

Perkins School for the Blind Situation Specific Protocols

In order to protect the health and safety of students, staff, families, and community members, Perkins will follow [CDC recommendations](#) in the following areas:

- Health and safety considerations, social distancing, and infection control practices (handwashing, face coverings, and gloves);
- Classroom, meal, and cleaning practices;
- [Disinfecting practices](#);
- Health office practices, protective equipment, management and [isolation of students](#) and/or staff showing signs and [symptoms of illness](#).

In addition, the following guidance addresses situation-specific protocols that have been developed prior to providing in-person instruction to guide activities in the following areas:

- Personal Protective Equipment
- Screening and Monitoring
- Hygiene and Health Practices
- Toileting
- Physical Intervention and Restraint
- Transportation

Personal Protective Equipment (PPE) and Face Masks and Coverings:

Perkins School for the Blind will provide all required PPE (i.e. face masks, gowns, gloves, face shields, etc.) for staff. Parents should provide appropriate PPE for students.

Face Masks and Coverings:

- Staff are required to wear masks or face coverings while on campus.
- When possible and at the discretion of the parent or guardian of the child, programs should encourage the wearing of masks or cloth face coverings for children age 2 and older who can safely and appropriately wear, remove, and handle masks. Additional guidance on use of face coverings and masks by children is as follows:
 - Children under the age of 2 years should not wear face coverings or masks.
 - When children can be safely kept at least 6 feet away from others, then they do not need to be encouraged to wear a mask.
 - Masks must not be worn while children are eating/drinking, sleeping, and napping. Strict and consistent physical distancing must be practiced at all times during these activities. Masks do not need to be worn while engaging in active outdoor play, if children are able to keep physical distance from others.
 - Children 2 years of age and older must be supervised when wearing a mask. If wearing the face covering causes the child to touch their face

more frequently, staff must reconsider whether the mask is appropriate for the child.

- Families should provide their children with a sufficient supply of clean masks and face coverings for their child to allow replacing the covering as needed. These families must have a plan for routine cleaning of masks and face coverings, clearly mark masks with the child's name and room number, if applicable, and clearly distinguish which side of the covering should be worn facing outwards so they are worn properly each day. If families are unable to provide masks, programs should provide masks for children and youth, as necessary. Masks and face coverings must be routinely washed (at least daily and any time the mask is used or becomes soiled) depending on the frequency of use. When possible, masks must be washed in a washing machine in hot water and dried fully before using again. If a washing machine is unavailable, masks must be washed with soap and hot water and allowed to dry fully before using again.
- If using a disposable mask, follow [CDC guidance](#) on proper daily removal. Grasp bottom ties or elastics of the mask, then the ones at the top, and remove without touching the front. Discard in a waste container and wash hands or use an alcohol-based hand sanitizer immediately.
- Programs must enforce the wearing of face masks by parents or guardians when on the premises and at all times during drop-off and pick-up. Programs must regularly remind families and staff that all individuals are encouraged to adhere to the CDC's recommendations for wearing a mask or cloth face covering whenever going out in public and/or around other people.
- Programs must teach and reinforce use of cloth face coverings among all program staff. Face coverings are most essential at times when physical distancing is not possible. Staff must be frequently reminded not to touch the face covering and to wash their hands frequently. Information must be provided to all staff on proper use, removal, and washing of cloth face coverings.

Exceptions to Use of Face Masks/Coverings: Exceptions for wearing face masks include situations that may inhibit an individual from wearing a face mask safely. These may include, but are not limited to:

- Children under the age of 2 years.
- Children who cannot safely and appropriately wear, remove, and handle masks.
- Children who have difficulty breathing with the face covering or who are unconscious, incapacitated, or otherwise unable to remove the cover without assistance.
- Children with severe cognitive or respiratory impairments that may have a hard time tolerating a face mask.
- Children where the only option for a face covering presents a potential choking or strangulation hazard.
- Individuals who cannot breathe safely with a face covering, including those who require supplemental oxygen to breathe.
- Individuals who, due to a behavioral health diagnosis or an intellectual impairment, are unable to wear a face covering safely.
- Individuals who need to communicate with people who rely upon lip-reading.

