



Young Achievers COVID-19 Policy and Procedures Handbook



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Social Distancing Strategies & Cohorting

- Cohorting classes should include the same group each day; similarly, staff should remain with the same group each day. Example:
 - Keep each group of children in a separate room.
 - Limit the mixing of children, such as staggering playground times and keeping groups separate for special activities such as art, music, and exercising.
 - consider creating a separate classroom or group for the children of healthcare workers and other first responders.
- Cancel or postpone special events such as holiday events, special performances, or guest contractor visits.
- Consider staggering arrival and drop off times and/or have staff come outside the facility to pick up the children as they arrive. Curb side/outdoor drop off and pick up will limit direct contact between parents and staff members and adhere to social distancing recommendations.
- When feasible, staff members and children should wear face coverings within the facility and adhere to a 6 foot distancing between themselves and other adults.



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Drop-Off and Pick-Up

-
- Hand hygiene stations should be set up at the entrance of the facility, and in each room so that children can clean their hands before they enter the classroom and during programming.
 - If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets. Keep hand sanitizer out of children's reach and supervise use. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
- Plan to limit direct contact with parents as much as possible.
 - Have staff greet children outside as they arrive.
 - Designate a staff member to be the drop off/pick up volunteer to walk all children to their classroom, and at the end of the day, walk all children back to their cars.
 - If possible, older people such as grandparents or those with serious underlying medical conditions should not pick up children, because they are more at risk for [severe illness from COVID-19](#).
 - Ideally, the same designated person should help drop off and pick up the child every day.
- Screen all youth upon arrival. Those who have a fever of 100.4° (38.0°C) or above **OR** show other signs of illness should not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick.



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Screening Procedures and Child Safety

- Ask parents/guardians to take their child's temperature either before coming to the facility or upon arrival at the facility. Upon their arrival, stand at least 6 feet away from the parent/guardian and child.
- Ask the parent/guardian to confirm that the child does not have fever, shortness of breath or cough.
- Make a visual inspection of the child for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- If performing a **temperature check on multiple individuals**, ensure that you use a **clean pair of gloves for each child** and that the **thermometer has been thoroughly cleaned** in between each check.
- If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the child, you do not need to change gloves before the next check.
- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.



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Sickness Protocol

- Communicate to parents the importance of keeping children home when they are sick.
- Establish procedures to ensure children and staff who come to the child care center sick or become sick while at your facility are sent home as soon as possible.
- Keep sick children and staff separate from well children and staff until they can be sent home.
- Information about [COVID-19 in](#) children is somewhat limited, but the information that is available suggests that many children have mild symptoms. However, a small percentage of children have been reported to have more severe illness. If you have children with underlying health conditions, talk to their parents about their risk. Follow children's care plans for underlying health conditions such as an [asthma action plan](#). **Asthma action plan sheets for children and adults in both English and Spanish are attached at the end of this section.**

Have a plan if someone is or becomes sick:

- Plan to have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child.
- Be ready to follow CDC guidance on how to [disinfect your building or facility](#) if someone is sick-- explained in the following section.



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If COVID-19 is **confirmed** by test results in a child or staff member:

- Close off areas used by the person who is sick.
- Open outside doors and windows to increase air circulation in the areas.
- Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
- If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.



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Asthma Action Plan for Home and School



Name _____ DOB ____/____/____

Severity Classification ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

Asthma Triggers (list) _____

Peak Flow Meter Personal Best _____

Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night

Peak Flow Meter _____ (more than 80% of personal best)

Control Medicine(s)	Medicine	How much to take	When and how often to take it	Take at
	_____	_____	_____	<input type="checkbox"/> Home <input type="checkbox"/> School
	_____	_____	_____	<input type="checkbox"/> Home <input type="checkbox"/> School

Physical Activity ☐ Use albuterol/levalbuterol _____ puffs, 15 minutes before activity ☐ with all activity ☐ when the child feels he/she needs it

Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or chest tight – Problems working or playing – Wake at night

Peak Flow Meter _____ to _____ (between 50% and 79% of personal best)

Quick-relief Medicine(s) ☐ Albuterol/levalbuterol _____ puffs, every 4 hours as needed

Control Medicine(s) ☐ Continue Green Zone medicines

☐ Add _____ ☐ Change to _____

The child should feel better within 20–60 minutes of the quick-relief treatment. If the child is getting worse or is in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping

Peak Flow Meter _____ (less than 50% of personal best)

Take Quick-relief Medicine NOW! ☐ Albuterol/levalbuterol _____ puffs, _____ (how frequently)

Call 911 immediately if the following danger signs are present

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the red zone after 15 minutes

School Staff: Follow the Yellow and Red Zone instructions for the quick-relief medicines according to asthma symptoms.

The only control medicines to be administered in the school are those listed in the Green Zone with a check mark next to "Take at School".

☐ Both the Healthcare Provider and the Parent/Guardian feel that the child has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

Healthcare Provider

Name _____ Date _____ Phone (____) ____-____ Signature _____

Parent/Guardian

☐ I give permission for the medicines listed in the action plan to be administered in school by the nurse or other school staff as appropriate.

☐ I consent to communication between the prescribing health care provider or clinic, the school nurse, the school medical advisor and school-based health clinic providers necessary for asthma management and administration of this medicine.

Name _____ Date _____ Phone (____) ____-____ Signature _____

School Nurse

☐ The student has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

Name _____ Date _____ Phone (____) ____-____ Signature _____



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Plan de acción contra el asma para el hogar y la escuela



Nombre _____ Fecha de nacimiento ____/____/____

Clasificación de gravedad ☐ Intermitente ☐ Persistente leve ☐ Persistente moderado ☐ Persistente grave

Desencadenantes del asma (lista) _____

Mejor marca personal del flujómetro _____

Zona verde: Anda bien

Síntomas: La respiración es buena – Sin tos ni resuello – Puede trabajar y jugar – Duerme bien a la noche
Flujómetro _____ (más del 80% de la mejor marca personal)

Medicamento/s de control	Medicamento	Cuánto tomar	Cuándo y con qué frecuencia tomarlo	Tomar
	_____	_____	_____	<input type="checkbox"/> Hogar <input type="checkbox"/> Escuela
	_____	_____	_____	<input type="checkbox"/> Hogar <input type="checkbox"/> Escuela
Actividad física	<input type="checkbox"/> usa albuterol/levalbuterol _____ puffs, 15 minutos antes de la actividad <input type="checkbox"/> con todas las actividades			
	<input type="checkbox"/> cuando el niño siente que lo necesita			

Zona amarilla: Precaución

Síntomas: Algunos problemas de respiración – Tos, resuello, u opresión en el pecho – Problemas para trabajar o jugar – Se despierta a la noche
Flujómetro _____ a _____ (entre 50% y 79% de la mejor marca personal)

Medicamento/s de alivio rápido ☐ Albuterol/levalbuterol _____ puffs, cada 4 horas según sea necesario
Medicamento/s de control ☐ Continuar con los medicamentos de la Zona verde
☐ Agregar _____ ☐ Cambiar por _____

El niño se debe sentir mejor dentro de 20–60 minutos del tratamiento de alivio rápido. Si el niño empeora o está en la Zona amarilla durante más de 24 horas, siga las instrucciones de la ZONA ROJA y llame al médico inmediatamente.

Zona roja: ¡Consigue ayuda ahora!

