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## Part 1: Introduction to Reopening GCMS

The COVID-19 pandemic presents the most serious public health crisis the world has experienced in generations. Looking forward to the 2020-21 school year and beyond, CADES is resolved to do everything it can to reopen our school because we believe doing so is in the best interest of our students. We know that GCMS students require intensive instruction that is practiced and reinforced with great frequency, across settings in order to gain mastery. We understand that GCMS students are much more likely to regress without highly specialized instruction and therapy compared with the majority of their peers. Simply, we believe GCMS students, due to the nature of the way they learn are more likely to demonstrate sustainable gains when they attend school. Yet, we know that for some of our students in-person programming is not in their best health interest, and so we will be flexible. This is not a forever problem and we will support every child no matter where they learn.

And yet, we recognize that CADES needs to find a pathway for reopening the school safely with the health and wellbeing of our entire community in mind. We understand our teaching staff have to be safe and healthy to be present to support learning. We recognize that there are members of the GCMS team who are in a high risk category or have to go home to family members who are. We understand that some GCMS staff have children who will be at home because their district is 100% virtual. We understand that in-person instruction may not be in some of our staff's best health interest, and so we will do our best to be flexible. This is not a forever problem and we will support our staff to be safe.

The decision to open school is a public health issue that must be based on objective, data-driven guidance from Pennsylvania Department of Education, Department of Health and Governor's office. This includes strict guidelines when someone from the GCMS community has symptoms and when a staff or student tests positive; and we must believe that at least one of us will. CADES has devised plans for these circumstances, and yet we will still await the direction from Chester County Department of Health to inform us about they expect CADES to do. Regardless, our staff and students will have to be flexible to learning and teaching from home at times and in person at times. This is not a forever problem and we must all be flexible to learn and be safe.

The circumstances in which we return to school are not optimal. Every child deserves to be safe. Every staff needs to know we value their health. This roadmap for reopening is guided by the assumption that a vaccine will not be available for 12-18 months, which means CADES needs to be able to respond

quickly to circumstances in our own school community as well as conditions in Southeastern Pennsylvania, especially Delaware County. Even as we plan to reopen our school in September we know we may need to close again with very little advance warning. This means GCMS must be prepared to toggle between different learning models designed to fit a variety of circumstances and learners.

**This Roadmap is guided by five principles:**

1. Act with fidelity to CADES commitment to our Mission and Core Values.
2. Prepare to provide face-to-face learning for GCMS students when it is safe to do so; provide distance learning for GCMS students because that is what is safest for them; and create flexibility to shift between options at any time throughout the school year.
3. Prioritize student and staff health, safety, and wellbeing over other principles.
4. Ensure hygiene- and health-related policies are research-based, clearly communicated, effectively implemented, and diligently enforced.
5. Promote practices and policies to reduce risk of virus transmission and support our capacity to be responsive and agile when facing changing health circumstances.



**Mission-directed in a Time of Crisis**

Values matter, especially during a crisis. They allow individuals and institutions to orient themselves and set priorities quickly. They permit us to navigate confusion, turmoil, and emotion. They compel us to reflect on our relationships with, and obligations to, others. Most importantly, they inform our decisions and actions. Accordingly, the first principle guiding this roadmap states, “Act with fidelity to CADES commitment to our Mission, and Core Values.”

## CADES commitment to Mission & Core Values – Creating a Community Based on SAFETY

CADES commitment to our Mission, and Core Values must orient us during these unprecedented times.

- They allow us to cut through competing priorities and make difficult decisions.
- They remind us that we are all connected and that we have reciprocal obligations to one another.

Respect  Trust  Growth

When we return to school in the fall CADES will launch our new Core Values – fundamental actions at the core of everything we think and do to demonstrate our commitment to others. We believe that once a student or staff feels known, valued and cared for in a safe community that emphasizes respect, trust and growth, they will be inspired to be their best selves, empowered to learn and care for one another.

## Rights & Responsibilities within the CADES Community in a Year of a Pandemic

**Rights** — Every student and staff member should be known, valued, and cared for. This is a fundamental right in the GCMS community. It implies we all have a right to expect both emotional and physical safety. During the COVID-19 pandemic, this means the GCMS community can reasonably expect a heightened level of concern for their health and wellbeing. While it is possible that students and staff members will be exposed to COVID-19, everyone is entitled to expect that every effort and reasonable precaution will be taken to prevent this from happening.

**Responsibilities** — Our Commitment also implies that members of our community should Know, Value, and Care for others. This means our interactions with others—friends, co-workers and strangers, students and adults—should be self-aware and respectful. During the COVID-19 pandemic, this means complying willingly with rules and policies designed to keep our community safe and healthy. This means thinking of others, appreciating that their risk tolerance might be lower than ours, and adjusting our behavior with sensitivity and respect. This means respecting policies and expectations, even when inconvenient to ourselves.

In some communities, measures taken to prevent COVID-19 infection have ignited conflicts between the liberty of individuals and perceptions of the common good. We do not expect this strife to plague the GCMS school community. Rather, we expect our respect for and sense of duty to others to be visible in many ways, including the following:

- How all members of our community wear masks, wash and disinfect their hands frequently, and mind physical distancing norms and rules;
- How all members of our community interact with each other in and out of the classroom, and take responsibility for maintaining a healthy environment;
- How all members of our community treat others—students, bus drivers, staff, cleaners, office administrators, etc.—as people worthy of their respect and deserving of safety themselves;
- How parents and bus riders comply with bus monitors’ requests to follow rules on buses;
- How all members of our community follow self-screening guidelines for symptoms of illness and refrain from coming to school when symptomatic; and
- How all members of our community comply with self-quarantine rules regarding exposure to COVID-19 and recent travel.
- How all members of our community will support each other, be flexible and understanding to the needs of each individual and the community as a whole.

The challenges of establishing a “new normal” next year will be compounded if we are unwilling to change and adapt our behaviors. COVID-19 has disrupted life as we knew it. To navigate this unprecedented public health challenge, mutual **respect, trust**, and a deep sense of our reciprocal obligations to one another will be essential in order for us to experience good health and **growth**.

## Readiness Task Force

A committee of teachers, therapists and administrators have been meeting weekly to prioritize and expedite information-gathering and development of recommendations for reopening school. The task force is charged with developing specific action plans to address two reopening models: full-time online instruction and an in-person instruction continuum with social distancing. The task force was formed to address four key action areas: Facilities and School Operations, Instruction and Technology while the

CADES administrative and nursing team focused on Human Resources, Communication and Health Planning.