When to Use Gloves: Program staff must wear gloves when appropriate and at all times during the following activities. Programs should consult with a child's medical records and identify any allergies when determining the type of gloves to use. Handwashing or use of an alcohol-based hand sanitizer before and after these procedures is always required, whether or not gloves are used.

- Diapering
- Food preparation
- Screening activities requiring contact
- Applying sunscreen.

Additional Guidance on Using Gloves: To reduce cross-contamination, disposable gloves should always be discarded after the following instances. After removing gloves for any reason, hand hygiene should be performed with alcohol-based hand sanitizer or soap and water.

- Visible soiling or contamination with blood, respiratory or nasal secretions, or other body fluids occurs.
- Any signs of damage (e.g., holes, rips, tearing) or degradation are observed.
- Maximum of four hours of continuous use.
- Removing gloves for any reason. Previously removed gloves should not be re-donned as the risk of tearing and contamination increases. Therefore, disposable glove "re-use" should not be performed.
- In addition, gloves should be removed following activities where glove usage is required including diapering, food preparation, applying sunscreen, and screening activities requiring contact.

Screening and Monitoring Protocols:

In circumstances in which maintenance of recommended social distancing (6 feet minimum) is not possible, the following recommendations will be implemented:

- Staff have been prepared and properly trained to accommodate students' health and safety needs in addition to their education.
- Staff must be prepared to provide hands-on assistance to students with disabilities for any circumstance that would require them to be within 6 feet from any student.
- To protect yourselves, staff who care for students requiring hands-on assistance such as feeding, washing, dressing, physical prompting, helping students sit at a desk, manipulating academic materials, and prompting students to use a communication device, etc., should wear appropriate protective equipment based on the activity and risk level and wear long hair up or tied back during all activities requiring direct contact with the student.

Hygiene and Health Practices Resources and Supplies:

Adequate resources have been supplied to promote frequent and effective hygiene behaviors. Programs will have the following materials and supplies:

- Handwashing facilities with soap, water, and disposable paper towels will be readily accessible to all students and staff. Handwashing instructions have been

posted near every handwashing sink and where they can easily be seen by students and staff.

- Hand sanitizer with at least 60% alcohol will be utilized at times when hand washing is not available, as appropriate to the ages of children.
- Hand sanitizer will be stored securely and used only under supervision of staff. Staff must make sure students do not put hands wet with sanitizer in their mouth and may teach children proper use.
- While hand sanitizer may be used by children over 2 years of age with parental permission, handwashing is the preferred and safer method.
- Hand hygiene stations must be set up at the entrance of the premises. Hand sanitizer will be provided with at least 60% alcohol next to parent attestation sheets and will be allowed to use in accordance with the guidelines above. If hand sanitizer use is not appropriate or not approved and there is no soap and water at the entrance, students must be instructed to go to the nearest handwashing station upon entry. Keep hand sanitizer out of children's reach and supervise use.

When to Wash Hands:

- Students and staff must wash their hands or use hand sanitizer often, making sure to wash all surfaces of their hands (e.g., front and back, wrists, between fingers). Staff and students will be trained to regularly wash their hands with soap and water for at least 20 seconds and should wash hands whenever the following criteria are met:
 - Upon entry into and exit from program space.
 - When coming into the program space from outside activities.
 - Before and after eating.
 - After sneezing, coughing or nose blowing.
 - After toileting and diapering.
 - Before handling food.
 - After touching or cleaning surfaces that may be contaminated.
 - After using any shared equipment like toys, computer keyboards, mouse, climbing walls.
 - After assisting students with handwashing.
 - Before and after administration of medication.
 - Before entering vehicles used for transportation of students.
 - After contact with facemask or cloth face covering.
 - Before and after changes of gloves.