Síntomas: Muchos problemas de respiración – No puede trabajar o jugar – Empeora en vez de mejorar – El medicamento no ayuda
Flujómetro _____ (menos del 50% de la mejor marca personal)

¡Tome el medicamento de alivio rápido AHORA! ☐ Albuterol/levalbuterol _____ puffs, _____ (con qué frecuencia)

Llame al 911 inmediatamente si presenta las siguientes señales de peligro

- Dificultad para caminar/hablar debido a la falta de aire
- Labios o uñas azules
- Sigue en la zona roja después de 15 minutos

Personal escolar: Siga las instrucciones de la Zona amarilla y roja respecto de los medicamentos de alivio rápido de acuerdo con los síntomas del asma. Los únicos medicamentos de control que podrán administrarse en la escuela son los que figuran en la Zona verde con una tilde junto a "Tomar en la escuela".
☐ Tanto el proveedor de atención médica como el padre/tutor consideran que el niño ha demostrado capacidad para llevar y auto-administrarse su inhalador de alivio rápido, incluida la capacidad de avisar a un adulto si los síntomas no mejoran después de tomar el medicamento.

Proveedor de atención médica

Nombre _____ Fecha _____ Teléfono (____) ____-____ Firma _____

Padre/tutor

☐ Autorizo que un enfermero u otro personal escolar administren en la escuela los medicamentos que figuran en el plan de acción según corresponda.
☐ Autorizo la comunicación entre la clínica o el proveedor de atención médica que prescribe, el enfermero de la escuela, el asesor médico de la escuela y los proveedores de la clínica de salud ubicada en la escuela que sea necesaria para el control del asma y la administración de este medicamento.

Nombre _____ Fecha _____ Teléfono (____) ____-____ Firma _____

Enfermero de la escuela

☐ El estudiante ha demostrado capacidad para llevar y auto-administrarse su inhalador de alivio rápido, incluida la capacidad de avisar a un adulto si los síntomas no mejoran después de tomar el medicamento.

Nombre _____ Fecha _____ Teléfono (____) ____-____ Firma _____



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Plan de acción contra el asma



Nombre _____ Fecha de nacimiento ____/____/____

Clasificación de gravedad ☐ Intermitente ☐ Persistente leve ☐ Persistente moderado ☐ Persistente grave

Desencadenantes del asma (lista) _____

Mejor marca personal del flujómetro _____

Zona verde: Anda bien

Síntomas: La respiración es buena – Sin tos ni resuello – Puede trabajar y jugar – Duerme bien a la noche

Flujómetro _____ (más del 80% de la mejor marca personal)

Medicamento/s de control	Medicamento	Cuánto tomar	Cuándo y con qué frecuencia tomarlo
	_____	_____	_____
	_____	_____	_____

Actividad física ☐ usa albuterol/levalbuterol ____ puffs, 15 minutos antes de la actividad ☐ con todas las actividades
☐ cuando siente que la necesita

Zona amarilla: Precaución

Síntomas: Algunos problemas de respiración – Tos, resuello, u opresión en el pecho – Problemas para trabajar o jugar – Se despierta a la noche

Flujómetro _____ a _____ (entre 50% y 79% de la mejor marca personal)

Medicamento/s de alivio rápido ☐ Albuterol/levalbuterol ____ puffs, cada 4 horas según sea necesario

Medicamento/s de control ☐ Continuar con los medicamentos de la Zona verde
☐ Agregar _____ ☐ Cambiar por _____

Debe sentirse mejor dentro de 20-60 minutos del tratamiento de alivio rápido. Si usted está empeorando o se encuentran en la Zona amarilla durante más de 24 horas, siga las instrucciones en de la ZONA ROJA y llame al médico inmediatamente.

Zona roja: ¡Consigue ayuda ahora!

