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# CONTINUITY OF OPERATIONS PANDEMIC PLAN

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Dr. Ida Rolf Institute



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# DRAFT

## I. Introduction

A pandemic occurs when a new virus that is different from seasonal flu viruses emerges and spreads quickly between people, causing illness worldwide. Most people will lack immunity to the pandemic virus. Pandemics can be more severe, causing more deaths than seasonal flu. Because it is a new virus, a vaccine may not be available right away. A pandemic could therefore overwhelm normal operations in workplace settings.

## II. Purpose

The Dr. Ida Rolf Institute, *Continuity of Operations: Pandemic Plan* is intended to safeguard the health of DIRI students, clients, personnel and members, by making sure our contingency plans include prevention and continuation guidelines for pandemic viruses.

A pandemic can last for several months. Public health officials may recommend additional community actions based on the severity of the pandemic that limit exposure, such as flexible sick-leave, stringent hygiene or vaccination protocols, or school cancellations. These recommendations may be challenging to plan for and implement but are nevertheless important for ensuring the safety and the continuation of the services of the Institute.

This plan provides guidance to the Dr. Ida Rolf Institute for maintaining essential functions and services during a pandemic and is our contingency plan to accommodate public health recommendations to help reduce infection. The guidance stresses that essential functions can be maintained during a pandemic outbreak through mitigation strategies, such as social distancing, flexible sick leave and telework policies, increased hygiene, the vaccination of employees and students, and similar approaches.

While students and membership support are the Institute's primary services, the highest priority of this plan is to ensure that the essential functions for the survival of the Institute are maintained (e.g., governance, payroll, accounts payable, billing). For this reason, the plan places a priority on ensuring that the staff remain healthy and continues working.

The plan engages key partners and considers the severity of the pandemic and the size of the Institute, workforce, and complexity of our day-to-day operations and types of services we provide as a school and membership organization.

## III. Pandemic Planning Assumptions

The assumptions section addresses the overarching planning assumptions that were used in developing the DIRI *Pandemic Continuity of Operations: Pandemic Plan* such as those provided in the *National Strategy for Pandemic Influenza Implementation Plan*. It also addresses the planning assumptions identified by the Boulder County and Colorado State jurisdictions.

### A. National Pandemic Assumptions

- Susceptibility to pandemic virus will be universal

- Efficient and sustained person-to person transmission signals an imminent pandemic
- The clinical disease attack rate will likely be 30 percent or higher in the overall population during the pandemic. Among working adults, an average of 20 percent will become ill during community outbreak.
- Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals may transmit infection and develop immunity to subsequent infection
- While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemic about half of those who become ill sought care. With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.
- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios. Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.
- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40 percent during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing organizations, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days, and for Covid-19 fourteen to thirty days.
- Persons who become ill may shed virus and can transmit infection for up to one day before the onset of symptoms. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.
- On average, infected persons will transmit infection to approximately two to three other people.
- A pandemic outbreak in any given community will last about six to eight weeks for each wave of the pandemic.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting two-three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

#### **B. DIRI Organizational Assumptions**

- DIRI will be provided with guidance and/or direction by the Boulder County Health Department and the Colorado Department of Occupational Schools (DPOS), as well as Federal, State and local governments regarding current pandemic status in the Boulder County area.

- DIRI will have actionable plans and procedures to assist in the ability to remain operational during a pandemic. Plans and procedures may include social distancing protocols, personal protection equipment (PPE) and temporary suspension of some non-essential activities.
- DIRI has a viable school-wide continuity capability and implementation plan.
- DIRI will review its continuity communications programs (e.g., Canvas, Memberleap, Outlook email) to ensure they are fully capable of supporting pandemic and other related emergencies.
- DIRI offices will be accessible, but right of entry may be limited
- Essential functions, operations, and support requirements will continue to be people dependent. However, human interactions may be remote or virtual, resulting in the employment of appropriate teleworking, online instruction and other approved social distancing protocols.
- Travel restrictions, such as limitations on mass transit may affect the ability of some employees to report to work.
- Travel distances may require that students acquire physician releases prior to starting or remaining in face to face classroom instruction.
- Funding will be budgeted for the acquisition of additional equipment and resources for hygiene protocols or as required for a possible surge in teleworking capabilities.

#### **IV. Summary of the Continuity Planning**

This plan is provided as guidance and instructions to staff and faculty on established infection control measures such as social distancing, protective equipment and practices, telework policies and school closure procedures to assist in limiting the spread of virus' at the Institute.

