

MUTUAL CARE POLICIES



BACKGROUND, GOALS, PROTOCOLS

FALL 2020



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BACKGROUND, GOALS AND CURRENT PROTOCOLS - FALL 2020

BACKGROUND

On January 30, 2020, one month after reporting opening an investigation into “an unknown pneumonia from an unidentified source,” the World Health Organization declared a global health emergency around what was then known as “novel coronavirus”. The first identified US case had appeared in Washington state nine days prior, an otherwise healthy 30 year old Snohomish County man who sought medical help for “severe flu symptoms.” On February 6, Patricia Dowd of Santa Clara, California became the first known US fatality. A former high-school athlete in good health and with no known conditions, Patricia was 57 years old when she passed away after five days of what she told her brother were “flu-like symptoms.”

On March 23, COVID-19 claimed former Texas A&M point guard Dave Edwards in New York City. At 48, Edwards was known to be in great shape, and was still a fierce competitor on the court. His single-season assist record with the Aggies still stands.

Around the globe, internationally known researchers and epidemiologists widely agreed that COVID-19 was an “aggressive” and “highly contagious” disease that “would require great caution to avoid a global public-health crises.”

In April, Dr. Richard Martinello and other epidemiologists from Yale Medicine began releasing data-summaries and guidance addressing the significant threats posed by COVID-19. In June, the US CDC released risk assessments for public gatherings, youth sports, group activities and the prospect of school-re-openings based on current data. Large scale educational institutions acting as hubs for greater than fifty families in buildings with sub-standard air-handling equipment, inadequate natural ventilation, common spaces, shared staff and barely acceptable cleaning practices were placed in the highest risk category for potential community transmission.

Meanwhile, public health experts throughout the world worked on protocols that could be employed by small-scale early-childhood centers, deemed essential to researchers, front-line workers and any prospect of long-term economic recovery.

Granted an essential-service exception by the Commonwealth of Pennsylvania in April of 2020, the directors and board of Maria’s House Montessori developed our own Mutual Care Protocols, trained a small, sequestered team, consulted with our families individually and reopened to children of essential workers on May 4. Our evaluation and improvement of our practice through consultation and comparative study has been ongoing since that time.

CURRENT PERSPECTIVE

Today marks nine months since the WHO publicly declared an international emergency. After a period of worldwide decline in infection and mortality rates last spring, the direct result of temporary public gathering space closures, mandatory masks regulations, travel restrictions and other similar measures. For a period of time, we agreed to tolerate inconvenience together rather than to risk lives needlessly. COVID-19 continues to be easily transmitted through intake of the aerosolized virus (cough, sneeze, exhalation). It also continues to be as aggressive and as deadly as the WHO and CDC initially predicted.

As in other countries with divided or inconsistent responses to the disease, the United States is now experiencing an infection rate higher than at any point in the previous year. As conflicted as the

organization has been since August, the US CDC itself released a report just last week stating that in their assessment “the actual number of COVID related deaths in the United States is over 300,000.” Just last week, the Center’s Dr. Julian Kelley and other researchers quietly released a report indicating that COVID-19 can indeed be transmitted through brief exposure and citing an August 2020 case involving a Vermont correctional officer (CDC MMWR - *Weekly* / October 30, 2020 / 69(43);1569–1570). As epidemiologists from UC Berkeley to Oxford have contended from beginning, the notion of <6’ for >15 minutes is indefensible in the face of actual data.

GOALS

At Maria’s House, whatever good fortune we may have experienced thus far has been a direct result of the full, conscious and transparent cooperation that exists between our faculty, directors and parents along with the constant understanding and support of our extended family members. For this brief period in our shared history, none of us get to do exactly what we want, how we want, when we want. Human beings have a remarkable capacity for altruism, setting aside our own immediate whims for the greater good. This experience has given us all the opportunity to work that inner muscle, tempering our wills in the fire of concern, creating alternatives, and ensuring that all of us walk safely to the other side of the pandemic. We intend to greet the spring together.

With faith in one another, these are the goals that we share as a Montessori community:

- To eliminate all avoidable community transmission risk from our program floor
- To employ best practices regarding intake, daily program operation and House cleaning
- To ensure that the children on our program floor are not knowingly exposed to high-risk situations indirectly

Premature resumption of unchecked group activity nationwide has produced a predictable result. Whatever seemingly practical arguments can be made for those gatherings, the directors and board of Maria’s House choose to stand with the thousands of early-childhood organizations nationwide who recognize our responsibility to protect the children and families of our community to the greatest extent possible, relying on each adult associated with our House to do the same.

FALL 2020 EXPOSURE PROTOCOL

Our current approach relies on our ability to minimize community transmission risk within our cohort. We make a distinction between possible exposure and direct exposure. As of now (October 30), the shared isolation and quarantine protocols for Maria’s House are as follows:

RISK	EXAMPLE	RESPONSE	RESOLUTION	TIME PERIOD
Possible Exposure	<i>Infection at workplace, school, etc. of child or household member</i>	Isolation	No additional cases at workplace / school Testing	2 days (presuming negative test and no additional infections)
Probable Exposure	<i>Infection of associate, teacher, etc. of child or household member</i>	Quarantine	Testing	14 days

We talk with our parents and staff members individually. We know that you’re careful about these issues. We need your help to do our part, your concern for the vulnerable members of our community, and your patience as we deal with each new situation carefully and thoroughly. None of us has been here before. We look forward to not having to think about this quite so much. Until then, we’ll keep one another safe.

TOGETHER SAFELY—Fall 2020



DROPOFF

- ◇ Your family will receive your very own five minute drop-off window
- ◇ Please pull up to the porch as usual, and then...
- ◇ please escort your child from your car to our door
- ◇ While you wait, a member of our staff (in fun PPE gear) will:
 - ◇ escort your child into our vestibule
 - ◇ check your child's temperature
 - ◇ talk with your child about how they're feeling
 - ◇ visually inspect your child
- ◇ If we have any concerns, we'll speak with you about them
- ◇ If all is well, you'll be on your way, and your child will enter the House



ENTRY: SCRUBBING, MASKING AND OTHER FUN THINGS

- ◇ Explorers will head directly to our lavatory for a good handwashing
- ◇ While they do that, a staff member will wipe down and stow lunch bags / boxes
- ◇ After scrubbing, your child will receive their own personal mask
 - ◇ Olson pattern
 - ◇ Soft, breathable layered 100% cotton
 - ◇ Comfy cotton jersey head ties (rather than ear loops)
 - ◇ Each child will have two masks for their exclusive use
 - ◇ Masks are laundered at the end of each day
- ◇ Our staff will also wear masks for our mutual protection
- ◇ Disposable individual facial wipes are used throughout the day
- ◇ Sunscreen is applied with disposable individual applicators

INTERDAY

- ◇ Our usual 20 second Montessori handwashing will occur
 - ◇ after any hand-to-face contact
 - ◇ after entering or re-entering the House from outside
 - ◇ after toileting
 - ◇ prior to and after food handling
- ◇ Staff will maintain our regular practice of wiping surfaces throughout the day
- ◇ Our lavatories and program space are professionally cleaned and disinfected
- ◇ Our disinfectant is a chlorine-free 85% alcohol solution



PICKUP

- ◇ Your family will receive a customized five minute pickup window
- ◇ Please pull up to the porch as usual and wait in your vehicle
- ◇ A staff member will escort your child to your car
- ◇ We'll report to you about your child's day at that time
- ◇ We ask that you help us maintain physical distancing during dropoff
- ◇ Travel and risk quarantines remain in effect for all families and staff