### **External Guidance**

All GCMS plans are grounded on the expertise and guidance of the Centers for Disease Control (CDC), Pennsylvania and Chester County Departments of Health which provide oversight to Delaware County schools, and Children’s Hospital of Philadelphia (CHOP) return to school guidance. We encourage the GCMS community to review the supporting information by visiting the following websites and videos:

- CDC guidelines for schools  
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>
- Department of Health guidelines – communicated through the PA Department of Education  
<https://www.education.pa.gov/Schools/safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/PublicHealthGuidance/Pages/default.aspx>
- CHOP Policy Lab  
<https://www.youtube.com/watch?v=h2UeFsDlfyA#action=share>
- CHOP symposium for the safe reopening of schools  
<https://www.youtube.com/watch?v=9FVoef5bLYE&feature=youtu.be>

### **Internal Experience**

Reopening plans for GCMS are aided by 5 months of experience at CADES managing for symptoms, isolation and quarantine procedures in our residential CLA programs. We have practiced, learned and already have functioning systems in place that are utilized daily. Unlike school districts and schools who have not been operating since mid-March, CADES COVID-19 operating experience will support GCMS students and staff without a new learning curve. This experience includes:

- Monitoring, reporting and following symptoms, indirect & direct contact tracing
- Communication procedures to closely support students & staff who have indirect and direct contact with symptomatic and positive test individuals
- Isolation strategies
- Cleaning & disinfecting strategies
- Human Resources procedures to closely support staff who must call-off and quarantine

## Part 2: Health Mitigation Strategies

The challenge of planning for the reopening of GCMS started with a thought experiment: What would an average school day for a typical student look like in GCMS's new normal? We imagined boarding the bus in the morning; walking through the building to reach classrooms; how those classrooms would need modifications; where students would participate in music, art and physical education; where they would eat lunch; what therapy visits would look like; how recess might need to change; and how we would get them home safely at the end of the day. We quickly realized every policy, protocol, and practice would need to be reviewed with the goal of ensuring preventative hygiene or providing for physical distancing. Guiding Principles 3, 4, and 5, which are repeated again below, further informed this planning:

- 3. Prioritize student and staff health, safety, and wellbeing over other principles.**
- 4. Ensure hygiene- and health-related policies are research-based, clearly communicated, effectively implemented, and diligently enforced.**
- 5. Promote practices and policies to reduce risk of virus transmission and support our capacity to be responsive and agile when facing changing health circumstances.**

The following shared understandings frame the work in this section:

- Focus on the variables we can control;
- Use reliable, scientific sources to guide our understanding of the virus that causes COVID-19 and how to best effectively prevent our community's exposure to it;
- Remain adaptable, knowing experts' understanding of the virus will evolve;
- Seek ways to reduce risk of virus transmission;
- Identify external and internal drivers that would lead us to tighten or loosen restrictions; and
- Ensure new policies are flexible and can be implemented and maintained.



The GCMS approach to health safety has six pillars. Each of these critical areas helps shape our approach to ensuring our policies and protocols provide the necessary conditions on the ground to mitigate risk of exposure to COVID-19. We identified these pillars through ongoing study of the growing literature on COVID-19, such as how to reduce transmission risk of the virus, the role masks and effective hand-washing play in protection, and how to reduce and kill surface germs in a school setting. We also know that the best operations plan must be clear, flexible, and sustainable, and therefore our efforts only become operational when we can communicate, train and coordinate these efforts effectively.

## Physical Distancing & Reducing Density

Infectious disease experts have promoted social distancing as an essential strategy in the containment of COVID-19. Governments around the world have listened, issuing stay-at-home orders and ordering nonessential, high-density businesses to close. By their nature, schools are high-density, offering conditions where illness can spread quickly even in the best of times. For example, schools routinely experience outbreaks of the seasonal flu; hand, foot, and mouth disease; conjunctivitis; and head lice. The world has learned that the virus that causes COVID-19 is highly contagious. It poses a risk not only to students, but perhaps especially to the adults in their lives, including parents, teaching staff, grandparents, and many others.

If physical distancing is the solution, the problem for any school is density – how many people are in a classroom at any time. Although our maximum class size is 8, each classroom also consists of a number of adults including the teaching team, therapists and 1:1 nurses. GCMS recognizes that to effectively reduce risk of infection, we must implement effective physical distancing policies to adhere to best-practice guidelines.

GCMS has created a three-tiered risk assessment, which is connected to our three learning models, to inform our awareness of physical distancing and reducing density as critical levers in our effort to mitigate risk of COVID-19 infection. The risk level at GCMS will likely not match up to the Governor’s risk level rating given the physical safety of our student population. As of August 2020 GCMS is in the “Medium” risk level and we expect to be in this level or higher for the entire 20-21 school year.

Risk Level	Distancing	Density	Staff Cross-over
<b>High</b>	GCMS is closed		None
<b>Medium</b>	6 Feet in classrooms	Classrooms between 65-75% capacity  No CBI  No gym access for PE  No assemblies	Therapists treat in an “AM” and “PM” classroom  Specials teachers zoom into classrooms  Staff assignment in “pod” of 3 classrooms
<b>Low</b>	3 feet in classrooms	Full capacity  CBI & PE restart  1 & 2 class assemblies	Specials occur in art, music, social skills & PE rooms

## Physical Distancing Adaptations

1. GCMS has spread out to use all classroom space in the school, including the Adult Program classrooms.
2. Classroom assignments were reconfigured to keep each room at less than 75% capacity to meet 6 foot distance expectations.
3. Maximum capacity has been determined by square footage for each room. Monitoring for capacity will happen daily & a sign will be posted in all rooms.
4. Students will not use the interior hallways and corridors for transitions or physical therapy.
5. Students will use the exterior door to their specific classroom to enter and exit the building.
6. Students and staff will use restrooms in their classroom only (except Room 10, Ms. Losak's room, where the men's and ladies' rooms are in their private corridor).
7. Work areas in the room will be marked on the floor to ensure desks, tables and the location of wheelchairs remain appropriately distanced.
8. Community tables, including picnic tables can only have up to 3 people at the table if the spacing is at least 3 feet apart and there is a physical barrier (plexiglass) on the table to block aerosol.
9. Students will eat in their classroom or outside.
10. Staff assignments by day – students assigned to staff, staff assigned roles for each day.
11. Staff will not eat in their classroom. Lunch periods will be assigned and staff can choose to eat outside or use the lower gym which will be set up to allow for appropriate social distancing and the removal of their mask.
12. 1:1 nurses must remain alongside their assigned students throughout the school day. A zone in the classroom designated by a physical barrier to block aerosol has been set up in each room for the nurse to eat lunch.

## Isolation Spaces

If a student develops symptoms while at school GCMS has designated an isolation room with a separate bathroom facility. The individual will be cared for by one identified nurse, who will wear the appropriate Personal Protective Equipment (PPE) and follow infection control practices designed to decrease the risk of transmission. The nurse will call parents and arrange for the child to be picked up. Please note a child who develops symptoms while at school will not be allowed to travel home on the school bus.