Within the Institute , social distancing measures could take the form of modifying the frequency and type of face-to face office or classroom encounters, classroom instruction, staggering breaks, posting infection control guidelines; establishing flexible work hours or worksite, (e.g., Telecommuting); promoting and implementing strict hygiene strategies.

The DIRI Pandemic Response Team will include deliberate methods to measure, monitor, and adjust actions to changing conditions and improved protection strategies. This plan includes the following:

- Requirements for implementing formal, protection strategies and assesses conformance to these strategies
- Sets out procedure for monitoring and periodically testing protection methods.
- Identifies the requirements and pre-position of materials and equipment on site.
- Ensures essential personnel (Staff) are at the primary DIRI Offices or are supported in working from home.
- Ensures that secondary personnel (Faculty) are supported in the face to face classroom or in working online
- Requirements for coordinating with local public health and emergency response points of contact to ensure open, adequate communications.

- Communication procedures

## **VI. Pandemic Response**

### **A. Pandemic Coordinators and Pandemic Response Teams.**

The Dr. Ida Rolf Institute **Emergency Response Coordinator (ERC)** will oversee a **Pandemic Response Team (PRT)** to anticipate the impacts of a pandemic on the Institute and to assist with developing strategies to manage the effects of a viral outbreak. The Executive Director will assign a staff member to the role of Emergency Response Coordinator (ERC), usually the Operations Director, along with a selecting and notifying the planning team, to update the DIRI continuity plan. Members of the Pandemic Response Team will include the Executive Director, The Board Chair, The EEC Chair, the Director of Compliance and Financial Aid and the Faculty/Student Services Director.

The ERC will establish relationships with key community partners and stakeholders, including Boulder County health Department, the Colorado Department of Occupational Schools, the American College Health Association, and other community public health leaders.

The Institute works closely with the Boulder County Health Agencies, and other state and national public health departments before a pandemic occurs to establish a flexible contingency plan that includes actions to take during a mild, moderate, severe, very severe, or extreme pandemic. The emergency plan will be tested/updated every 12-18 months or as aspects of the Institute change.

### **B. Risk Communications**

Messaging and risk communications during an emerging infectious disease or pandemic will be conducted by the Executive Director, with support from the Emergency Response Coordinator. The Executive Director in collaboration with the Operations Director will ensure that the DIRI plan and specific guidance on hygiene practices, social distancing requirements, and other safety measures are shared with students and with staff, faculty, clients, Board members and members as appropriate.

Risk can be minimized through implementation of systems and technologies that facilitate communication without person-to person contact. DIRI has implemented and identified communication systems needed to perform most of the essential functions of the Institute as follows:

- 1) DIRI Website—All operational closures will be listed on the DIRI website
- 2) CANVAS—Primary system for Student Communication.
- 3) Memberleap Newsletters-Primary system for membership communications, accounts receivables, and billing
- 4) Outlook Email Systems-Primary system for faculty and board communications.
- 5) Inacct Accounting System-Primary system for accounts payable, receivables, financial record keeping.
- 6) Financial Aid systems-primary systems for monitoring, packaging, transferring etc of student financial aid.

Complete and accurate rosters for all employees, students, members and clients are maintained as follows:

Student rosters are maintained in the Canvas system.

Faculty Rosters are maintained in the Memberleap System

Client Rosters are maintained by the Client Coordinator on a spreadsheet, with additional information in Memberleap

Membership rosters are maintained in Memberleap System

Board of Director Rosters are maintained by the Executive Director and Director of Operations

### **C. Everyday Prevention Actions**

CDC has developed recommended actions for preventing the spread of viruses in the workplace and school settings. This plan promotes and reinforces the practice of everyday prevention actions, which ought to be maintained at all times. Everyday measures are included in Appendix C, and are as follows:

- The Institute will provide prevention supplies in the offices, classrooms, kitchen and restrooms such as soap, hand sanitizers with at least 60% alcohol, tissues, trash baskets, and disposable face masks.
- In any case where someone is sick and cannot leave the Institute immediately, a designated space and bathroom will be identified.
- The Institute will maintain flexible pandemic attendance and sick-leave policies. Staff, faculty and students may need to stay home when they are sick, caring for a sick household member, or caring for children in the event of school dismissals.
- Critical job functions and positions are assigned and staff is cross-trained.
- Whenever possible Staff will be offered the option to telework, with staggered work schedules, and the postponing of non-essential meetings and travel.
- The Institute will maintain essential services when on-site operations are reduced temporarily. Web and mobile based communication and services will be used whenever possible, with the increased use of email, conference calls and web-based and online instruction.