Síntomas: Muchos problemas de respiración – No puede trabajar o jugar – Empeora en vez de mejorar – El medicamento no ayuda

Flujómetro _____ (menos del 50% de la mejor marca personal)

¡Tome el medicamento de alivio rápido AHORA! ☐ Albuterol/levalbuterol ____ puffs, _____ (con qué frecuencia)

Llame al 911 inmediatamente si presenta las siguientes señales de peligro

- Dificultad para caminar/hablar debido a la falta de aire
- Labios o uñas azules
- Sigue en la zona roja después de 15 minutos

Contacto de emergencia Nombre _____ Teléfono (____) _____ - _____

Proveedor de atención médica Nombre _____ Teléfono (____) _____ - _____



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Asthma Action Plan



Name _____ DOB ____/____/____

Severity Classification ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

Asthma Triggers (list) _____

Peak Flow Meter Personal Best _____

Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night

Peak Flow Meter _____ (more than 80% of personal best)

Control Medicine(s)	Medicine	How much to take	When and how often to take it
	_____	_____	_____
	_____	_____	_____

Physical Activity ☐ Use albuterol/levalbuterol ____ puffs, 15 minutes before activity

☐ with all activity ☐ when you feel you need it

Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or chest tight – Problems working or playing – Wake at night

Peak Flow Meter _____ to _____ (between 50% and 79% of personal best)

Quick-relief Medicine(s) ☐ Albuterol/levalbuterol ____ puffs, every 4 hours as needed

Control Medicine(s) ☐ Continue Green Zone medicines

☐ Add _____ ☐ Change to _____

You should feel better within 20–60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping

Peak Flow Meter _____ (less than 50% of personal best)

Take Quick-relief Medicine NOW! ☐ Albuterol/levalbuterol ____ puffs, _____ (how frequently)

Call 911 immediately if the following danger signs are present

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the red zone after 15 minutes

Emergency Contact Name _____ Phone (____) _____ - _____

Healthcare Provider Name _____ Phone (____) _____ - _____



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Cleaning and Disinfection

- Facilities should develop a schedule for cleaning and disinfecting. An example can be found [here](#). And will also be attached at the end of this section.
- [Routinely clean, sanitize, and disinfect](#) surfaces and objects that are frequently touched, especially toys and games. **This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, desks, chairs, cubbies, and playground structures.** Use the cleaners typically used at your facility.
- Use all cleaning products according to the directions on the label. For disinfection, most common fragrance-free household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#). **If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.**
- If possible, use disposable wipes to clean commonly used surfaces such as keyboards, desks, and remote controls before each use. If wipes are not available, please refer to CDC's guidance on [disinfection for community settings](#).
- All cleaning materials should be kept secure and out of reach of children.
- [Caring for Our Children](#) (CFOC) provides national standards for cleaning, sanitizing and disinfection of educational facilities for children; should more information be needed.



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Caring for Our Children: National Health and Safety Performance Standards

Areas	Before Each Use	After Each Use	Daily (At the End of the Day)	Weekly	Monthly	Comments
Food Areas						
• Food preparation surfaces	Clean, Sanitize	Clean, Sanitize				Use a sanitizer safe for food contact
• Eating utensils & dishes		Clean, Sanitize				If washing the dishes and utensils by hand, use a sanitizer safe for food contact as the final step in the process; Use of an automated dishwasher will sanitize
• Tables & highchair trays	Clean, Sanitize	Clean, Sanitize				
• Countertops		Clean	Clean, Sanitize			Use a sanitizer safe for food contact
• Food preparation appliances		Clean	Clean, Sanitize			
• Mixed use tables	Clean, Sanitize					Before serving food
• Refrigerator					Clean	
Child Care Areas						
• Plastic mouthed toys		Clean	Clean, Sanitize			
• Pacifiers		Clean	Clean, Sanitize			Reserve for use by only one child; Use dishwasher or boil for one minute
• Hats			Clean			Clean after each use if head lice present
• Door & cabinet handles			Clean, Disinfect			



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Toys and Manipulatives

- **To properly clean toys:**
 - **Put on gloves**
 - **Clean with water and detergent**
 - **Rinse**
 - **Sanitize with a disinfectant**
 - **Rinse again**
 - **Air-dry**

- **To Make Disinfectant Solution**
 - Mix 5 tablespoons (1/3rd cup) bleach per gallon of water
 - Bleach solutions will be effective for disinfection **up to 24 hours**.
 - **Alcohol solutions with at least 70% alcohol may also be used.**

- Toys and manipulatives that cannot be cleaned and sanitized should not be used.

