



Communicable Disease Management Plan For Wildheart Nature School

Updated Monday, October 3rd, 2021

Purpose

The purpose of this plan is to prevent and, if necessary, respond to incidents of coronavirus infection and other communicable diseases in participants and staff of programs, camps and facilities. While the plan was developed to respond to the current coronavirus concerns, it is applicable to other communicable diseases.

Components of Plan

1. Education and Communication
2. Face Coverings
3. Physical Distancing Strategies
4. Operational Considerations
5. Contact Information
6. Health Screening and Monitoring
7. Reporting

1. Education and Communication

Educating and informing staff, parents and participants is the first line of defense in preventing corona viruses and other communicable disease from spreading. Wildheart will use multiple communication platforms to educate and reinforce guidelines and requirements including: signage; emails to participants and guardians; website information; and in-person communication with staff members. Key messages will include:

- Encourage physical distancing between all stable cohorts.
- Individual's known to have been exposed to someone who received 2 positive PCR tests in a row within the preceding 14 days are restricted from using facilities or participating in programs.
- Facility users, parents and program participants should not visit facilities or come to programs if they or anyone in their household have recently had an illness involving fever, cough or shortness of breath.

- Individuals should remain home for at least 10 days after illness onset and until 72 hours after fever is gone, without use of fever reducing medicine, and coronavirus infection symptoms (fever, shortness of breath, and diarrhea) are improving.
- All persons should be advised and encouraged to wash their hands regularly with soap and water or use hand sanitizer after using restrooms, before and after eating snacks or meals, after sneezing, or blowing nose.
- Remind people frequently of the importance of respiratory etiquette including: Cover coughs and sneezes with tissue or elbow; throwing tissue away immediately into garbage; and, cleaning hands afterwards.
- Inform high risk participants and employees. The nature of congregate gatherings raises risk for individuals with health conditions and or age that place them at a higher risk of adverse outcomes with COVID-19. Participants and employees in higher risk categories should not be in settings where adherence to physical distancing is not likely to occur. High risk is defined as:
 - o People 60 years and older
 - o People with chronic lung disease or moderate to severe asthma
 - o People with serious heart conditions
 - o People with severe obesity (body mass index (BMI) of 40 or higher)
 - o People with diabetes
 - o People with chronic kidney disease undergoing dialysis
 - o People with liver disease
 - o Any other underlying conditions identified by the Oregon Health Authority (OHA) or Center of Disease Control and Prevention (CDC)

2. Face Coverings

Face coverings will not be encouraged or enforced.

According to the Oregon Health Authority, "It is unlikely that a child will be able to effectively wear a face covering in a manner that might contribute to the effective reduction in virus transmission." The OHA also notes the potential challenges of wearing cloth face coverings effectively while caring for children.

If requested and provided by a parent/guardian, children in child care may wear a face covering if the child:

- Is over 2 years old,
- Able to remove the face covering themselves without assistance,
- Able to avoid touching the face covering, and

- Are able to replace face covering when visibly soiled and each day.

Face coverings cannot be required for use by children and will never prohibit or prevent access to activities. Children should not wear a face covering under the following conditions:

- If they have medical condition that makes it difficult for them to breathe with a face covering;
- If they have a disability that prevents them from wearing a face covering; or
- If they are unable to remove the face covering independently

3. Physical Distancing Strategies

The following general strategies will be employed.

- Youth camps and programs will be initially limited to maximum stable groups of 28.
 - The stable group may change no more frequently than once per week.
 - A program may have multiple stable groups provided the site can physically accommodate for the number of participants (minimum of 35 square feet per participant indoors and 75 square feet per participant outdoors) and access to restrooms and activities happens within a stable group of 14. Program must ensure that each stable group remains in the same physical space each day and does not intermingle with any other group.
 - Staff should remain with one stable group with the exception of a floater staff who must wear a face covering (unless they have a medical condition exempting them) and wash hands thoroughly when transitioning from one group to the next.
 - The OHA and State of Oregon policy makers are aware of the inherent challenges and near impossibility of maintaining social distance in programs. They say, "Young children are likely unable to practice physical distancing. Therefore, limiting the size of and maintaining stable groups is critical."

Disclaimer: It is very likely that the children will be touching each other even if we tell them not to, sharing microbes, and being kids. When you drop your children off at our program, please do not expect it to look like the following:



If you are expecting perfection and will be upset if your child touches another child then please do not attend our camp. We will be adding the following policies to encourage the “hands to yourself” rule and personal space bubble practice.

- Eliminate large group activities
 - Create verbal and visual cues for maintaining a personal space bubble.
 - Designate equipment solely for use by a single cohort at any one time, and sanitize between uses.
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- Participants will bring their food and snacks, be instructed not to share with others, and wash their hands with soap and water or use hand sanitizer prior to and after eating.
 - Restrict non-essential visitors and volunteers. Parents, or other visitors will be asked to practice inhabiting their own extended personal space bubble. Visitors in class are recommended to wear face coverings unless they have a medical exemption (by law we cannot require you to disclose your medical condition) and sanitize their hands when they enter.