## **V. Elements of Viable Pandemic Continuity Capability**

### **A. Essential Functions**

Maintaining essential functions are the first priority of this continuity plan. Since essential functions are the responsibility of the staff, the continuity plan gives priority to maintaining the health of the staff and faculty. Essential functions include the following:

- governance tasks
- communication tasks
- accounting tasks, receivables, billing, payables
- human resource tasks, payroll, safety, contracts

- Title IV Financial Aid services

Protecting the health and safety of personnel must be the focused goal of the organization in order to enable the organizations to continue to operate effectively and to perform essential functions and services during a pandemic outbreak. A pandemic outbreak threatens an organization's essential functions and human resources by removing essential personnel from the workplace for extended periods of time. The DIRI plan for maintaining essential functions and services in a pandemic includes

- social distancing strategies such as limiting staff to working in their offices, canceling face to face meetings, designating bathrooms.
- infection control through personal hygiene, providing protective resources
- providing a flexible sick leave policy during a pandemic
- Allowing for teleworking from home
- cross-training (to ease personnel absenteeism in a critical skill set)

DIRI uses a number of contracted services from businesses housed across the United States. These services are to be considered essential in the sense that essential functions at DIRI will rely on their continuation. Should these contracted services be unavailable, DIRI staff would continue to provide essential functions but using non-cloud-based services such as word, excel, etc. Essential functions could continue, but may be deeply impacted in terms of timeliness, accuracy, record keeping, and communications.

The Director of Operations will be the point of contact in communicating with all contracted services . The Executive Director will provide guidance to staff on how to complete essential tasks should these services no longer be available for any duration of time.

Contracted Services include the following:

- AcctTwo Accounting Services and the Inacct Accounting System,
- Amcheck Payroll Services,
- CBS Technology Support,
- Veith, Memberleap Systems,
- CANVAS Learning Management System,
- Facility maintenance services such as Janitorial Services

Educational and Membership services are the second priority during a pandemic outbreak and can therefore be suspended for a limited duration in order to preserve the essential functions of the Institute. Secondary functions include:

- membership support
- admissions processes
- face to face classroom instruction in Boulder and around the country
- online instruction
- faculty committees
- continuing education posting

In severe cases of pandemic, secondary functions may be suspended in order to ensure that essential functions are maintained and for the safety and health of students and faculty.

## **B. Orders of Succession**

Since pandemic may affect regions of the United States differently in terms of timing, severity and duration, DIRI has identified orders of succession that are at least three deep.

The DIRI Orders of Succession are as follows:

- The Board of Director's Chair will be replaced by 1) the BOD Treasurer, 2) BOD Secretary, 3) the Senior Board members (based on length of term.)
- The Executive Director will be replaced by 1) Board Chair, 2) Director of Operations, 3) Director of Compliance and Financial Aid
- The Director of Operations will be replaced by 1) Director of Compliance and Financial Aid, 2) Director of student and faculty services, 3) Executive Director.
- The Director of Compliance and Financial Aid will be replaced by 1) Director of Operations and 2) Director of Student and Faculty services, 3) Executive Director
- The Director of Student and Faculty services will be replaced by 1) Director of Operations, and 2) Director of Compliance and Financial Aid, 3) Executive Director.
- Director of Admissions will be replaced by 1) Director of Student and Faculty Services and 2) Clinic Coordinator, 3) Executive Director
- Clinic Coordinator will be replaced by 1) Director of Admissions, 2) Director of Operations, 3) Executive Director

## **C. Delegation of Authority**

The DIRI Delegations of Authority are as follows: The Board Chair will determine when the authority of the Executive Director needs to be reassigned to the next level of succession. Should the Board Chair be absent, delegation of Authority will follow the line of succession. The Executive Director will delegate authority for all other positions that need to be reassigned. Should the Executive Director be absent, the delegation of authority will follow the line of succession.

## **D. Continuity Facilities**

Safe work practices, which include social distancing and transmission interventions reduce the likelihood of contacts with other people that could lead to disease transmission. DIRI has developed preventative practices such as social distancing procedures, hygiene etiquette, and cancellation of organizations non-essential activities to reduce the spread of the pandemic.

The DIRI Continuity Facilities are as follows based on the levels of severity defined by the World Health Organization and the CDC. (See Appendix A and B)

**Phase 1-3- (Mild to Moderate with two to three states affective, but minimum to no impact on Colorado)**



- 1) Daily monitoring by the Emergency Response Coordinator of the infectious levels on the CDC and other credible websites.
- 2) EMC or designee to Contact Boulder County Health Department and the Department of Occupational School for specific guidancel.
- 3) Notification of students and employees in writing (see sample letter in Appendix A) of heightened need for increased hygiene practices washing hands before and after working with clients, disinfect tables and doorknobs for classrooms, Daily surface disinfection in kitchen, bathrooms, conference room, faculty lounge.
- 4) Send home any student or client with a fever. If they cannot leave immediately provide a mask, socially distance by placing in the conference room, designate a bathroom.