## Health Screening and Monitoring

Another essential pillar recommended by the CDC involves mandated health screenings and monitoring which begins every day before students and staff leave their homes. Early research has shown that by the time symptoms are present the person has already been contagious for approximately 48 hours and are at the height of being contagious which quickly declines over the next few days. So, in addition to physical distancing, good hand hygiene and masking,

### CADES / GCMS takes symptoms VERY SERIOUSLY

If a staff or student has any symptom – we expect you to stay home, immediately report and monitor. This is how we demonstrate that we respect and value one another. [This is how we prevent spread.](#)

The CDC produces an ever-evolving list of signs and symptoms of COVID-19. This list will be shared with you to reference at home at the beginning of the year and every time it is updated. The CDC Symptom list is available on their website at the link on the last page associated with this reference number.<sup>i</sup>

As of August 1, COVID-19 symptoms include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Congestion or runny nose
- Diarrhea
- This list does not include all possible symptoms
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- Nausea or vomiting
- Rash

## Students: managing the signs & symptoms of COVID-19

Per the CDC and CHOP, the overlap between COVID-19 symptoms with other common illnesses means that many people with symptoms of COVID-19 may actually be ill with something else. This is even more likely in young children, who typically have multiple viral illnesses each year. For example, it is common for young children to have up to eight respiratory illnesses or “colds” every year. Although COVID-19 and illnesses like colds or the flu have similar symptoms, they are different disease processes. Additionally, students with chronic conditions like asthma or allergies may have symptoms like cough or nasal congestion without having any infection at all.

GCMS Philosophy: in accordance with the CDC symptom screenings recommendations<sup>ii</sup> will identify only that a person may have an illness, not that the illness is COVID-19. Staying home with contagious symptoms potentially helps to prevent the spread of all illnesses, whether it is COVID-19 or some other bug, and that helps all parents, students and staff feel better about going to school during the Pandemic. Staying home, even if it is not COVID-19, shows that we value everyone's emotional wellbeing, which is just as important as our physical well-being.

### **Student Monitoring Procedures:**

- A. **GCMS will require student symptom screening and close contact/potential exposure questionnaire prior to the morning bus ride** for all students. The CDC symptoms included for students is not as extensive as the list for adults. Our goal is to prevent symptomatic children from leaving home and boarding the buses. Parents/Guardians play a critical role in these health screenings.

#### Expectations:

1. Parents will take their child's temperature – every morning before getting on the bus.
  - If a family does not have a thermometer or back-up batteries at home, contact GCMS immediately. GCMS will provide thermometers and batteries to any family in need.
2. Parents will screen their child for symptoms – recommended by the CDC – every morning before getting on the bus.
3. Students must stay home if they have one of the following symptoms that is deemed to not be a part of a chronic health condition (just one is necessary)

#### Student Symptom List

- Temperature of 100.4 degrees F or higher
  - Sore throat
  - New uncontrolled cough that causes difficulty breathing
    - For students with chronic allergies/asthmatic cough, a change in their cough from baseline)
  - Diarrhea, vomiting or abdominal pain
  - New onset of severe headache, especially with a fever
4. Students must stay home if they have any close contact / potential exposure

### Contact / Exposure List

- Within 6 feet of an infected person for more than 15 minutes with a person with confirmed COVID-19
- Traveled to an area where the local health department is reporting large numbers of COVID-19 cases (PA state travel bans)
- Live in areas of high community transmission while schools remain open (PA county closures)

#### **B. Students will be monitored in their classroom**

##### Expectations:

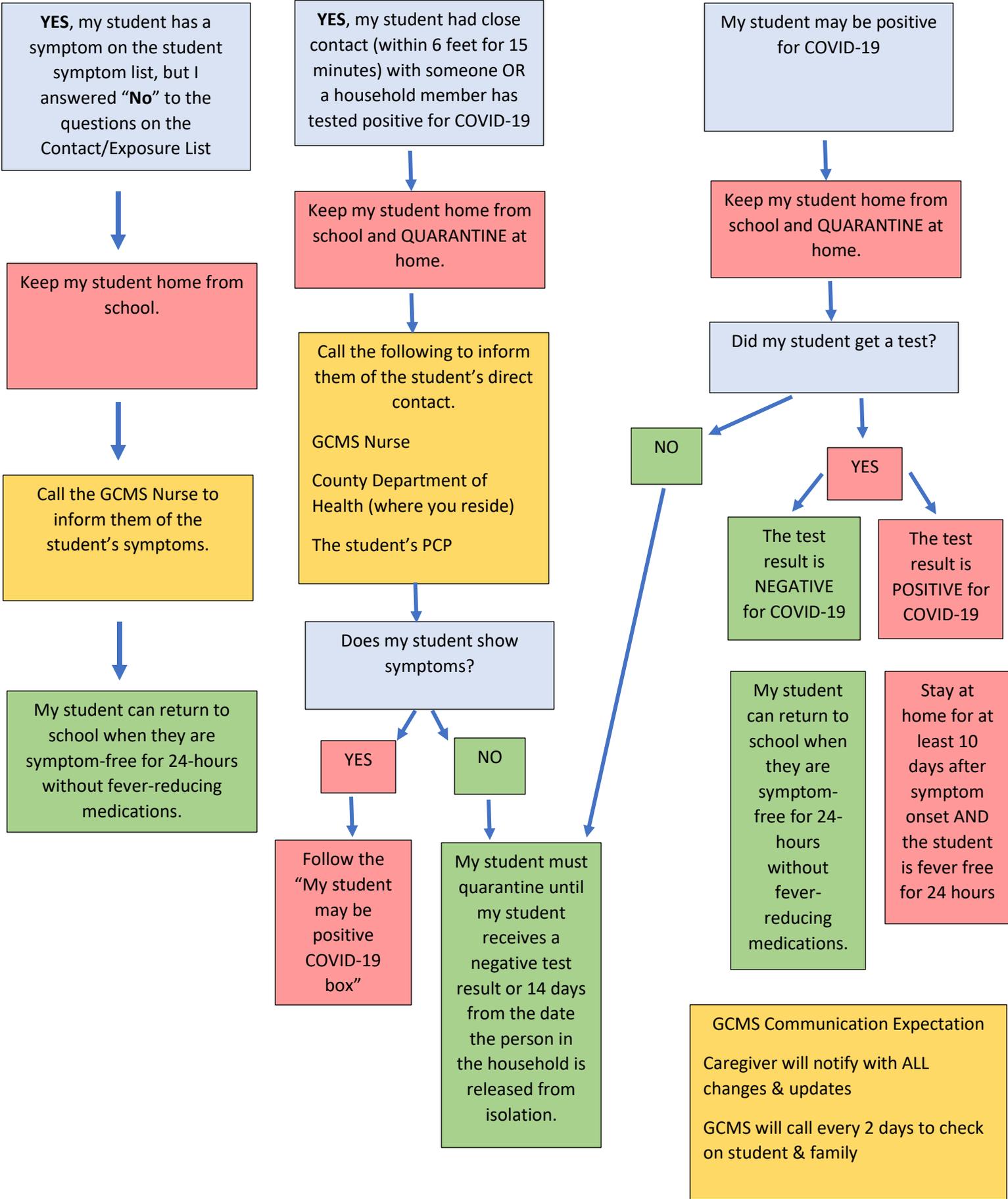
1. Staff will isolate a student in the classroom and report concerns to a school nurse regarding the presence of one of the following symptoms that is deemed to not be a part of a chronic health condition:
  - Temperature of 100.4 degrees F or higher
  - Sore throat
  - New uncontrolled cough that causes difficulty breathing
    - For students with chronic allergies/asthmatic cough, a change in their cough from baseline)
  - Diarrhea, vomiting or abdominal pain
  - New onset of severe headache, especially with a fever
2. Students will be triaged by a school nurse, assessing their symptoms (including a different thermometer) to determine if the parent will be called to pick them up from school based on the symptom list in #1 above.
3. Triaged students with symptoms present listed in #1 will be moved to an isolation room and the parent will be called to pick them up from school if they have any of these symptoms.