4. Operational Considerations

With proper planning of facilities and procedures, the risk of the exposure can be greatly mitigated. The following operational strategies will be deployed in facilities and programs with specific considerations made for each unique situation.

- Provide convenient access to handwashing stations with soap and water.
- Provide alcohol-based hand-sanitizing products (60%-95%) as an alternate or complement to handwashing if hand washing is not an option.
- Drop-off and pick-up locations will be separated between stable cohorts.
- When appropriate, require people to wait in cars or at a significant distance from the group until their start time or when picking up patrons.

- Conduct sign-in and sign-out of camp participants outside.
- Implement check-in, check-out methods that reduce touch points and maintain physical distancing.
- Intensify cleaning efforts including:
 - Clean, sanitize and disinfect frequently touched surfaces multiple times per day. (door handles, sink handles, etc.)
 - Disinfect restrooms at least twice daily and ensure sanitary supplies are well stocked (soap, toilet paper, tissues, hand sanitizer).
 - Require participants to disinfect any shared equipment immediately before and after each use.
 - Ensure safe and correct application of disinfectants and keep products away from children and follow labeling direction as specified by the manufacturer. Use disinfectants that are EPA-registered and labeled as bactericidal, viricidal and fungicidal.

5. Contact Information

Contact information for all visits and program participants will be collected and maintained for a minimum of 60 days in order to provide to local health officials should it be required. **We respect your medical privacy. We will not share your personal information with anyone, including public health officials, without your consent.**

- Current contact information will be available for all program participants via the registration software, Active. Contact information will include name, birthdate, parent or guardian name (if applicable), phone number and email address.
- Facility visits will be managed electronically in registration software and will include name, date, time period, facility or classes visited and contact information. We will not be able to consistently confirm that all registered persons actually attended during the registered time, so it will be assumed that all reservations resulted in a visit for reporting purposes.
- In addition, all camps and programs shall maintain daily logs for each stable group. Logs must include the following:
 - Program name
 - Date
 - Names of all staff who interact with stable group of children, including any floater staff
 - Names of all children who participated that day
 - Check in and pick up time for each child

- Name of adult who checked in and picked up child
- Adult emergency contact information (unless available on roster or Active).

6. Health Screening

Health screening practices will be employed to identify potentially sick or infectious individuals before others can be exposed. These are in addition to the Personal Information Form (PIF) that is collected for many programs, including summer youth camps. PIF's will be used to document any pre-existing conditions including those that cause coughing.

Youth Camps and Programs:

Initial Screening for Symptoms

- Check for coughing. If a staff or participant demonstrates or reports a new cough (unrelated to pre-existing conditions such as asthma), they should not be allowed into program. Other symptoms of corona virus infection include shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat; and new loss of taste or smell. Staff or participants who have a cough that is not a new onset cough (e.g. asthma, allergies, etc.) do not need to be excluded from the program.
- If a participant exhibits or reports any of the above symptoms, they should remain home for at least 10 days after illness onset and until 72 hours after fever is gone, without use of fever reducing medicine, and corona virus symptoms (fever cough, shortness of breath, and diarrhea) are improving

Ongoing Health Monitoring

- Staff will monitor participants and if anyone develops a cough, fever, shortness of breath, or other symptoms of corona virus listed above, they will be immediately isolated from others and sent home as soon as possible.
- While waiting for a sick participant to be picked up, a staff member should stay with the participant isolated from others and remain as far away as safely possible (preferably at least six feet)
- The affected participant should remain home for at least 10 days after illness onset and until 72 hours after fever is gone, without use of fever reducing medicine, and corona virus symptoms (fever cough, shortness of breath, and diarrhea) are improving.

Facilities and Farm Locations

Initial Screening for Symptoms:

- Signage shall be shown that inform a person that if they have experienced the following they should not enter the facility:

- o Fever, cough or shortness of breath;
 - o Close contact with anyone with these symptoms; or,
 - o Close contact with anyone who tested positive for covid in the past 14 days.
- Staff members will make all reasonable efforts to confirm that people have read the sign and acknowledged that they do not meet any of these conditions. If they respond “yes” to any condition, they will be asked to leave and not to return until all symptoms, including fever have been resolved for at least 72 hours without use of fever reducing medicine, or at least 14 days after contact with a person with a cough, fever, or who tested positive for covid.

Ongoing Health Monitoring

- If a person exhibits signs of illness, cough, fever, shortness of breath, or other symptoms of corona virus, ask them to immediately leave the facility and not return until symptoms are resolved as described above.