

# **MAC COVID-19 Campus Protection Plan**

\*This Document Will be Updated As Needed\*

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# 1. Campus Policies and Procedures

Morgan Autism Center is committed to keeping our community safe. Policies and procedures are continually updated based on state and county guidance, in part informed by regular COVID-19 guidance meetings provided by the Santa Clara County Department of Public Health.

- **Screening:**
  - Students, parents, caregivers and staff are all being screened daily for COVID-19 symptoms and known COVID-positive contacts prior to admittance to the MAC campus. (Appendix A)
    - Fever is defined as 100.4°F and above.
    - Per Santa Clara County guidance, a runny nose or congestion does not by itself signify a COVID-19 symptom. Students and staff who are exhibiting *only* congestion will be admitted to the Morgan Center campus.
  - Per Santa Clara County Department of Public Health guidance, congestion/runny nose is not *by itself* a COVID-19 symptom.
  - All transportation providers are screened for symptoms before a student is admitted to campus.
- **PPE for staff:**
  - PPE is provided to all staff, including masks, face shields and/or safety glasses, disposable gowns, and gloves.
  - All staff and visitors are required to wear an FDA approved surgical mask. Double-masking is permitted, though a disposable surgical mask must be worn as the bottom layer.
  - N95's are available for unvaccinated individuals upon request.
- **PPE for Students:**
  - PPE is available to all students. Students encouraged and supported to wear appropriate PPE and practice good hand hygiene.
- **Testing:**
  - Unvaccinated staff members will be tested for COVID-19 on a weekly basis.
  - All staff test results are to be submitted to the Morgan Autism Center Keeper of Records ([amy@morgancenter.org](mailto:amy@morgancenter.org)).
- **Response Considerations:**
  - Reporting and response considerations are aligned with Santa Clara County guidelines.
  - All positive COVID-19 cases and confirmed exposures shall be reported to Morgan Autism Center COVID-19 Designees to allow for assessment of communication needs:
    - Mark Nielsen ([mark@morgancenter.org](mailto:mark@morgancenter.org))

- Hailey Barker ([hailey@morgancenter.org](mailto:hailey@morgancenter.org))
  - Private medical information (e.g., an individual's positive COVID-19 test) will be kept confidential when reported to the designated Keeper of Records and COVID Designees. Those administrators will determine further action needed, if any.
  - Dedicated symptom area established for students who are exhibiting any symptoms (outside if possible).
  - When a student is on campus (i.e., after drop off) and registers a fever, they will be immediately isolated from the rest of the classroom.
    - Their temperature will be taken an additional time after 30 minutes (possibly with a different thermometer) while in isolation.
    - If they continue to register a fever, parent/guardian will be contacted for immediate pick-up.
- **Campus Wide Systems:**
  - All staff, regardless of vaccination status, will continue to implement Morgan Autism Center safety protocols.
  - Stable groups are maintained to the greatest extent feasible.
    - Stable groups use separate entrances and assigned bathrooms when possible.
  - Limited visiting for community members.
  - Doors and windows are kept open for ventilation to the greatest extent possible while maintaining safety and comfort for our students. HVAC ventilation system with UV scrubbers on all day to promote air flow.
  - Handwashing stations are available at each playground. Students are encouraged to wash or sanitize their hands before use of communal equipment.
  - Accessible touchless hand sanitizer dispensers mounted throughout the campus.
  - Staff eat outside when possible, and maintain a minimum of 6' apart if in the classroom.
  - Prior to returning to on-site instruction all parents must sign and acknowledge the MAC Parent Agreement regarding screening (Appendix B).
- **Cleaning and Disinfecting:**
  - Per Santa Clara County Department of Public Health guidance (1/28/21), disinfection of high-touch surfaces in classrooms and across campus will occur once per day.
  - Staff will monitor their own hand-hygiene practices, as well as their students'.

## **2. Staff Training and Caregiver/Guardian Education**

### **a. Staff COVID-19 Training**

- All staff have received training on Morgan Autism Center policies and protocols, in addition to information regarding the COVID-19 vaccine.
- Training materials, videos, and resources are available for all new and existing staff members.

### **b. Parent/Guardian Packet**

- Parents, caregivers, and group homes receive a Parent Information Packet detailing their own responsibilities, including: following CDC guidelines at home, conducting symptom screenings before bringing their student to campus, acknowledging potential exposure risks between students, exposure disclosure requirements, etc.
  - Parents/caregivers must sign an agreement before a student is considered for on-site instruction (Appendix B).