Cover Coughs or Sneezes

- Students, families, and staff should avoid touching their eyes, nose, and mouth. Cover coughs or sneezes with a tissue, then throw the tissue in the trash and clean hands with soap and water or hand sanitizer (if soap and water are not readily available and with parental permission and careful supervision as appropriate to the ages of the child).

Additional Healthy Habits: Programs are encouraged to teach, model, and reinforce the following healthy habits.

- Staff must know and follow the steps needed for effective handwashing (use soap and water to wash all surfaces of their hands for at least 20 seconds, wait for visible lather, rinse thoroughly and dry with individual disposable towel).
- Build in monitored handwashing for students at all necessary times throughout the day (e.g., upon arrival, before and after meals, after toileting and diapering, after coughing and sneezing, after contact with bodily fluids). Post visual steps of appropriate handwashing to assist students or cue them to sing the "Happy Birthday" song TWICE (approx. 20 seconds) as the length of time they need to wash their hands.
- Assist students with handwashing.
- Keep hand sanitizer out of the reach of children and monitor use closely. Due to its high alcohol content, ingesting hand sanitizer can be toxic for a child. Supervise children when they use hand sanitizer to make sure they rub their hands until completely dry, so they do not get sanitizer in their eyes or mouth.
- Explain to students why it is not healthy to share drinks or food, particularly when sick.
- Teach students to use tissue to wipe their nose and to cough inside their elbow. They must wash their hands with soap and water immediately afterwards.
- Ask parents and caregivers to wash their own hands and assist in washing the hands of their children before dropping off, prior to coming for pick up, and when they get home.

Toileting Protocols:

- Staff must change students' clothing and their own clothing when soiled with secretions or body fluids. Students' soiled clothing must be bagged and sent home sealed in a plastic container or bag.
- Toileting and diapering areas (including tables, pails, countertops, toileting chairs, sinks/faucets, toilets, floors, etc.) must be cleaned and disinfected after each use.
 - **Note:** Cleaning and disinfecting are two separate tasks:
 - **Clean:** To physically remove dirt, debris, and sticky film by washing, wiping, and rinsing.
 - **Disinfect:** To kill nearly all of the germs on a hard, non-porous surface with a recommended chemical to remove bacteria.
- Disinfect when students are not in the area. Surfaces should be dry by the time students use the area.
- Toileting/diaper procedures (including extra COVID-19 steps) must be posted in the bathroom changing area.
 - Signage should be kept simple and in multiple languages if needed.
 - Posting the multistep procedure may help direct service providers maintain the routine, which is designed to reduce contamination of surfaces.

- Staff will be trained on [proper removal of gloves, gowns, facial masks, and other protective equipment](#) and on handwashing before donning and after removing equipment in order to reduce contamination.
- To ensure the student's safety, make the change more efficient, and reduce opportunities for contamination, assemble all necessary supplies before bringing the student to the changing area.
- To reduce contamination, wash the student's hands after the toileting/diaper change.

Additional Resources:

- [Caring for Children in Group Settings During COVID-19](#)
- [Massachusetts Child and Youth Serving Programs Reopen Approach](#)

Physical Intervention and Restraint Protocols:

Physical Restraint and COVID-19: These guidelines are to be used in conjunction with Massachusetts regulations outlined in [603 CMR 46.00](#) and local procedures.

Direct service providers should be mindful that seeing staff putting on protective equipment or being approached by staff wearing protective equipment can create anxiety in students. Use a student-centered approach and offer reassurance throughout interactions.

