When possible, have guest speakers present via video call

Reduce the number of people on-site. Think through who NEEDS to be present in person. Only those folks should come on site. This could include asking families to designate ONE family member to do pick-up and drop-off, where possible. Think carefully about everyone coming on site and whether they need to be present. For example, can admin staff do their work from home? Can that dynamic librarian do story time via video chat instead of in-person?
Use engineering controls

- Signs, 6ft stickers, arrows
- Plexiglas barriers
- One-way traffic flows
- Dividing communal areas into “pod zones”
- Restrict access to non-essential areas
- Rethinking how to group youth

Use engineering controls to maintain distance between people. Examples include:

- Using signs, stickers, and arrows
- Use Plexiglas barriers at check-in to divide staff from parents
- Set up one-way flow of traffic into and out of a facility
- Divide a cafeteria into Pod Zones for each group
- You might also block off areas that aren’t needed, so as to limit the areas that need to be cleaned, or where participants might mingle.

You can also practice some social engineering by rethinking the way you group participants. For example, rather than grouping by age, if you are offering after-care, you may group all after-care kiddos into a single group during the day. Or you may prioritize grouping siblings together. This may mean your groups are a little different than usual -- but it may be a worthwhile way of reducing the points of contact of each participant.
Stagger timing

- Assign staggered drop-off and pick-up times
- Schedule use of common areas (e.g., cafeteria or play area) by groups
- Schedule staff breaks to minimize need for float staff and share break rooms/other common areas

Stagger timing to reduce the likelihood of large groups congregating.

- Assign specific drop-off/pick-up windows, rather than one large window
- Assign groups to use outside equipment or common areas during specific times of day, with “down times” or cleaning times between each group, as discussed.
- Consider staff break times, and stagger use of break rooms or other common areas
Use creative programming to maintain distance. Specific strategies here will depend a lot on the age group and the goals of your program. Can you spend time outside? Can you provide each participant their own materials, rather than having them share? Think about ways to maintain connection while limiting the proximity of participants to each other and your staff.
Section 3: Use of face coverings

The next topic, use of face coverings, applies to ALL STAFF who will be participating in the in-person programming.
Reference: https://www.washington.edu/youth/covid-19-resources/in-person-program-guidance/#distancing
Masking

- **Who should mask?**
  - All staff, visitors and participants age 5+, **even if fully vaccinated**, must mask
  - Ages 2-4, with parental consultation, are encouraged to mask

- **Who shouldn’t mask?**
  - Participants younger than 2 **should not** mask
  - Those with disabilities or medical conditions for whom masking is unsafe may request an accommodation

Masking is an important complementary strategy to be used alongside those we’ve discussed. Cloth face coverings are considered sufficient.

It is currently required that all University of Washington staff, students and visitors mask when in University facilities.


For participants: those under age 2 should NOT be masked, for their own safety re: breathing. Participants age 2-4 may be encouraged to mask, but look to parents for support and guidance here. Those age 5 or older should mask, even if they have been fully vaccinated. Those who cannot safely use a mask for medical reasons should notify their program to request an accommodation.

Parents and other visitors should mask when interacting with the program -- for example during pick-up and drop-off.

Reference:
Masking

- **When and where** should we mask?
  - When indoors: always, except in designated areas for eating/drinking
  - When outdoors: if 6+ feet cannot be maintained
- Talking to kids and parents about masking
  - Train staff on proper mask use and on how to correct youth when not masking properly.

Those who are required or encouraged to mask should do so during all program activities if indoors, and outdoors if 6+ feet of distance is not able to be maintained. Masks may be removed for eating and drinking, if a distance of 6+ feet is maintained during mask-less times. Masks should be replaced as soon as eating/drinking is done.

Asking kids to mask is easier said than done, although the programs that have operated in person thus far have reported success with kids masking. It is important that you talk to parents about the masking expectations and requirements and the role they can/should play in reinforcing these expectations.

All staff should be trained to talk to kids about why we mask and to gently correct or intervene if someone is not wearing their mask when it is required they do so.
When 6+ feet fails...

- Communication
- Masking
- Hand hygiene

Current guidelines recommend 6+ feet of distance. In practice, this may not always be possible. When such instances arise, the following strategies can bolster safety. These strategies aren’t meant as a free pass to allow physical proximity -- think of them as a, “when all that great upstream work and engineering fails” measure instead.

Talk to participants about why we are distancing. Gently remind kids who are coming into close contact about remaining distant. Answer their questions. Talk to parents about expectations and how they are reinforcing these with their kids. Ask for their partnership in thinking about how best to support their kiddos and public health.

Masking: Follow all masking recommendations previously discussed. Redouble your efforts to have youth mask properly if they are going to be in closer proximity.