#### **C. Stay at Home vs. Quarantine Guidelines**

Per the CDC: students who are sick with contagious illnesses should not attend school, but most illnesses do not require the same level or length of isolation that COVID-19 does. Excluding students from school for longer than what is called for in existing school policies (e.g., fever free without medication for 24-hours) based on COVID-19 symptoms alone risks repeated, long-term unnecessary student absence.

### Guidelines for Students (see next page for flow chart):

1. If the caregiver answers **YES** to any symptom on the student symptom list, but answers **NO** to question on the Student Contact / Potential Exposure List:
  - The student is excused from school and must remain home until they are symptom-free for 24 hours without fever-reducing medication.
  - The caregiver must call the school to inform them of the child's symptoms.
  
2. If the caregiver answers **NO** to any symptom on the student symptom list but answers **YES** to a question on the Student Contact / Potential Exposure List:
  - The student must stay home, isolate themselves from others, monitor their health and follow directions from the health department.
  - The caregiver must call the school to inform them of the child's positive contact.
  - The caregiver must call the child's PCP and the Department of Health for the county they live in to inform them of the child's positive contact and receive directions.
  - The student will quarantine. The length of quarantine will depend on whether or not the student receives a test and the testing results.
  
3. If the caregiver answers **YES** to any symptom on the student symptom list, and answers **YES** to a question on the Student Contact / Potential Exposure List:
  - The student should stay home, isolate themselves from others, monitor their health and follow directions from the health department.
  - The caregiver must call the school to inform them of the child's symptoms and/or contact.
  - The caregiver must call the child's PCP and the Department of Health for the county they live in to inform them of the child's positive contact and receive directions.
  - The student will quarantine. The length of quarantine will depend on whether or not the student receives a test and the testing results.
  
4. Students who:
  - Receive a negative test result can return to school immediately as long as they have been fever free for 24 hours without fever reducing medication.
  - Receive a positive test result can return to school 10 days after the first day the symptoms appeared AND as long as they have been fever free for 24 hours without fever reducing medication.



## Learning from Home during Quarantine

When a student needs to stay home, whether for one day or 14, they can join a distance learning classroom on zoom. There are GCMS teachers and para-educators that are assigned to teach in virtual classrooms for the entire school year. While the student may not virtually be present with their classmates, the GCMS “virtual” teacher will use the student’s IEP and pick up where the student left off in class. Participation is up to the student and family depending on how the student feels.

## GCMS Staff: managing the signs & symptoms of COVID-19

CADES learned early supporting staff working in the CLA to pay attention to these evolving guidelines:

- If a symptom is out of the ordinary for an adult, it is likely COVID-19
- Most adults generally do not run fevers – a fever is likely COVID-19
- Regularly controlled but new issues with high blood pressure – is possibly COVID-19
- New onset of body aches – when you did not do anything to strain yourself, i.e. lower back pain, is possibly COVID-19
- Issues with the gut – stomach pain and diarrhea – are common stress responses in adults. But they can be secondary symptoms of COVID-19

Just like the philosophy with students, the same philosophy applies for adults. In accordance with the CDC symptom screenings recommendations – screening will identify only that a person may have an illness, not that the illness is COVID-19. Staying home with contagious symptoms potentially helps to prevent the spread of all illnesses, whether it is COVID-19 or some other bug, and that helps all parents, students and staff feel better about going to school during the Pandemic. Staying home, even if it is not COVID-19, shows that we value everyone’s emotional wellbeing, which is just as important as our physical well-being.

The challenge is knowing when to stay home and when to come to work. The teaching staff – teachers, paraeducators, 1:1 staff, therapists and nurses in GCMS are the glue that makes the program work. The key to success for the entire school is to come to work and be present every day that a staff person feels healthy and to call-off when staff do not feel good or when they come into direct contact with someone that is COVID positive. The GCMS COVID-19 Monitoring Team will help staff navigate these decisions.

## **Staff Monitoring Procedures:**

- A. **GCMS will require staff symptom screening and close contact/potential exposure questionnaire prior to leaving the house every morning** for all staff.

### Expectations:

1. Staff should take their temperature and screen for symptoms every day before coming to work.
2. Staff must stay home if they have one of the following symptoms that is deemed to not be a part of a chronic health condition (just one is necessary)

### Staff Symptom List

- Temperature of 100.4 degrees F or higher
  - Chills
  - New lack of taste or smell
  - New uncontrolled cough that causes difficulty breathing
    - For staff with chronic allergies/asthmatic cough, a change in their cough from baseline)
  - Diarrhea, vomiting or abdominal pain
3. Staff must stay home if they have one of the following symptoms that is deemed to not be a part of a chronic health condition plus another symptom (2 +) from the list above or below.
    - Sore throat
    - Runny nose
    - Muscle aches
    - Headache

4. Staff must stay home if they have any close contact / potential exposure

### Contact / Exposure List

- Within 6 feet of an infected person for more than 15 minutes with a person with confirmed COVID-19
- Traveled to an area where the local health department is reporting large numbers of COVID-19 cases (PA state travel bans)
- Live in areas of high community transmission while schools remain open (PA county closures)

- B. **Staff will be monitored in their classroom when they arrive at work**

### Expectations:

1. The teaching team for each classroom will enter the building and go straight to their classroom.

2. Staff will take their temperature, answer the screening questions and record the data before doing anything else to start the work day.
3. Any staff who meets symptom or contact requirements must immediately leave the building and go home. Human Resources will contact the staff to go over next steps.

### **C. Stay at Home vs. Quarantine Guidelines**

Per the CDC: students who are sick with contagious illnesses should not attend school, but most illnesses do not require the same level or length of isolation that COVID-19 does. Excluding students from school for longer than what is called for in existing school policies (e.g., fever free without medication for 24-hours) based on COVID-19 symptoms alone risks repeated, long-term unnecessary student absence.

