

PUBLIC HEALTH REOPENING PROTOCOL PROGRAMS PROVIDING CHILD CARE

Recent Updates: (Changes are highlighted in yellow)

4/30/21

- Updated to reflect changes in maximum size of stable groups. Added guidelines for dividing larger rooms to accommodate multiple stable groups.
- Updated to reflect the Centers for Disease Control and Prevention (CDC) definition of a 'close contact'.
- Clarification added that employee and child screenings should also include whether they are currently required to be under isolation or quarantine.
- Face mask language updated to align with CDC guidance.
- Updated protocol for staff breaks and meals.

The requirements below are specific to all programs, including Early Care and Education Programs (ECE) programs, and other programs providing day care for school-aged children before, during or after normal school hours. These sites are permitted to be open by the Order of the State Public Health Officer. In addition to the conditions imposed on these specific venues by the Governor, these types of businesses must also be in compliance with the conditions laid out in this Checklist.

PROTECTING CHILDREN AND STAFF FROM COVID-19

In the midst of the COVID-19 pandemic, childcare facilities must take steps to reduce the risk of an outbreak occurring among children and employees. Depending on the situation, public notification of an exposure to COVID-19 may be required. Ensure staff are enrolled in health insurance and have an established relationship with a primary care doctor prior to reopening. Staff can call 211 for information on health insurance and primary care physicians.

- **Childcare facilities are required to make an immediate report to the Pasadena Public Health Department any time a child or staff member with COVID-19 (confirmed by a lab test or physician diagnosis) was at the facility while sick or up to 48 hours before showing symptoms.** Childcare operators must call (626) 744-6089 or email nursing@cityofpasadena.net and provide all information requested by the Health Department. The operator is expected to provide or ensure testing for all staff that have had a possible exposure and must follow the US Centers for Disease Control and Prevention (CDC) [guidance](#) for cleaning and disinfecting the facility. Testing resources can be found through the staff member's physician, and also at <https://www.cityofpasadena.net/covid-19/> and <https://covid19.lacounty.gov/>.
- **Educate employees to contact their supervisor if they are feeling sick. The supervisor should send the ill employee home immediately, taking care to maintain that person's privacy and observing physical distancing. If the person cannot leave the premises right away, utilize a safe, designated space for isolation (6 feet or more away from others). If the illness is work-related, the employer should facilitate appropriate care for the employee, the worker's compensation**

process, leave time, and California Occupational Safety and Health Administration (Cal-OSHA) record keeping.

- **Work with the Pasadena Public Health Department to investigate any COVID-19 illness.** Prepare child and personnel records, facility floor plans, and shift/attendance logs to provide information as quickly as possible to the Health Department, including accurate contact information (phone, address, email) of all children and staff who were in contact with the infectious staff member within 6 feet for 15 minutes or more in a 24-hour period. Implement measures recommended by the Health Department.

Key Practices



COVER YOUR COUGH WITH YOUR ELBOW OR TISSUE (THEN DISPOSE AND WASH YOUR HANDS)



STAY HOME IF YOU ARE SICK



PRACTICE PHYSICAL DISTANCING OF 6 FEET OR MORE



WASH YOUR HANDS WITH SOAP AND WATER FOR 20 SECONDS, FREQUENTLY



COVER NOSE AND MOUTH WITH A HIGH QUALITY MASK



PERFORM DAILY HEALTH SCREENINGS

Steps to Reopen

- ✓ Complete and implement the Public Health Reopening Protocol Checklist.
- ✓ Provide a copy of the Public Health Reopening Protocol to each staff member and conduct education.
- ✓ Post a copy of Public Health Reopening Protocol in a conspicuous location that is visible to staff and parents and post to your website.

Helpful Contact Information

- If you have questions, or if you observe a violation, you can request information or submit a complaint through the Citizen Service Center. Call 626-744-7311 or visit <https://www.cityofpasadena.net/CSC>.
- Additional resources, including a printable COVID-19 Business Toolkit Signage, is available at <https://www.cityofpasadena.net/covid-19/#info-for-businesses>.