### 3. COVID-19 Vaccine Guidance and Protocols

Per the California Public Health Order dated August 11, 2021, Morgan Autism Center is requiring all school personnel to either:

- Be fully vaccinated, or
- Undergo weekly surveillance testing

Morgan Autism Center is not currently requiring students or adult clients to be vaccinated against COVID-19 in order to participate in on-campus services.

- **Vaccinated Staff**
  - Morgan Autism Center will follow County guidance regarding possible side effects resulting from the COVID-19 Vaccine.
  - Proof of vaccination status is required to be sent to amy@morgancenter.org.
- **Unvaccinated Staff**
  - Staff must sign a declination statement and staff agreement regarding guidelines pertaining to unvaccinated individuals (Appendix C).
  - Unvaccinated staff are required to continue engaging in routine surveillance testing for COVID-19 on a weekly basis.

# 4. Appendices

## Appendix A- Screening Checklist

TODAY'S DATE: \_\_\_\_\_

COVID-19 SCREENING		
PLEASE READ EACH QUESTION CAREFULLY	PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
Have you experienced any of the following symptoms in the past 48 hours: <ul style="list-style-type: none"> <li>• fever or chills</li> <li>• cough</li> <li>• shortness of breath or difficulty breathing</li> <li>• fatigue</li> <li>• muscle or body aches</li> <li>• headache</li> <li>• new loss of taste or smell</li> <li>• sore throat</li>   <li>• nausea or vomiting</li> <li>• diarrhea</li> </ul>	<b>YES</b>	<b>NO</b>
Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes*) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?	<b>YES</b>	<b>NO</b>
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?	<b>YES</b>	<b>NO</b>
Are you currently waiting on the results of a COVID-19 test?	<b>YES</b>	<b>NO</b>
<b>Did you answer NO to ALL QUESTIONS?</b>	Access to facilities <b>APPROVED</b> . Please show this at the facility entrance. Thank you for helping us protect you and others during this time.	
<b>Did you answer YES to ANY QUESTION?</b>	Access to facilities <b>NOT APPROVED</b> . Please see Page 2 for further instructions. Thank you for helping us protect you and others during this time.	

\*Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.



[cdc.gov/screening](https://cdc.gov/screening)



[cdc.gov/screening/further-instructions.html](https://cdc.gov/screening/further-instructions.html)

## Appendix B- Parent Agreements

### Parent Agreement

Please read each bullet point and initial in acknowledgement. Sign and date at the bottom and return to the office ASAP. A signed parent agreement and adherence to the following is mandatory for your student to be considered for onsite instruction.

Thank you for your cooperation in maintaining a safe school environment.

- I agree to screen my child prior to coming to campus.\_\_\_\_
- I agree to screen myself and any other members living in my household for symptoms prior to sending/bringing my child to campus.\_\_\_\_
- I agree to immediately pick up my child when called.\_\_\_\_
- I acknowledge the potentially higher risk of exposure between students and agree to send my child to on campus programming.\_\_\_\_
- I agree that it is MAC's decision to deny entry to campus or send a student home.\_\_\_\_
- I agree to symptom screening for parent or transportation provider and student upon arrival. I understand that my student will not be allowed on campus if any of the above individuals are displaying symptoms.\_\_\_\_
- I agree to inform MAC administration if an exposure occurs outside of the school campus.\_\_\_\_
- I agree to follow appropriate CDC guidelines and recommendations at home.\_\_\_\_
- I acknowledge that the Morgan Autism Center board of directors may decide to return to distance learning for all students if conditions warrant.\_\_\_\_
- I agree that Morgan Autism Center may require covid testing and/or quarantine period if symptoms are observed.\_\_\_\_
- I acknowledge that my student's classroom may need to return to distance learning if there is an insufficient number of staff available to be on-site.\_\_\_\_

**NAME OF STUDENT:**\_\_\_\_\_ **DATE:**\_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:**\_\_\_\_\_

## Appendix C- Vaccination Declination Statement

### Morgan Autism Center COVID-19 Vaccination Declination Statement

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring COVID-19. I have been given the opportunity to be vaccinated against this disease or pathogen at no cost to me. However, I decline this vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring COVID-19, a serious disease.

I agree to follow current CDC, state, and/or county guidelines for unvaccinated individuals.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_