- Do not share toys or manipulatives with other groups, unless they are washed and sanitized before being moved from one group to the other.

- Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.



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Terms to Know:

Clean	To remove dirt and debris by scrubbing and washing with a detergent solution and rinsing with water. The friction of cleaning removes most germs and exposes any remaining germs to the effects of a sanitizer or disinfectant used later.
Sanitize	To reduce germs on inanimate surfaces to levels considered safe by public health codes or regulations. This is done by using a low-level, diluted, bleach and water solution.
Disinfect	To destroy or inactivate most germs on any inanimate object, but not bacterial spores. This is done by using the highest concentration of bleach and water solution.



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Handwashing 101

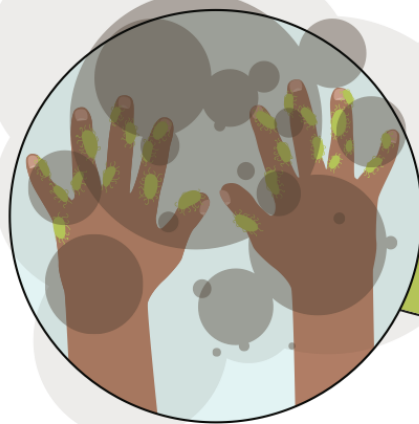
- All children, staff, and volunteers should engage in hand hygiene at the following times:
 - Arrival to the facility and after breaks
 - Before and after preparing food or drinks
 - Before and after eating or handling food, or feeding children
 - Before and after administering medication or medical ointment
 - After using the toilet or helping a child use the bathroom
 - After coming in contact with bodily fluid
 - After handling animals or cleaning up animal waste
 - After playing outdoors or in sand
 - After handling garbage
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available. Supervise children when they use hand sanitizer.
- Place [posters](#) describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC and are inserted at the end of this section.



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Wash Your Hands!



Dirty!



Wet



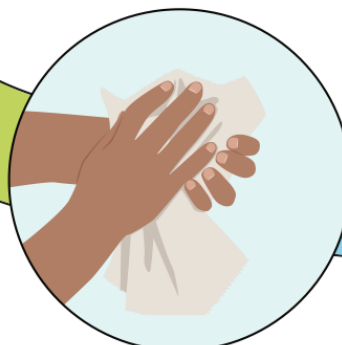
Get Soap



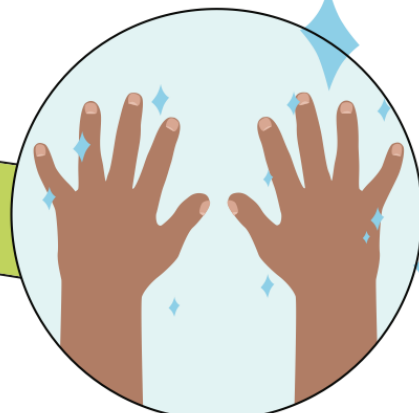
Scrub



Rinse



Dry



Clean!



Centers for Disease
Control and Prevention
National Center for Emerging
and Zoonotic Infectious Diseases

www.cdc.gov/handwashing



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1 Wet

2 Get Soap

3 Scrub

4 Rinse

5 Dry

Wash YOUR Hands!

Hands that look clean can still have icky germs!

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

This material was developed by CDC. The Life is Better with Clean Hands campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.



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Staff Safety and Wellbeing

- If you have staff members or teachers age 65 or older, or with serious underlying health conditions, encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home.
 - Communicate to staff the importance of being vigilant for symptoms and staying in touch with facility management if or when they start to feel sick.
 - Sick staff members should not return to work until they have met the [criteria to discontinue home isolation](#).
 - Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others when you have no fever, symptoms have improved, and you receive two [negative test results](#) in a row, at least 24 hours apart.