#### **Guidelines for Staff (see page 22 for flow chart):**

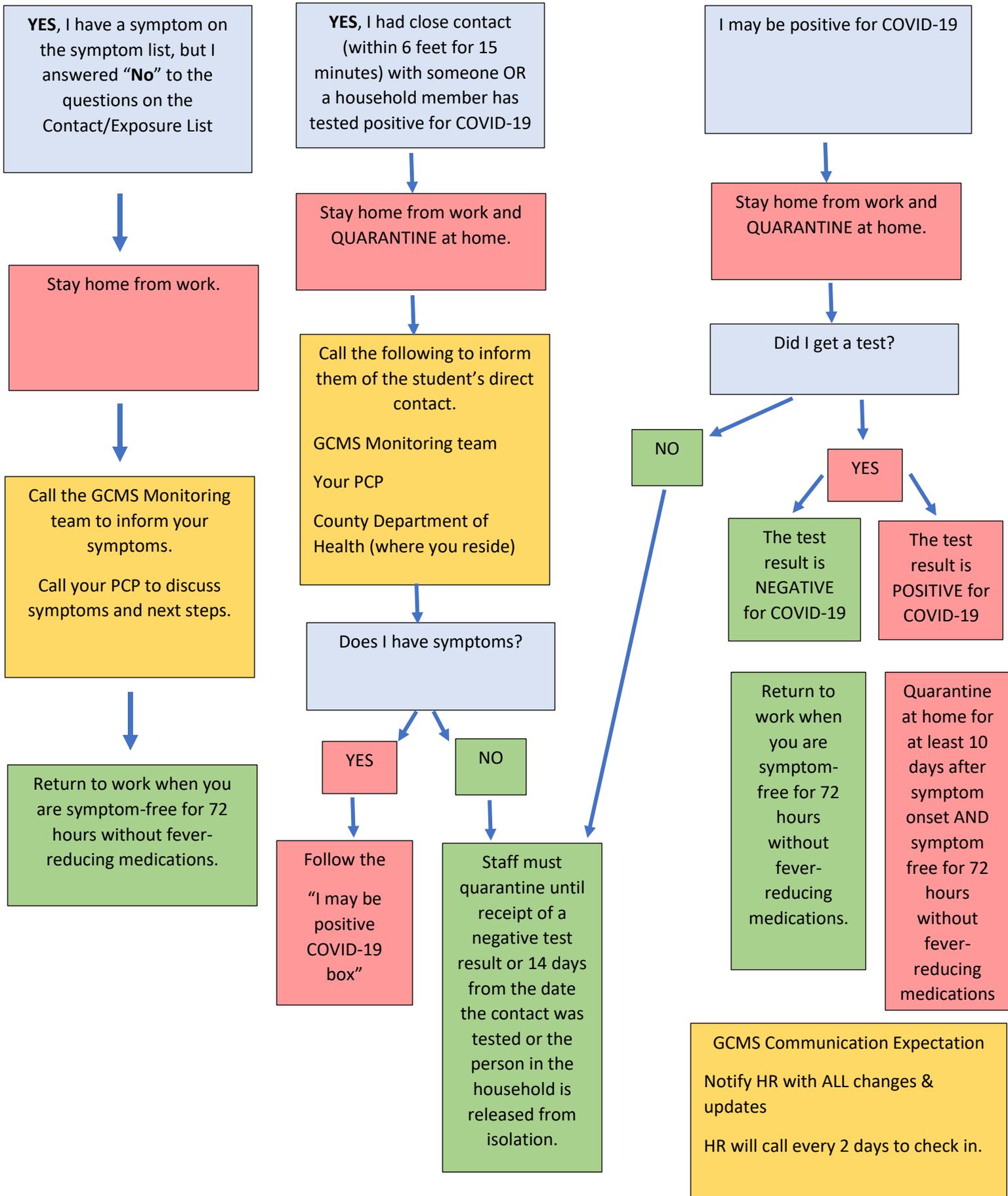
1. If the staff answers **YES** to any symptom on the staff symptom list, but answers **NO** to question on the Contact / Potential Exposure List:
  - The staff must call out from work and report the symptoms they are experiencing.
  - Speak to the Monitoring team member from Human Resources who will go over next steps with the staff.
  - Call their PCP or Urgent Care and report the symptoms. Request a test (the provider will determine if you receive a test).
2. If the staff answers **NO** to any symptom on the staff symptom list but answers **YES** to a question on the Student Contact / Potential Exposure List:
  - The staff must stay home, isolate themselves from others, monitor their health and follow directions from their PCP and/or local health department.
  - The staff must call-out from work and to inform them of their positive contact.
  - The staff must call their PCP or Urgent Care to inform them of their positive contact and receive directions and request a test (the provider will determine if you receive a test).
  - The staff must quarantine. The length of quarantine will depend on whether or not the staff receives a test and the testing results.

3. If the staff answers **YES** to any symptom on the symptom list, and answers **YES** to a question on the Contact / Potential Exposure List:

- The staff should stay home, isolate themselves from others, monitor their health and follow directions from their PCP and/or health department.
- The staff must call-out from work and to inform them of their positive contact.
- The staff must call their PCP or Urgent Care and the Department of Health for the county they live in to inform them of their positive contact and receive directions.
- The staff will quarantine. The length of quarantine will depend on whether or not the staff receives a test and the testing results.

4. Staff who:

- Have symptoms and receive a negative test result can return to school immediately as long as they have been free of symptoms for 72 hours without fever reducing medication
- Have symptoms and receive a positive test result can return to work 10 days after the first day the symptoms appeared AND as long as they have been fever free for 72 hours without fever reducing medication (10+3).
- Come into direct contact (more than 15 minutes, less than 6 feet away or in the same household) with someone who tested positive for COVID-19 and do not get tested can return to work after:
  - 14 days from the date the contact was tested (non-household)
  - 14 days after the person is released from isolation (same household)
- Have no symptoms and receive a negative test result after they came into contact with someone who tested positive for COVID-19 can return to work immediately after turning in the negative test result to Human Resources.



## Using Personal Protective Equipment (PPE)

GCMS is unlike the majority of public and private education settings. We are responsible to provide care to the majority of our students that includes toileting and diaper personal care and hand-over hand feeding assistance. Staff are more likely to come into contact with bodily fluids including saliva and mucus as we care for student's physical needs. We also understand that as a result of physical, medical and/or emotional reasons many of our students cannot wear masks. For all of these reasons, GCMS must follow CDC guidelines for a health care setting regarding the availability and use of PPE rather than guidelines for schools.

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**Of all the steps we can take to keep each other healthy,  
data shows that effectively wearing PPE,  
including putting it on correctly and taking it off correctly,  
significantly decreases the risk of transmission of COVID-19.**

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## Facemasks

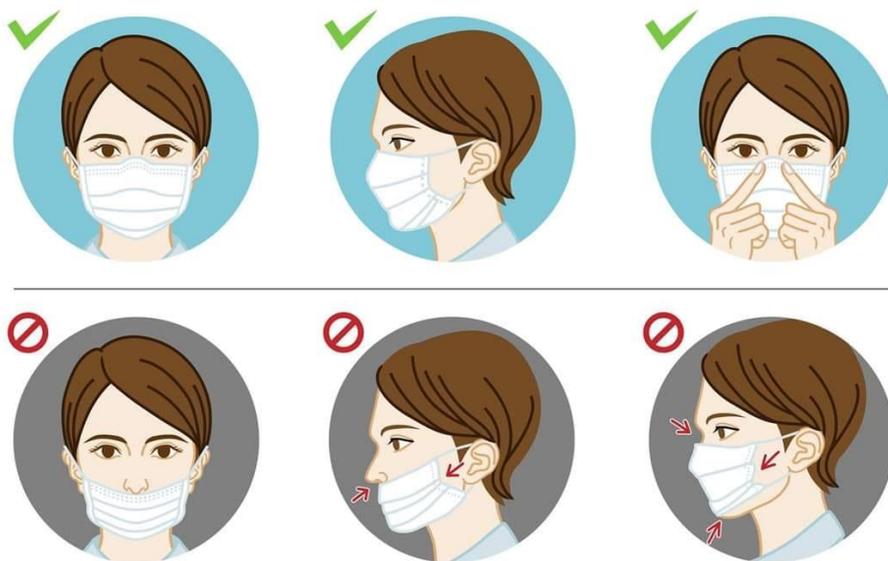
**Students** at GCMS will not be required to wear a face mask in school. However, the following guidelines should be followed as wearing a mask successfully is a pre-requisite to integrating in the community safely and it also serves to protect them when in close contact with others.