PUBLIC HEALTH REOPENING PROTOCOL CHECKLIST

PROGRAMS PROVIDING CHILD CARE

REDUCING RISK OF COVID-19 TRANSMISSION

Childcare facilities must implement all applicable measures listed below. All policies described in this checklist, other than those related to terms of employment, are applicable to staff of delivery and other third party companies who may be on the premises.

Designate one individual to oversee all COVID-19 concerns, including planning and implementation of all items. All staff and families should know who this is and how to contact this person. This individual should be trained to coordinate the documentation and tracking of possible exposure, in order to notify local health officials, staff and families in a prompt and responsible manner.

Submission of Protocol to a City Department is not required unless explicitly requested.

PERSON RESPONSIBLE FOR IMPLEMENTING PROTOCOLS	
Childcare Facility Name: <input type="text" value="Pasadena Christian School Big Yellow House"/>	
Person in Charge: <input type="text" value="Suzie Allen"/>	
Title: <input type="text" value="Director of Extended Day Programs"/>	
Phone Number: <input type="text" value="626/791-3515"/>	Date: <input type="text" value="5/3/2021"/>

MEASURES THAT ENSURE EQUITABLE ACCESS TO CRITICAL SERVICES

- Services that are critical to the children and families have been prioritized.
- Measures are instituted to assure services for individuals who have mobility limitations and/or are at high risk in public spaces.

ADDITIONAL PROTOCOLS IN ORDER TO REOPEN (if applicable)

Additional protocols relevant to operations must also be followed:

<https://www.cityofpasadena.net/covid-19/#guidance-faq-protocols>

- Retail – Public Health Reopening Protocol
- Office Workspace – Public Health Reopening Protocol
- Public Pools – Public Health Reopening Protocol
- Schools and School-Based Programs – Public Health Reopening Planning Guidance

Resources

As COVID-19 response and developments arise, documents may be amended or modified to current situational relevance. In addition to following this Pasadena Public Health Department Protocol, child care programs must follow directives from applicable licensing or regulatory agencies, and can reference other useful resources:

- State of California [Child Care Programs and Providers](#), and guidance from the California Department of Social Services (CDSS) and California Department of Education (CDE)
- California Department of Social [CDSS FAQs on Licensed Childcare Waivers](#)
- Centers for Disease Control and Prevention (CDC) [Guidance for Child Care Programs that Remain Open](#)

EXTERNAL COMMUNICATION

- Post signage reminding children, staff and families to maintain a distance of at least six feet from people they do not live with, where applicable. If helpful, post diagrams or maps of how people should flow through the site.
- Post signage instructing staff/children/families/the public to wear a face covering at all times, and to remain at home if experiencing any symptoms including fever of 100°F or above, cough, shortness of breath or difficulty breathing, sore throat, chills, headache, muscle ache, a new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea. Consult the CDC website for the most current list of COVID-19 [symptoms](#).
- Communicate the new protocols by posting information on your website and social media pages regarding new protocols, including physical distancing measures, use of smaller, consistent groups of children, and the use of face coverings.
- Post a copy of this Protocol in a conspicuous location that is easily visible to staff, families, and the public.
- Provide copies of the Protocol to all staff and families.

INTERNAL COMMUNICATION & TRAINING AND RECORDS

- Provide training to staff on all sections of the public health protocols including:
 - Information on [COVID-19](#).
 - How to identify [symptoms](#) of COVID-19 and how to self-screen and conduct symptom checks.
 - The importance of not coming to work if staff is sick and/or experiencing symptoms of COVID-19, or if someone they live with has been diagnosed with COVID-19.
 - Proper use and care of face masks ([CDC guidance on masks](#)).
 - Physical distancing measures, sanitization, and handwashing.
 - Proper safety protocols for use of disinfecting solutions.
 - Information on employer or government sponsored leave benefits the employee may be entitled to receive that would provide financial support to stay at home while ill. Provide additional information on [government programs](#) supporting sick leave and workers' compensation for COVID-19, including employee's sick leave rights under the [Families First Coronavirus Response Act](#), the employee's rights to workers'

compensation benefits, and presumption of the work relatedness of COVID-19 pursuant to the Governor's [Executive Order N-62-20](#).