Hygiene: make sure you are building in lots of time to wash hands and clean surfaces that groups are contacting.
Section 4: Precautions for sick personnel and participants

Section 3 is focused on how to identify sick participants and personnel, both before they arrive on site and once they are in your facility, and how to respond should someone associated with your program be suspected or confirmed of having COVID-19. This topic applies to ALL STAFF who will be participating in the in-person programming.

Daily health surveillance is required of all staff.

Personnel who are sick or experiencing even mild symptoms of illness, must stay home. If symptoms of illness are experienced by an individual while on a University work site, the individual must leave the worksite.

All University of Washington staff, when coming to a UW facility, are required to complete a health attestation. For most, this is done in Workday, although some facilities, with permission from EH&S and the ACCD, may required a different or supplemental attestation.

Additionally, if a UW employee working on site develops COVID-like symptoms, is diagnosed with COVID, comes into close contact with someone with COVID, or is asked by a medical professional to self-isolate, they must report that to their respective UW employee health center.

We will talk more in a few slides about what happens if someone develops symptoms during the program or at the UW facility.
Daily health screening and surveillance of participants

- Stay home if they are sick or have even mild symptoms!
- Families should conduct a symptom check at home each day.
  - Check for symptoms of COVID-19
  - Take and record temperature
- Attestations should be collected by program staff at check-in.
  - Programs can develop their own attestation or use a version of ours.
- If a participant or family member is ill, they must notify the program.

Participants should also stay home if they are sick or have any symptoms whatsoever.

Families should conduct a symptom and temperature check each day before coming to the program. This should be done at home.

Develop an attestation form that families can fill out to record their symptom check and temperature. We have a sample on our website or you can develop your own, as long as you screen for the same symptoms the UW does in their Workday attestation.

These attestations should be collected at check-in. They must be retained for 6 years starting from the start of the following calendar year, so be sure you abide by these retention practices.

If a family member or close contact of a participant is diagnosed with COVID or develops symptoms, the program must be notified. We will discuss steps to be taken should this happen in the next few slides.
## Sample participant health attestation

1. Current Temperature: ____________. A temperature of 38°C or 100.4°F or higher is a fever.

2. Has Tylenol or any NSAIDs (nonsteroidal anti-inflammatory drugs like Advil, Motrin, Ibuprofen) been administered in the last 6 hours?  
   - Yes  
   - No

3. Since your child was last at our facility, have they experienced any of the following symptoms, not attributable to another health condition:
   - a new fever (100.4°F or higher) or the sense of having a fever?  
     - Yes  
     - No
   - a new cough or a change in a cough?  
     - Yes  
     - No
   - a sore throat?  
     - Yes  
     - No
   - new respiratory symptoms (runny nose, congestion, sneezing)?  
     - Yes  
     - No
   - any difficulty breathing or shortness of breath?  
     - Yes  
     - No
   - any chills, body aches or headaches?  
     - Yes  
     - No
   - any gastrointestinal symptoms, such as diarrhea, nausea, or vomiting?  
     - Yes  
     - No
   - new loss of taste or smell?  
     - Yes  
     - No

4. Has your child/have you had any recent close contact of a confirmed COVID-19 case of someone being evaluated for COVID-19 infection?  
   - Yes  
   - No

See:  
During-the-day surveillance

- Potential strategies
  - Looking for symptoms
  - Check-ins with participants
  - Reminders to staff
  - Temperature screening for those reporting or exhibiting symptoms

It is also possible that a participant or staff member develops symptoms DURING the day, requiring each program to have a surveillance strategy for this eventuality.

Such surveillance strategies might include:
- Monitoring for symptoms, like youth looking flushed or exhibiting coughs, sneezes or runny noses
- Asking participants how they are feeling -- scheduling a midday check-in at lunch or a specific transition as an opportunity to hear from each youth how they are doing
- Communicating again and again to your staff that if they feel any illness or onset of symptoms, they should report that and go home. This will be helped if you have clear protocols for covering shifts and staff know there is a plan in place to cover their absence.
- A temperature screening for those reporting symptoms.
If you have a **suspected case**

1) Distance suspected case from others

2) Schedule & conduct a thorough cleaning

If someone DOES exhibit symptoms, treat them as a suspected case until their status is confirmed.

Note, these steps are listed in a particular order, but many can happen concurrently.

STEP 1: They should leave the program facility as soon as is safely possible. This will unfold slightly differently for participants and staff.

For staff:
- Ensure there is a clear plan for covering that staff member’s responsibilities for the remainder of their shift. If their responsibilities cannot be safely covered, make plans for the program to conclude early.
- If the staff member cannot immediately leave the facility (maybe they need to wait for a ride, let’s say), they should wait in a location that isolates them from other staff and youth. They should continue wearing their mask until leaving.