- Students should ideally wear a facemask – either cloth or disposable that cover the nose and mouth.
- Facemasks should not be worn by any student who has trouble breathing or cannot take the mask off by themselves.
- Facemasks should not be worn by students who have social, emotional, physical or other needs that make wearing a mask unsafe physically or emotionally.
- Should practice wearing masks at different points of the day to improve their ability and comfort to wear them for longer periods of time, in a safe manner, as long as wearing a mask does not present a danger to their safety.

A new disposable facemask will be available for students every day if they choose to wear one and do not have cloth masks at home.

**Staff** at CADES must wear a facemask – either a cloth face covering or surgical disposable facemask that cover the nose and mouth at all times when that are at CADES including multi-purpose rooms (copier room, conference room) where staff may encounter other people. The following guidelines are very important for staff to understand and adhere to:

- Staff may wear their own mask or they can use masks they are available to them at GCMS. All staff will receive:
  - 2 cloth masks with a clear panel in the front of the mask to see facial expressions.
  - Disposable surgical masks (3 and 4 ply) are available each day for staff who prefer them.
- To reduce the number of times staff must touch their face and potential risk for self-contamination, staff should wear the same facemask throughout their entire work shift, instead of intermittently switching back and forth between masks.
- Masks can be taken off for a mask break outside when 6 feet away from another person; in the restroom; in single-use offices and in the lower gym which will serve as the staff lunch room.
- Staff will be trained and are expected to put on and take off masks correctly to avoid contamination on hands and face.
- When staff take a break from wearing a mask or change masks, 3M command strips will be available for staff to hang their mask and mark with their name.
- We may trust our co-workers, but we cannot trust this virus. Because of the potential for asymptomatic and pre-symptomatic transmission, masks need to be worn and worn correctly all of the time while at work.
- Staff must hold each other accountable. If a mask is slipping on someone’s face and their nose becomes expose, encourage them to tighten the mask or get a disposable mask for the day that fits.



## Face Shields

To support students with personal care staff often are face to face, within 1-3 feet of a student's face for hygiene care and feeding assistance. Wearing a face shield during personal care activities adds a plastic protective barrier between the staff and the student, especially since the student is likely not wearing a mask themselves.



For staff, a face shield is worn with the face mask and offers additional splash guard protection for their eyes, face and outside of their mask. Face shields are recommended by they are not required. Face shields can be worn multiple times and sanitized after each use. Staff will have a marked area to hang face shields not in use on a command strip.

## Gowns

Gowns are another supplemental PPE strategy to block against cross contamination between staff and students who are in close proximity with one another during personal hygiene care. Throughout the day staff may collect aerosol droplets on their clothes from students whose saliva and mucus may travel through sneezing, coughing and touching. Wearing a gown during personal care decreases the transfer of droplets onto the clothes of staff, droplets that can then be transferred later on to other students or onto the hands and face of the staff.



CADES was very fortunate to meet a speech therapist turned seamstress during the early weeks of the Pandemic. We worked together to create washable gowns out of rip-stop nylon (parachute material) in sizes M, L, XL and XXL. Droplets will not soak through the material, can be easily wiped with a Lysol wipe and can be washed over and over and over again. Staff will be encouraged to wear gowns during personal care which can be washed daily at school.

## Gloves

Gloves have been standard at CADES for years. We have increased our stock of gloves for the upcoming year as we anticipate shortages at the beginning of the school year. Staff will be expected to wear gloves for all personal care activities and to ensure proper hand hygiene after each use of gloves.

## Preventative Hand Hygiene

Everyday hygiene practices are another key pillar to prevent virus transmission. It has been well-documented that hand washing for 20 seconds or longer many times daily with soap and water is critical. In addition to hand-washing, frequent use of alcohol-based hand sanitizer with formulations containing 60%-95% alcohol is a simple yet effective way to prevent the spread of pathogens and infections. Historically CADES has been a “hand sanitizer free zone” due to the danger of individuals consuming inedible objects. We have changed our positions since the Pandemic. Hand sanitizer with a minimum of 65% alcohol is available in all rooms, bathrooms, hallways and vehicles. A safety plan will be in place in any room where an individual may have a history of PICA.

The **CDC recommends** that unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink. Hand sanitizer can also be used over gloves.



## Cleaning, Sanitizing, and Disinfecting

The fifth pillar in GCMS's operational strategy to prevent the spread of COVID-19 has been to ensure our cleaning protocols follow guidelines established by the CDC. These guidelines encourage institutions to consider the important differences between cleaning, sanitizing, and disinfecting, and recommend the best chemicals to use and how to apply them.

### Daily cleaning & disinfecting

CADES has contracted with a new vendor "Cleaning for Cures" to help clean and sanitize our school building in the coming year. Cleaning for Cures has been with Melmark for a number of years. Over the past 5 months they have supported CADES CLA group homes, sanitizing and deep cleaning whenever we had a possibility of COVID infection. When the school is open for programming, Cleaning for Cures will clean and sanitize the building each afternoon. They will wipe down all touch surfaces and use a fogger with botanical disinfectant solution EPA registered broad-spectrum disinfectant that kills 99.9% of bacteria, viruses, allergens. It is free from chlorine and phosphates. The formula is free of bleach and very good for our environment with very sensitive and vulnerable students. The disinfectant works in less than 3 minutes and dissipates in the air within 15 minutes. Information on the solution can be found here: <https://bioesquesolutions.com/botanical-disinfectant-solution/>

**High-touch surfaces** including shared equipment (such as standers) will be wiped down throughout the day by staff with disinfectant wipes. Student toys and manipulatives will not be shared and will be disinfected at the end of each school day in student-specific wash basins with Steramine sanitizer.

**Rooms exposed to symptoms, probable or confirmed COVID** will be closed for approximately 24 hours after an individual with possible COVID symptoms has been discovered in the room to allow droplets to fall, wipe down all touch surfaces and use the fogger with botanical disinfectant.

### Air Circulation & Filtering Quality

CADES has reviewed our ventilation in the building in consultation with our HVAC vendor and building engineer to consider any adaptation or addition that can enhance the percentage of outdoor air, airflow, air filtration and enhance air cleaning. We have upgraded our air filters to MERV 13, built to trap microscopic viruses and bacteria. We are also looking into the efficacy of installing air purifiers with ionization. The cleaning process uses needle-point bi-polar Ionization to create equal amounts of positive and negative ions. When these ions are injected into the air stream and the breathable air space

they break down passing pollutants and gasses into harmless compounds like oxygen, carbon dioxide, nitrogen and water vapor. There is some early evidence that this process can inactivate COVID-19 virus particles in controlled spaces.