- Maintain records of each staff member's schedule and work area or assignment.
- Maintain records of all children's activities and group assignments.
- Designate a staff person to be responsible for responding to COVID-19 concerns. All staff and families should know who this person is and how to contact them. This individual should be trained to coordinate the documentation and tracking of possible exposure, in order to notify local health officials, staff and families in a prompt and responsible manner.
- Consider posting signs for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746.

PROTECTION OF STAFF AND CHILD HEALTH

Health Screening

- Conduct daily symptom checks (fever of 100°F or above, cough, shortness of breath or difficulty breathing, fatigue, sore throat, chills, headache, muscle or body aches, a new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea) before or upon arrival. The screening prior to arrival must include asking if the employee has had contact with a person known to be infected with COVID-19 in the last 10 days, and whether the individual is currently under isolation or quarantine orders. Consult the CDC website for the most current list of COVID-19 [symptoms](#).
- Send employees home immediately if they arrive sick or become sick during the day. Encourage sick employees to contact their medical provider. Employees who need information on health insurance or providers can call 211.
- Notify employees that they are not to come to work if sick or if they are exposed to a person who has COVID-19. Employers must comply with Cal-OSHA requirements for quarantine and isolation, if stricter than the Pasadena Public Health Department (PPHD). For the purposes of PPHD, employees who are [fully vaccinated](#) for COVID-19 (2 or more weeks after a 2-dose vaccine series such as Moderna and Pfizer OR 2 or more weeks after a single dose vaccine such as Johnson & Johnson/Janssen) do not need to quarantine after exposure to someone with COVID-19 if asymptomatic, and may come to work if asymptomatic. The local Health Officer Order requires everyone to self-isolate when sick with COVID-19. It also requires individuals to self-quarantine for 10 days from last contact with someone with COVID-19, unless fully vaccinated. Anyone who is a close contact with someone with COVID-19 must check for symptoms for 14 days regardless of vaccination status. The employee must isolate from others immediately if symptoms develop within 14 days of exposure. Quarantine must be maintained for 10 days, even if test results are negative (no virus detected).
- Require a sick employee to stay home for at least 10 days, or until 24 hours after fever and symptoms resolve (without use of fever-reducing medications), whichever is longer.
- Review and modify workplace leave policies to ensure employees are not penalized when they stay home due to illness.
- Institute a plan in the event that one or more employees is diagnosed (by a physician or lab test) with COVID-19. The plan should include immediate isolation of the employee at home and self-quarantine of everyone that came into contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period, regardless of whether a mask was worn) with the ill employee, except fully vaccinated individuals who are asymptomatic. The plan should also

include options for all employees identified as contacts to be tested for COVID-19 with an FDA-approved PCR test (not a blood test) if they are not fully vaccinated. However, contacts must still maintain quarantine for 10 days, even with a negative test, if they are not fully vaccinated.

- ☑ Screen children for symptoms upon arrival, ask parents if for a child, whether they are currently under isolation or quarantine orders, and ask them to use hand sanitizer and to wear a face mask as applicable in the Face Mask section below.

PHYSICAL DISTANCING AND OTHER MEASURES

Physical distancing must be observed and enforced by the childcare facility operator.

Recreational Space

- ☑ Child care activities, indoor and out, must be carried out in stable groups that maintain physical distancing among children and between children and staff and do not mix with other stable groups (“stable” means the same children and staff are in the same group each day as much as possible).

Maximum size of stable groups:

- **If the program providing day care services currently operates as a license exempt program**, the maximum size of stable groups is limited by the number of children that allows all children in the group to maintain physical distancing of 3 feet from all other children within the available program space. Staff should maintain 6 feet of distance from children and from other staff. Stable group size may not exceed a maximum of 30 children and two supervising adults regardless of the size of the available program space.
 - **If the program providing day care services currently has a childcare license or has been granted an emergency childcare waiver** from the California Department of Social Services Community Care Licensing Division (CCLD), the maximum size of stable groups is limited by the number of children that allows them all to maintain physical distancing of at least 3 feet from all other children and at least 6 feet from all staff within the available program space. Staff should maintain at least 6 feet distance from all other staff. At no time may stable group size(s) exceed the maximum number of children for the approved space(s) permitted by the CCLD license or waiver. Day Care programs may need to maintain stable groups smaller than the maximum permitted by CCLD in order to comply with the physical distancing requirements established in this protocol.
- ☑ If a facility includes any large rooms, these rooms can be separated into smaller areas, each serving up to a maximum of 30 children, or the number that allows all children to maintain minimum three (3) feet distance from each other and minimum six (6) feet from staff and six feet between staff within the available space, whichever total is smaller. A very large indoor space, such as a gymnasium or multipurpose room that is divided into smaller areas may not be used by more than three stable groups (90 children maximum) at any one time. The following precautions must be taken when rooms are divided:

- Fire, safety and environmental regulations must be taken into account in placement of dividers.
- Room dividers must reach from the floor to a height of at least 8 feet and be made of non-porous material that can be regularly cleaned.
- Room dividers must be placed in a manner that maximizes ventilation and air flow to permit healthy temperature control and removal of contaminants.
- Room dividers must be secured to the floor in a manner that minimizes the risk of slips, trips, and falls.
- Once divided, each area must leave enough room for physical distancing (that is, a distance of 3 feet between children, 6 feet between children and staff, and 6 feet between staff).
- Divided rooms must be designed so that a stable group of children can enter and exit without passing within 6 feet of another group. If there are 2 doors into a room, it is recommended that each group of children have a dedicated door that only they use to enter and exit the space.
- An exit route (means of egress) must be available to children on each side of a divided room. Each area must have a continuous and unobstructed path from any point within the area to a place of safety. Signs should be posted on or near dividers indicating pathways to exits and use of these pathways should be practiced in evacuation drills to assure safety in case of emergency.

Physical Distancing

- Employees have been instructed to maintain at least a six (6) feet distance from visitors and from each other in all areas of the facility whenever feasible. Employees may momentarily come closer as necessary to assist children, or as otherwise necessary.
- All visitors and children are required to wear face masks while at the facility or on its premises, except while napping, eating/drinking, or engaging in solo physical exertion (such as jogging by one's self). This applies to all adults and to children 2 years of age and older. Only individuals who have been instructed not to wear a face mask by their medical provider are exempt from wearing one. To support the safety of your employees and visitors, a face mask should be made available to visitors who arrive without them.
- Maximize space between seating, desks, and bedding. Consider ways to establish separation of children through other means, for example, six feet between seats, partitions between seats, markings on floors to promote distancing, arranging seating in a way that minimizes face-to face contact.
- Consider redesigning activities for smaller groups and rearranging furniture and play spaces to maintain separation.
- Staff should develop instructions for maximizing spacing and ways to minimize risk of close contact among children in both indoor and outdoor spaces that are easy for children to understand and are developmentally appropriate through the use of aids such as floor markings and signs
- Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.

- Restrict communal activities where practicable. If this is not practicable, stagger use, properly space occupants, keep groups as small and consistent as possible and disinfect in between uses.
- Limit gatherings and extracurricular activities to those that can maintain physical distancing and support proper hand hygiene.
- Use alternative spaces as needed, including regular use of outdoor space, weather permitting. For example, consider ways to maximize outside space, and the use of cafeterias and other spaces for use to permit physical distancing.
- Conduct as many activities with the children outdoors as possible.

Reduced Contact

- Offer any transactions or services that can be handled remotely online.
- Assign each staff member individually-assigned tools, equipment, and defined workspace, and minimize or eliminate shared, held items.
- Install hands-free devices as possible, such as trash cans, soap and paper towel dispensers, door openers, and light switches.
- Prop doors and gates open where possible and lower risk to reduce touching of handles. Adhere to fire and accessibility codes.
- Limit use of shared playground equipment in favor of physical activities that require less contact with surfaces.
- Limit sharing of objects and equipment, such as toys, games and art supplies, otherwise clean and disinfect between uses.
- Have multiple toys and manipulatives accessible that are easy to clean and disinfect throughout the day or provide individually labeled bins with toys and belongings for each child. Ensure toys that are difficult to clean (e.g. soft toys) are either removed from the classroom or carefully monitored for use by individual children only.