- **Limiting Risk of Infection Prior to a Physical Restraint**
 - Plastic protective gowns that can be easily ripped or torn are not advised as they may become a hazard.
 - Ensure staff are wearing disposable gloves, disposable masks, face shields, and long sleeves to the maximum extent possible.
 - Only staff required for safely restraining a student should be involved; one additional staff member should monitor and address protective equipment needs for those staff who are involved in the restraint in the event that protective equipment needs to be altered or adjusted.
- **Limiting Risk of Infection During a Physical Restraint**
 - Keep hands clear of eyes, mouth, and nose of self and others.
 - First responders should be relieved as soon as possible if not wearing appropriate protective equipment.
 - Given the risk of COVID-19, it is even more important than usual to try to avoid long and extended restraints.
- **Limiting Risk of Infection After a Physical Restraint**
 - Remove and dispose of and/or clean protective equipment immediately in the manner that you were trained.
 - Avoid touching your face and limit contact with hard surfaces before immediately washing hands.
 - To minimize exposure, it is recommended that staff have a change of clothes available in cases where their clothes become contaminated.

- Once all health and safety issues have been addressed, follow debriefing and reporting procedures for the restraint.

Additional Resources:

- [Clinical Guidance for NHS Scotland: Using Physical Restraint with Confirmed or Suspected COVID-19](#)
- [Resources for Implementing Trauma Informed Care](#)
- [Safety-Care® Standards and Recommendations Regarding Coronavirus Disease](#)
- [Crisis Prevention Institute: De-escalation Tips in Light of Coronavirus Anxiety](#)

Transportation Protocols:

In order to reduce the risk of transmitting COVID-19, districts should work collaboratively with families to determine their ability to transport their child(ren) to and from school. Parents of students for whom special transportation is provided for in their IEPs and who transport their student are eligible for reimbursement, according to [603 CMR 28.07\(6\)](#). In these cases, the student maintains the right to access transportation for a disability-related need at a future date. The IEP should not be amended, but the family should be notified in writing.

In cases where special transportation is provided for in the student's IEP and the family is unable to transport their student in order to receive in-person summer services, school districts must coordinate and provide transportation for those students, including students in out-of-district placements. When doing so, districts and transportation providers should follow the guidance document issued by the Department of Early Education and Care on June 1, 2020 ([Massachusetts Child and Youth Serving Programs Reopen Approach: Minimum Requirements for Health and Safety](#)). The guidelines described below are drawn from that document and further applied to transporting students with disabilities.

- **Develop a Transportation Plan**

Schools and districts providing transportation must develop a written transportation plan following appropriate health and safety protocols. Additional requirements are as follows:

- [Social distancing and group size requirements](#) must be maintained to the extent possible while embarking, disembarking, and in transit.
- Because close seating on vehicles makes person-to-person transmission of respiratory viruses more likely, programs providing transportation to and from educational programs must maximize space between riders and follow requirements for wearing masks or face coverings.
- In cases where social distancing cannot be maintained (e.g., students who need to be buckled in, transferred in and out of wheelchairs, etc.), drivers and/or monitors should wear the appropriate protective equipment, as indicated in the chart above.

- **Communicate with Families**

Schools, districts, and/or transportation providers should provide clear, timely information to families to let them know what processes will be used to promote students' safety when they travel to and from school. To convey this information, schools should use multiple languages and multiple means of communication (e.g., mail, email, text messages, school website announcements, phone calls, etc.). In addition, DESE encourages schools and districts to institute a system to ensure that families can communicate transportation questions or concerns to the school.

Information provided to families regarding transportation may include:

- The conditions under which transportation will not be provided for students and why.
- How frequently buses and vans are cleaned and disinfected and types of products used.
- How infection control strategies will be implemented during transportation, including during boarding and disembarking.
- How physical distancing and hand hygiene practices, especially for students with disabilities who require significant assistance, will be maintained and implemented.
- How protective equipment for students, drivers, and bus monitors will be provided and used.
- How the transportation of sick, symptomatic, or exposed students will be addressed.

Additional Resource:

- [National Association for Pupil Transportation](#)