## **Communication, Training & Coordination**

Directed by our guiding principle, “Ensure hygiene and health-related policies are research-based, clearly communicated, effectively implemented, and diligently enforced,” we established our sixth pillar of safety—Communications, Training, and Coordination.

GCMS’s operations plan will only be successful if it has **clear expectations set out for its community**, a structure that is sustainable, and the flexibility to adapt to changing realities. The first step is targeting communication to the community on how to protect ourselves and others by informing them about what guidelines must be followed.

In addition to existing **communications** channels, we have implemented environmental messaging (posters, signage, posted directions) particularly in regard to key areas including PPE, hand hygiene, and physical distancing markers. Students and families will be supplied with infographic posters and magnets for home and at school highlighting the most important need-to-know information where you can find information quickly.

Further multimedia messaging strategies will be deployed school-wide. Our website has been upgraded aggregate all messages and include resource links, documents and forms. Storytelling around action items, successes and new learning will be part of our weekly communications.

Detailed **instruction and training** will be implemented throughout the community, prior to and at the start of our school reopening. We will train staff on new measures of reducing and eliminating germs, protective measures specific to their roles, sanitizing classroom space and shared objects, and our students on maintaining distance and upholding personal health hygiene, our parents on screening their children every morning, and more. Everyone will have a role to play, and training and practicing, in various forms, will be an integral part of operationalizing that role.

**Coordination** is what brings the efforts together and enables us to work collectively towards safety and prevention—a key element of operations. The GCMS COVID Monitoring team will identify official messages and environmental changes to create a coordinated approach and cohesive visible reinforcement of changes/efforts. The Readiness Task Force will remain responsible for making sure systems are aligned and coordinated, and will oversee any emerging gaps, adaptation needs, and troubleshooting.

We need all members of our community to accept new responsibilities within this changed culture we will all experience over the next year. Acting with self-awareness, sensitivity to others, and personal responsibility will be key. When your student comes home with a unique “air greeting” his class created to replace hugs and pounds, for example, recognize that the changes are being embraced and support his efforts and enthusiasm. When your child comes down with a cough or fever and complains of not feeling well, please keep them home until they are asymptomatic. If your workplace has a particularly innovative way to address occupational safety, please pass it along. A collective and unified community effort has never been so important.

## Part 2: Learning Models

### Introduction

GCMS does not believe distance learning is a satisfactory long-term substitute for the regular school year. Rather, distance learning is necessity when health and safety conditions leave no other option. Accordingly, GCMS has developed three different learning models to increase the likelihood that it will be positioned to reopen school in September and stay open.

GCMS believes learning should be an active, multi-modal (tactile, visual, auditory) generalization process for student learning that allows them to grow academically, socially, and emotionally. We believe that learners construct knowledge through experience and social mediation and that the essential purpose of school is to provide “supportive environments rich in engagement, social interaction, and feedback.” Relationships play an essential role in every student’s school experience; these connections make us human. Accordingly, GCMS is highly motivated to open school to provide students with opportunities to learn in face-to-face environments whenever it is safe to do so.

### Three Models for Learning

In anticipation of ongoing and evolving challenges associated with the COVID-19 pandemic, GCMS has developed three models for learning. These models take into account principle 2, which states, “Prefer face-to-face learning over remote learning whenever it is safe to do so.”

1. The **In-person Learning Model** is a full-time traditional school experience where students attend school five days a week taught by GCMS staff.
2. The **Distance Learning Model** will occur if conditions demand that we close our school full time, whether for two weeks or multiple months, at the order of local officials, taught by GCMS staff.
3. The **Hybrid Learning Model** allows students to attend school in the manner that fits best for their learning and physical safety. Students can opt to participate in a distance learning model for the full academic year to ensure their health and safety, or participate in-person in a reduced fashion by choice (three days a week in person, two days virtual) or by necessity (quarantine for 14 days but well enough to participate virtually until they can return to school, all taught by GCMS staff.

## Comparison of Learning Models

	<b>In-Person</b>	<b>Hybrid</b>	<b>Distance Learning</b>
<b>School Status</b>	Open	Open, not all students in school at once.  Some students choose FT distance learning for health safety reasons.	Closed
<b>Learning Environment</b>	School & Community	School and Virtual	Virtual
<b>Content Delivery</b>	Hands-on tactile Auditory Visual Social / Interpersonal	Offers flexibility of choice between in-person and distance learning content delivery options.	Mainly auditory, visual, interpersonal. Tactile manipulatives will be created and delivered to student homes.
<b>Teacher Proximity</b>	Predominantly in-person in class. Sometimes the teacher may zoom into the classroom while staff support to ensure synchronous learning.	In-person or virtual synchronous learning with a certified GCMS teacher.	Virtual synchronous and asynchronous learning with a certified GCMS teacher.
<b>Schedule</b>	5 days per week	5 days per week	5 days per week
<b>Specials Delivery</b>	Zoomed into classrooms and supported by classroom staff.	Virtual parent support required.	Virtual parent support required.
<b>Therapy Delivery</b>	Push-in to classrooms	Push in if present; teletherapy if virtual	Teletherapy
<b>1:1 Support</b>	In-person at school	Possibility of in-person at school and at home	Possibility of in-person at home
<b>IEP Meetings</b>	Virtual	Virtual	Virtual

## Re-opening Staggered Start

The decision to open has been left up to each individual school district and private school. Guidance is updated regularly. Over the first week in August all school districts in Delaware County have announced the decision to delay the start of school by 2-10 weeks. The rationale to do so is based on the increased rate of positive cases in the county. This increased rate (over 6% on August 5<sup>th</sup> is likely a result of the congregating that occurred over the Fourth of July weekend and subsequent weeks at family gatherings, the beach and other public places. Epidemiologists predict that these social gatherings will continue through Labor Day weekend. Those who become infected over Labor Day weekend will become symptomatic 5-14 days following Labor Day (approximately September 12-21). The ripple effect of those increased positive cases will disperse into the grater community for two to four weeks (approximately September 21 – October 19).