Scheduling

- Limit the number of staff who are on-site to the minimum number necessary, and institute alternate or staggered shift schedules to maximize physical distancing.
- Everyone who can carry out their work duties from home has been directed to do so.
- Vulnerable staff (those above age 65, those with chronic health conditions) are assigned work that can be done from home whenever possible
- Keep group assignments consistent for the full duration of the time, to the extent possible, for both staff and children.
- Group staff into teams and schedule them consistently, by team, on the same shifts to reduce potential exposures.
- Provide time for staff to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the staff job duties. Procure options for third-party cleaning companies to assist with the increased cleaning demand, as needed.

Face Masks*

- Provide, at no cost, a face mask for all staff.

- ☑ All individuals are required to wear an appropriate face mask with 2 or more layers that covers the nose and the mouth at all times. This applies to all adults and to children 2 years of age and older. Masks with one-way valves and single layer cloth face masks must not be used. Only individuals who have been instructed not to wear a face mask by their medical provider due to a medical condition, mental health condition, or disability that prevents wearing a face mask are exempt from wearing one. Reference CDC guidance for better masks: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html>
- ☑ Double masking, as described by the CDC, can increase protection if it improves the seal and filtration, so one option is wearing a multi-layer disposable mask under a multi-layer, well-fitting cloth mask that pulls the edges of a disposable mask against the face.
- ☑ Persons younger than two years old, anyone who has trouble breathing, anyone who is unconscious or incapacitated, and anyone who is otherwise unable to remove the face mask without assistance are exempt from wearing a face mask. Individuals with documented medical or behavioral contraindications to face masks are exempt. They should be seated at least 6 feet away from other children, when possible to do so without stigmatizing the individual.
- ☑ Parents of younger children are encouraged to provide a second face mask for school each day in case the one a child is wearing gets soiled. This would allow for a change of the face mask during the day.

** Individuals with chronic respiratory conditions, or other medical conditions that make use of a face mask hazardous are exempted from this requirement. Children under age 2 years should not wear a face mask. Refer to the [CDC guidance on masks](#) document for additional information on use and care of the face mask.*

Hand Hygiene

- ☑ Provide access to handwashing sinks stocked with soap, paper towels, and hands-free trash receptacles. Install additional handwashing stations if needed.
- ☑ Instruct staff and children to wash hands upon arrival and at departure, before and after eating, and as otherwise necessary. Teach children and staff proper cough etiquette and hand washing techniques.
- ☑ Designate a staff person to check handwashing stations frequently and restock as needed.
- ☑ Children and staff must wash or use hand sanitizer to clean their hands every 60 minutes and between programs and activities.
- ☑ Children under age 9 should use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222. Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children. Isopropyl hand sanitizers are more toxic and can be absorbed through the skin.
- ☑ Provide hand sanitizer effective against COVID-19 (at least 60% alcohol) in high traffic areas, and also in areas where a hand sink is not available.

Gloves and Protective Equipment

- ☑ Provide disposable gloves for staff handling items used by children, for workers using cleaners and disinfectants, for staff who handle commonly touched items, and for staff who provide temperature screenings.
- ☑ Provide other personal protective equipment (PPE), such as eye and face protection, as necessary.

Restrooms

- ☑ Place trash can near the door if the door cannot be opened without touching the handle, so restroom users may use a paper towel to cover the doorknob. Maintain compliance with accessibility standards and fire code.
- ☑ Restrooms and other common areas are disinfected frequently, but no less than once per day.
- ☑ Ensure that restrooms stay operational and stocked at all times.