Symptoms may appear **2-14 days after exposure to the virus**. **Quarantine or Self-isolation for a minimum of 10-14 days is suggested by the CDC** for those exhibiting symptoms. Quarantine keeps someone who might have been exposed to the virus away from others. Isolation keeps someone who is infected with the virus away from others, even in their home.

Symptoms of those who may have COVID-19 are the following:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

***This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.**



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- **Connect with others.** Talk with people you trust about your concerns, how you are feeling, or how the COVID-19 pandemic is affecting you:
 - Connect with others through phone calls, email, text messages, mailing letters or cards, video chat, social media, and in person at safe social distancing measures.
 - Check on others. Helping others improves your sense of control, belonging, and self-esteem. Look for safe ways to offer social support to others, especially if they are showing signs of stress, such as [depression and anxiety](#).
 - Identify things that cause stress and work together to identify solutions.
 - Talk openly with employers and employees about how the pandemic is affecting work.
 - Ask about how to access mental health resources in your workplace.
 - Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting and mentally exhausting



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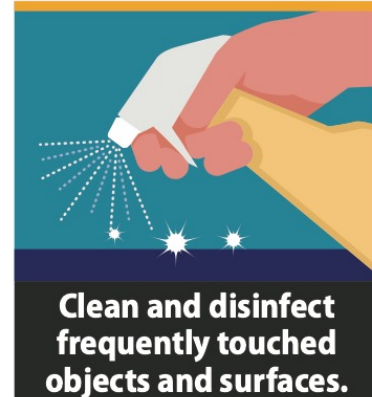


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Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.



cdc.gov/coronavirus

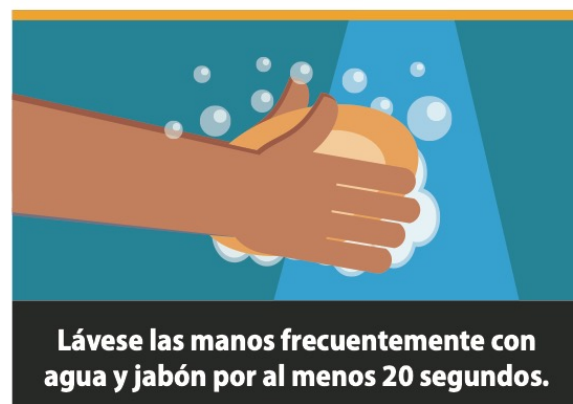


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Detenga la propagación de gérmenes

Ayude a prevenir la transmisión de enfermedades respiratorias como el COVID-19.



cdc.gov/coronavirus-es



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SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove
- Discard gloves in waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container



**PERFORM HAND HYGIENE BETWEEN STEPS
IF HANDS BECOME CONTAMINATED AND
IMMEDIATELY AFTER REMOVING ALL PPE**



CONNECT-14



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Additional Resources

The information in this handbook has been compiled from Young Achievers Best Practice Policies, to include guidance from:

- [CDC Guidelines](#)
- [CDC Business](#)
- [Department of Public Health City of Philadelphia](#)
- [The Department of Human Services City of Philadelphia](#)
- [U.S. Department of Labor](#)
- [Pennsylvania Application for Subsidized Child Care](#)
- [Black Doctors COVID-19 Consortium](#)
- [Philadelphia Fight](#)
- [COVID-19 Information for Travelers](#)
- [ADMED](#)
- [Multiplication Games](#)
- [Foundations Language](#)
- [Philadelphia School District](#)
- [The Pennsylvania Key](#)
- [Young Achievers YouTube](#)
- [Young Achievers Facebook](#)
- [Young Achievers Instagram](#)

By signing I give agree to support and abide all guidelines set in this handbook.

Print Name

Child Name

Signature

Date



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