For participants:
- Identify a place where youth can safely wait until their parents or guardians can pick them up. This place should be isolated from other participants and staff, but should still allow for safe supervision by a staff member. Ideally, this secluded, supervised space is observable by others, following our youth safety precautions.
- If the age allows, the youth should continue wearing a mask while waiting for pick-up. The staff member(s) supervising should also wear a mask.
STEP 2: Schedule and enact a thorough cleaning of the facility after a sick or symptomatic personnel member or participant leaves. Follow CDC and/or UW EH&S guidance on cleaning; we will cover that in part 4.
If you have a suspected case

3) Communicate suspected case to relevant authorities

4) Suspected case receives medical attention & testing

STEP 3: The program director should communicate the suspected case to UW EH&S (all cases) and to the relevant county public health agency, if the sick individual was a youth participant. You will also want to communicate to the rest of your population as needed; public health/EH&S will guide you here.

STEP 4: Meanwhile, the suspected case should receive medical attention and a COVID test.
- If the test is negative: Case stays home until 24-72 hours after fever resolves and symptoms are improving. Consult with public health guidance on the length of time before return.

If you have a **confirmed case**

1) Case receives and follows medical advice

2) Public health authorities facilitate contact tracing

If the test of your suspected case is positive OR one of your participants or staff discloses a positive test result:

1) The case should seek and follow medical advice.
2) Public Health authorities facilitates contact tracing.
If you have a **confirmed** case

3) Program communicates potential exposure and response protocols to families, while protecting privacy of case.

4) Program undertakes additional cleaning.

3) Program director communicate to families (while protecting PHI).
4) Additional cleaning is undertaken.
If you have a **confirmed case**

5) Operations may resume, and case return to programming, per guidance from public health
- Usually 10+ days since symptom onset/positive test AND
- 24 hours without fever AND
- Symptoms improved

5) Consultation with public health will involve instructions on when you can safely resume operations, and under what conditions.

The confirmed case should not return to programming until told by public health it is safe to do so. Usually this is 10+ days after symptom onset or positive test result, AND 24 hours without fever AND improvement in all symptoms.
Section 5: Cleaning, sanitizing and disinfecting

Next, the proper process for cleaning, sanitizing and disinfecting your program spaces and materials. This topic applies to ALL STAFF who will be participating in the in-person programming.

Reference:
https://www.washington.edu/youth/covid-19-resources/in-person-program-guidance/#cleaning
Reduce what you have to clean

- Remove hard-to-clean objects, like Play Dough.
- Limit sharing as possible. Provide individual “kits” for each youth.
- Rotate toys and other objects to allow time to clean.

The first step in the cleaning process is to reduce the number and complexity of objects in your program area. This will reduce the time and resources that have to be dedicated to cleaning, and minimize the risk of exposure.

- Remove hard to clean objects like Play Dough.
- Limit objects that can be shared. When possible, provide individual kits for participants, so sharing isn’t necessary.
- Group toys into rotating casts, that you can swap in and out for different participant groups. This gives you time to clean one set while another set is in use.
Definitions

From Public Health - Seattle & King County’s Child Care Health

CLEANING
Removes dirt, grime, saliva, etc. from the surface of an item or environment, using soap and water.

SANITIZING
Reduces -- but doesn't eradicate -- germs from surfaces to a level that is considered safe.

DISINFECTING
Destroys or inactivates germs and prevents them from growing.

Understanding the difference between cleaning, sanitizing and disinfecting is important first step to properly implementing required cleaning protocols.
Protocols

- **Wear proper PPE**: gloves, eye protection, and gowns/aprons are recommended.
- **Use the 3-Step method and EPA-registered cleaning agents:**
  1. *Clean* with soap and water to remove dirt and residue
  2. *Rinse* with clean water to remove soap and grime
  3. *Sanitize or disinfect* in a bleach solution **AND**:
     - Allow the item to dry overnight **OR**
     - Wait 2 minutes before wiping dry with paper towel
- **Disinfect high-touch surfaces throughout the day**. Children should NOT be present. Consider impacts on staff time.
- **Conduct deep clean after closing**, including toys or other child-specific materials.

For those items you do need to clean:

- Wear PPE appropriate to the cleaner and objects at hand.
- Use the 3 step method, with EPA-registered cleaners.
- For high touch areas, spot clean and disinfect throughout the day, and especially between groups. Do not use cleaners around youth.
- After closing, conduct a deeper clean.
Supplies

- Use only EPA-registered cleaning agents.
- If using bleach, mix at a higher concentration (up to 8.3%) per COVID-specific guidance.
- Use only cleaners appropriate for what is being cleaned.
- Procure cleaners through the UW Procurement process.
- Ensure sufficient supply.

