Summer Program COVID-19 Protocol

2021

(Example)

Programs, Activities, and Camps need to develop protocols that meet the requirements established by the University, but also fit their individual program’s operational and financial capabilities.

1. Department Name:
2. Protocol Adoption Date:
3. What is coronavirus disease 2019 (COVID-19)?

The Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that caused COVID-19 is a novel coronavirus that first identified during an investigation into an outbreak in Wuhan, China. The virus that caused COVID-19 is a novel coronavirus that can be easily spread through close contact.

1. Event Guidance:

The Kansas Department of Health and Environment and the local health department, and/or university office will issue guidance and continually updates guidance and best practices for operational and participant limitations.

Some key factors that could impact decision-making and adjustments include:

* Statewide or county orders
* Local indicators that show an exponential increase in positive or seriously ill patients
* Testing capabilities decline within the community
* Sufficient PPE is no longer available
* Local health care system is strained
* Public health system cannot promptly identify and isolate infected individuals and/or identify or quarantine their contacts
* Insufficient staffing able to maintain KDHE requirements
* Low enrollment numbers
* Significant number of individuals exposed to or impacted by COVID-19
* Inability to maintain infection prevention
1. Operational Responsibilities:
	1. Program participants should be assigned to cohort groups of 10 or fewer until social distancing requirements are lifted by state and local health departments. A cohort group is defined as the same group of participants and staff are in the same group throughout the length of the program.
	2. Participants and support staff shall not move from one cohort group to another.
	3. Cohort groups should not mix except for actual fire evacuation, tornado, earthquake, or building safety (natural or manmade).
	4. Program staff will limit the number of materials available for program participants to slow the spread of COVID-19 by doing the following:
		1. Limited access to toys, equipment, and supplies that **cannot be sanitized or disinfected after use.**
	5. All program participants will wear proper personal protective equipment, or PPE, as recommended by the local authorities. Participants will maintain 6-foot social distancing in all areas or wear masks if this guideline is still in place. Be prepared to screen every participant every day if recommended by our local authorities. Students suspected of being ill — temperature over 100 degrees or blood oxygen level under 95% — will be isolated and tested for Covid-19. At that point we will turn the process over to local authorities and follow their recommendations.
	6. Upon opening and move in, hand sanitizers will be strategically placed at entrances, community bathrooms and other public areas. Community bathrooms will have hands-free door openings with a foot opener installed. Hallway lobby doors will have either the hands-free foot opener or the door will remain open. Greater emphasis will be placed on sanitation, including scheduling re-sanitation of the community bathrooms, meeting rooms, lobbies, public restrooms and touch surfaces like door handles and hand railings at the end of each shift. Sanitation procedures and product information are available upon request. A no-contact maintenance work order response may be instituted as requested.
	7. The controlled access to our buildings and the expectation to limit outside visitors on premises should allow the residence halls to continue the limitation of mass gatherings to 10, but far less than 30 individuals or fewer allowed in phase two. The outside doors will remain locked, and gatherings will not approach 90 individuals in any single space allowed in phase three.
	8. Meal and snack procedures must be followed in accordance with policies and procedures established by Kansas State University Housing and Dining Services.
2. Staff Responsibilities:
	1. All staff members will attend a person-to-person staff training prior to opening to care for children. The training will include the following topics:
		1. Environmental Health and Safety; https://www.k-state.edu/covid-19/safety.html.
		2. Training from Lafene Health Center on proper PPE use, sanitization, and health checks
		3. Central Custodial on sanitization
		4. Training on sanitizing spaces, toys, and other sanitizing equipment
		5. Training for health and safety of children, families, and colleagues
		6. Other topics as they become known
	2. The program will provide one face covering for each staff member. The program director will encourage staff to have additional face coverings as they will need to be washed by the staff member daily. (K-State provides training for proper use of face coverings and examples of different types coverings)
		1. Staff members are required to complete EHS training at https://www.k-state.edu/covid-19/safety.html.
	3. All staff members will be required to wear a fabric face covering https://www.k-state.edu/covid-19/guidance/face-covering.html– covering mouth and nose - while interacting with program participants or staff members.
		1. Staff members can purchase additional face coverings at many different retailers (online or local).
3. Health Screening:
	1. Prior to attending the program, participants and staff will be screened if the have in the past 10 days:
		1. Travelled Internationally
		2. Show symptoms of COVID-19
		3. Been exposed to someone who has had COVID-19
	2. If the program participant answers “yes” to questions of symptoms, exposure, or contact will not be permitted to participate in the program. NO Exceptions.
4. Symptomatic Participants:
	1. Program participants and staff who become ill or exhibit symptoms of COVID-19 shall be immediately isolated from other program participants.
	2. Program staff shall immediately notify the program director or designee. The program director or designee shall notify the participant’s emergency contact to arrange pick up.
	3. The program will only house symptomatic participants in extenuating circumstances, until the participant’s emergency contact can pick the participant up.
	4. Program staff shall document the illness (date, time, location, cohort information).