Meals and Snacks

- ☑ Lunch and snacks brought from home by children must be in a container with the child's name listed on it and stored with their personal items.
- ☑ Schedule time for handwashing before and after mealtimes.
- ☑ If a meal or snack is offered as part of the programming, it must be pre-packaged instead of buffet or family-style. Ensure proper hand hygiene before and after serving food and use of gloves and PPE when handling food and food related items.
- ☑ Ensure the safety of children with food allergies.
- ☑ Remove all unpackaged food and beverages that may be offered to staff or children.
- ☑ Make water fountains available for filling water bottles only, and disinfect frequently.
- ☑ Lunch and snack areas must be set up to provide at least 6 feet of separation between each child and be disinfected and sanitized by staff after each use.
- ☑ Food and utensils may not be shared among children.
- ☑ Use disposable food service items (e.g., utensils and plates). If disposable items are not feasible, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- ☑ Staff meals and breaks are arranged to permit maximum distancing while individuals have removed masks to eat.
 - Occupancy is reduced and space between individuals is maximized in any room or area used by staff for meals or breaks. This has been achieved by:
 - Posting a maximum occupancy that is consistent with a distance of at least six feet between individuals in rooms or areas used for meals or breaks
 - Staggering break or meal times to reduce occupancy in rooms or areas use for meals and breaks
 - Placing tables six feet apart and assuring six feet between seats, removing or taping seats to reduce occupancy, placing markings on floors to assure distancing, and arranging seating in a way that minimizes face-to face contact. Use of partitions is encouraged to further prevent spread but should not be considered a substitute for reducing occupancy and maintaining physical (social) distancing.

Limit Sharing

- Keep each children's belongings separated and in individually labeled storage containers, cubbies or areas. Ensure belongings are taken home each day to be cleaned and disinfected.
- Ensure adequate supplies to minimize sharing of high-touch materials (art supplies, equipment, etc.) to the extent practicable or limit use of supplies and equipment to one group of children at a time and clean and disinfect between uses.
- Avoid sharing electronic devices, clothing, toys, books, and other games or learning aids as much as practicable.

Arrival and Departure

- Limit the number of persons in the facility to the number appropriate for maintaining physical distancing.
- If transport vehicles (e.g., buses) are used by the program, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, face masks, and physical distancing).
 - Physical distancing on transport vehicles should also be instituted through measures such as having one child per bus/vehicle seat or using alternating rows.
 - Open windows and maximize space between children and the driver on transport vehicles where possible.
- All children and visitors should wear face masks at arrival and departure.
- Minimize contact between staff, children and families at the beginning and end of the day.
- Arrange for drop of and pick-up of children at the door of the facility, if possible, to limit the number of parents or visitors that need to enter the building.
- Stagger arrival and drop off-times and locations as consistently as practicable as to minimize scheduling challenges for families.
- Designate routes for entry and exit, using as many entrances as feasible. Put in place other protocols to limit direct contact with others as much as practicable.
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g., guides for creating "one-way routes" in hallways, and lines during pick-up and drop off of children).

SANITIZATION AND CLEANING

- Develop a sanitization plan that identifies the surfaces to be disinfected, the frequency, and the person assigned to the task. Use an [Environmental Protection Agency \(EPA\)](#) registered product that is effective against COVID-19, and follow label instructions for required contact time and ventilation.
- Provide disinfectant and related supplies in multiple locations readily available to staff.
- Provide personal protective equipment (PPE) for staff who clean and disinfect surfaces appropriate to the chemicals that they are using.
- Disinfect items touched by children.
- Tables and countertops must be cleaned and sanitized before and after each use.

- ☑ When cleaning, air out the space before children arrive; plan to do thorough cleanings when children are not present. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality.
- ☑ Refrigerators and other storage areas must be cleaned daily.
- ☑ Disinfect shared equipment between shifts or between users, whichever is more frequent. Disinfect high-contact, commonly-used surfaces before and after each use, including all tools, and other equipment.

BUILDING SAFETY

- ☑ Stagnant water in pipes increases the risk for growth and spread of legionella bacteria. When reopening a building it is important to flush both hot and cold water lines through all pipes and points of use including faucets and showers. Appropriate PPE including an N95 respirator must be worn. Information regarding this process can be found at the [CDC website](#).
- ☑ Consider HVAC upgrades to improve air filtration and increase fresh air ventilation. Clean HVAC intakes and returns daily and maintain systems to increase ventilation.
- ☑ If opening windows poses a safety or health risk, consider alternate strategies for improving air flow such as maximizing central air filtration for HVAC systems (targeted filter rating of at least MERV 13).
- ☑ If fans such as pedestal fans or hard mounted fans are used in the facility, take steps to minimize air from fans blowing from one person directly at another individual.