To decrease the likelihood of COVID-19 transmission GCMS has pushed back the start date of in-person programming on the following staggered schedule:

- Intensive Support Classrooms
  - Distance learning 9/8/20 – 9/18/20
  - In-person and hybrid learning begin Monday 9/21/20
  - 5 Classrooms
  - 19 students confirmed for in-person learning (as of 8/10/20)
    - Room 7 – Teacher: Mary Alice Lombardi
    - Room 13 – Teacher: Denise McKee
    - Room 14 – Teacher: Renee Grimes
    - Room 15 – Teacher: Cori Feyock
    - Room 16 – Teacher: Renee Johnson
  
- MDS Elementary & Highschool Classrooms
  - Distance learning 9/8/20 – 10/2/20
  - In-person and hybrid learning begins Monday 10/5/20
  - 10 Classrooms
  - 42 students confirmed in-person (as of 8/10/20)
    - Room 2 – Teacher: Sue Parsons
    - Room 3 – Teacher: TBD
    - Room 4 – Teacher: Sue Delaney
    - Room 8 - Teacher: John Italiano
    - Room 10 - Teacher: Olivia Losak
    - Room 116 – Teacher: Monica Flannery
    - Room 117 – Lori Griggs
    - Room 118 – Teacher: Christine Vaughn
    - Room 120 – Teacher: Sandy Okino
    - Room 121 – Teacher: Meghan Heslin
  
- Full-time Distance learning
  - 4 classrooms will begin on 9/8/20.
  - Teachers: Dana Colona and Kerri Houser

## Part 3: Operations

### Transportation

Transportation will continue to be provided by school districts through this school year. Although plans can change, every sending school district supporting GCMS students has reported that they will provide transportation even though the school district may be “virtual only” for students attending district schools.

The health and safety for all students begins and ends the school day on the bus. While every district’s health and safety plan may differ, the Department of Education has required all districts to create a health and safety plan ensuring physical distancing, sanitizing and the use of masks on buses. Specific health and safety plans for your child’s district will be found on their district website.

### Lunch

Students:

- Student lunches will be prepared and served in the classroom as they have in previous school years. Students will eat physically distanced from one another at individual tables or desks, or at a common table (3 students max) with screens (plexiglass or clear plastic).

Staff will increase the type of PPE used during lunch and snack, including gloves, gown and shield given the close proximity of staff to student, especially for hand over hand feeding.

Staff:

- Lunch will look very different for staff during the 2019-20 school year. These changes are aligned with best practice in preventing the spread of communicable viruses.
  - o All staff in the classroom will have scheduled lunch breaks.
  - o Staff can eat lunch outside or in the lower gym which has been redesigned as a staff lounge with tables spaced apart to allow the ability to de-mask.
  - o All staff must pack their lunch.
  - o Staff are not permitted to go out for lunch or take-out. Once staff arrive to school in the morning the expectation is that they will remain on site the entire school day.
  - o Food is not permitted to be delivered.
- Lunch locations for 1:1 nurses will also be established in a manner that ensures supervision of the student and physical distancing for the nurse.

### Therapies

Speech, Occupational, Physical and Vision therapies will occur in the student’s classroom as much as possible. When physical or vision therapy needs to occur outside of the classroom to meet IEP goals, students will work outside or in a specific space designated for one student at a time that will be sanitized in between use.

Therapists will co-treat with the goal of supporting students in one classroom for half of the school day, changing PPE and supporting students in a second classroom for the second half of the day.

## **Specials**

The teachers of the four specials classes: Physical Education, Music, Art and Social Skills will zoom into the classrooms for the foreseeable future. The staff in the classroom will support the students in engaging in activities. In doing so, the teachers for these classes decrease the opportunity for cross contamination with all of the students and staff.

## **Flexibility with Staffing**

We can succeed when we commit together to keep each other safe and healthy. Staff must commit to coming to work when healthy and staying home when symptomatic or when they come in direct contact with someone who has tested positive for COVID. This will likely create times where staff will need to be flexible to move classroom assignments for one day or more. Staffing “pods” have been created to help with assignment decisions, with the goal of keeping staff within a pod of 4-5 classrooms whenever possible. The logistics will be trained during in-service.

## Part 4: Preparation for Future Closures

### Risk Determines Model

GCMS will connect the selection of a learning model to its assessment of risk. That is, if we assess risk as HIGH, our school will be closed and we will move to Distance Learning. If we assess risk as LOW, we are confident that conditions are appropriate to reopen school entirely, welcoming all students back on school concurrently with realistic safety precautions in place. Finally, if we assess risk as MEDIUM, we recognize that we need more robust preventative hygiene measures coupled with the reduction of student density on campus, which means we would hold a combination of In-person and Hybrid Learning directed by parent and student choice.

Risk Level	External Considerations / Drivers
<b>High</b>	<ul style="list-style-type: none"> <li>● State of Emergency or government request for schools to close</li> <li>● Guidance from CDC, WHO, and trusted authorities indicates high risk</li> <li>● High degree of medical uncertainty</li> <li>● Infection rates locally are rising and/or remaining at concerning levels</li> <li>● Known infections within ASIJ community</li> <li>● GCMS is not confident it can effectively mitigate risk and ensure safety</li> <li>● GCMS staff vacancy rate is such that we cannot effectively instruct in person</li> </ul>
<b>Medium</b>	<ul style="list-style-type: none"> <li>● Government guidance is inconclusive or vague</li> <li>● Guidance from CDC, WHO, and trusted authorities indicates risk</li> <li>● Degree of medical uncertainty exists</li> <li>● Infection rates locally are confined and/or traceable</li> <li>● GCMS is confident in its ability to mitigate risk with enhanced measures</li> <li>● School benchmarking indicates schools are opening with precautions</li> </ul>
<b>Low</b>	<ul style="list-style-type: none"> <li>● Government guidance encourages reopening</li> <li>● Guidance from CDC, WHO, and trusted authorities indicate low risk</li> <li>● Degree of medical certainty, including easy access to reliable testing</li> <li>● Infection rates locally are declining and traceable</li> <li>● GCMS is confident in its ability to mitigate risk when school is fully open</li> <li>● School benchmarking indicates most schools opening their campuses fully</li> </ul>

## Final Thoughts

### Students & Families

The decision to participate in learning virtually, in a hybrid or all in-person is completely up to each family. There is no right choice, just the choice that feels right for you and your student. At GCMS, we are committed to each student's learning in a manner where we:

- **Respect** each student and student's family's decisions that best support their view of what is in the best interest of the student's physical, emotional, social and learning well-being.
- **Trust** each family is doing their best to keep their student healthy and safe, and that each family will ensure that their student stays home when they have symptoms or direct contact with a person who has tested positive for COVID-19.
- Will work to deliver an education program that aligns with each student's IEP and the PA standards to ensure their **Growth** this academic year and every year.

### GCMS Staff

The decision to return to work, regardless if you have been working actively in a virtual environment, a physical environment or if you have not worked is also difficult. At this time CADES leadership has made the determination that it is safe to return to GCMS. This is true even as many school districts close in Delaware County due to an increase in the rate of positive test cases. Our reasoning is based on the advice of experts from the CDC and CHOP. Wearing PPE correctly, every day, and utilizing good hand hygiene throughout every day can protect staff and students from transmission of viruses that include COVID-19 and many others. At CADES we are committed to each staff's health and safety in a manner where we:

- **Respect** each other through a social commitment to do what is right every day, including wearing PPE correctly, engaging in hand hygiene, and physical distancing measures, at work and in our personal lives.
- **Trust** that CADES will provide a healthy work environment with access to appropriate PPE, hand sanitizer and cleaning materials.
- Come to work every day with a flexible outlook, understanding that our success depends on the whole community being flexible, understanding and positive to ensure the **Growth** of our teams and our students.

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<sup>i</sup> CDC Symptoms list. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

<sup>ii</sup> CDC Symptom Screening for Students. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>