Be sure to use only EPA-registered cleaners approved for use against COVID-19.

Use cleaners that are also safe for children. For example, if using bleach solutions, you'll mix at a higher concentration than usually advised for youth settings, but still lower than the 10% recommended for non-youth settings.

Be sure your cleaners and cleaning method are appropriate for what is being cleaned. For example, you may need to wash some soft toys in a washing machine.

You can procure cleaning agents through the central Procurement site.

Be sure you have sufficient cleaners on hand for all the various things that need to be cleaned and sanitized. Ensure you have different types of cleaners -- like bleach wipes for check-in/out and spot cleaning, and bleach solutions for more thorough cleaning at day start/end.
The last topic, hygiene, applies to ALL STAFF who will be participating in the in-person programming.

Reference:
https://www.washington.edu/youth/covid-19-resources/in-person-program-guidance/#hygiene
Handwashing

- Set up and stock hygiene stations sufficient for your population
- Build handwashing into schedule/transitions
- Hand sanitizer: use only if handwashing is unavailable and be sure to:
  1. Get consent from parents AND
  2. Supervise youth when using

The most important aspect of hygiene is HANDWASHING.

This is a fairly simple intervention, but one that has big effect -- and is also made easier by some upstream thinking.

First, make sure you have sufficient handwashing stations for your group size and facility. Make sure you have sufficient supplies to stock those stations with soap and paper towels, for example.

Be sure you build adequate time into your schedule to allow for each participant to handwash at all the times they must and should do so -- like before and after lunch or time outside. Moving a group through handwashing at a single sink might take some time, so be sure you are planning accordingly.

Hand sanitizer is not a perfect stand in for handwashing, so it should only be used when handwashing is truly unavailable. If you are going to use hand sanitizer, you must get consent from parents and you must supervise youth when they are using it.

Sample authorization form:
Eating and drinking

- Food strategies, from least to most risk:
  - Participants bring their own food and drink (and don’t share/swap!)
  - Program provides individually packaged food and drink to each participant
  - Program staff distribute/serve communal food to participants
  - Participants self-serve from communal food

If participants will eat during your program, consider how to most safety allow them to do so.

- Having youth bring their own food, which they do not share with others, is the safest strategy.
- If you want to provide food instead of asking participants to bring it, provide individually wrapped items to each participant.
- Slightly riskier is to have staff distribute communal food to participants. In this instance, be sure that staff member practices excellent hygiene and wears PPE throughout.
- The riskiest strategy, which should be avoided, is to allow participants to serve themselves from communal dishes. Please do not do this!

If serving food, be sure to rigorously clean all materials used - including tabletops. Consider using compostable materials as is possible.

Food should be eaten with 6+ feet between individuals. Avoid using cafeterias or other common areas with multiple groups simultaneously. If possible, eat outside or ensure good ventilation.

Masks may be removed for eating and drinking, but should be replaced as soon as possible.

And once again: wash hands! Before! After! Frequently! Thoroughly!
Eating and drinking

- Ensure rigorous cleaning/sanitizing. Consider using compostables.
- Eat outside or in well-ventilated areas as much as possible.
- Maintain 6+ feet of distance between individuals and groups.
- When possible, avoid eating in areas shared among multiple groups.
- Replace masks immediately after eating/drinking.
- **WASH YOUR HANDS! WASH THEIR HANDS!**

If serving food, be sure to rigorously clean all materials used - including tabletops. Consider using compostable materials as is possible.

If possible, eat outside or ensure good ventilation.

Food should be eaten with 6+ feet between individuals.

Avoid using cafeterias or other common areas with multiple groups simultaneously. Use classrooms or other group-specific areas if possible. If groups will share one larger space simultaneously, maintain 6+ feet between groups. Use dividers if possible to enforce distancing.

Masks may be removed for eating and drinking, but should be replaced as soon as possible.

And once again: wash hands! Before! After! Frequently! Thoroughly!
Section 7: Resources

The next 2 slides share a variety of resources that may be helpful to you as you think about implementing these protocols.
First up is UW resources, including our central UW Coronavirus page, resources from our office, and from EH&S.
State and county resources

Washington Department of Health

- COVID homepage: https://www.doh.wa.gov/Emergencies/Coronavirus
- DOH guidance for Child Care, Youth Development, and Day Camps During the COVID-19 Outbreak:

Public Health - Seattle & King County


Tacoma-Pierce County Public Health

- COVID homepage: https://www.tpchd.org/healthy-people/human-coronavirus
- Information for schools and child care: https://www.tpchd.org/healthy-people/diseases/covid-19-information-for-schools

We also have links here to WA DOH materials, as well as those from King and Pierce county public health departments.