**Phase 4 (Moderate to Severe impact and human-to human transmission in USA but, minimum community impact in Colorado)**

- 1) Continue monitoring where in USA outbreaks have occurred.
- 2) Monitor recommendation by Boulder County Health Department and regulatory public health agencies in the State.
- 3) Inform employees and students of increased requirements for monitoring and response.
- 4) Director of Operations to contact Contracted Services to determine readiness to provide essential services.
- 5) Require students to obtain medical release forms if showing any symptoms.
- 6) All students traveling from states where there is Phase 5 and 6 community impact will be required to have a physician's permission to participate in class.
- 7) Should schools be required to close in Boulder County, DIRI will remain closed until the Boulder County Health Department and/or the Boulder County School Districts are authorized to resume on site operations.
- 8) Social distancing of staff when classes are not in session (work in offices, not share kitchen, designate bathrooms to be used.)

**Phase 5-6 (Moderate to Severe sustained community level outbreaks in Colorado; School closures required)**

- 1) Continue monitoring where in USA outbreaks have occurred.
- 2) Monitor recommendation for school closure by Boulder County Health Department and regulatory public health agencies in the State.
- 3) Follow and adopt school closure recommendations for Boulder County School District.
- 4) Director of Operations to monitor Contracted Services ability to provide essential functions.
- 5) Cancel on site class instruction with notification through all communication systems.
- 6) Notify Department of Occupational Schools that on-site operations, including on site classes, are being suspended.
- 7) Notify staff, faculty and students of school closure.

- 8) Notify Membership that offices are temporarily closed but that services will be provided remotely.
- 9) Allow staff to work from home.
- 10) Utilize online instruction to cover the didactic hours of the course.
- 11) Schedule make up lab time framework for when the pandemic is contained and public health organizations allow for resumption of services.

#### **E. Essential Records Management**

Although a pandemic outbreak may not directly affect the physical infrastructure of the DIRI organization, a pandemic may ultimately threaten all operations by its impact on the organization's staff, faculty or contracted services. The health threat to personnel is the primary threat to maintaining essential functions and services during a pandemic outbreak.

The Director of Operations will be in constant communication with contractors to determine their status in providing essential services. In cases where services are disrupted, DIRI will communicate with students, faculty and members, and whenever possible replace the services within house -services.

In extreme cases, where essential services such as accounting services, technology services, janitorial and facilities services, etc. cannot be maintained, the Institute will suspend operations for a limited time period. During this time, all employees will be placed on limited furlough with payroll resuming as soon as possible. Services will be covered as follows:

- Accounting Services: The Director of Operations and Executive Director will issue manual checks by mail with accounting entries into the Inacct System.
- Payroll Services: Staff and Faculty payroll will be paid out of accounts payroll, without withholdings at the base salary level. Reconciliation of withholdings will be made at a future payroll adjustment when possible.
- Technology services: Should CANVAS system be unavailable, all online classes will be suspended. Students will receive communication letting them know how and when programming will resume both in person and/or online.
- Should Cloud systems such as Memberleap, Canvas, CBS tech support etc be suspended, staff will use email to conduct basic business. Accounting will be kept on Excel Spread sheets and entered into the Intacct accounting system as soon as possible.

#### **F. Test, Training and Exercises**

DIRI has identified resources and trained continuity personnel, needed to perform essential functions. The DIRI continuity test, training and exercise plan is placed here.

- 1) Staff will receive annual training in the contents of the DIRI pandemic plan.
- 2) Staff and faculty will receive annual instruction on required hygiene practices.

- 3) The Director of Operations, the Director of Compliance, and the Director of Student and Faculty Services-- along with the Executive Director-- will receive cross training on the following operations: 1) Accounts Payable 2) Payroll Generation 3) Use of all Communication Systems.

#### **G. Reconstitution:**

Reconstitution is the process whereby an organization has regained the capability and physical resources necessary to return to normal (pre-disaster) operations. The objective during reconstitution is to effectively manage, control and with safety in mind, expedite the return to normal operations. The DIRI has developed reconstitution plans and procedures, in conjunction with local public health authorities, to ensure the Institute facilities are safe to return. The DIRI Reconstitution plan is as follows:

- 1) The Board of Directors will determine the date when reconstitution will take place including when staff may return to the Institute and when on site classes may resume.
- 2) The Executive Director will communicate the decision to staff and faculty.
- 3) The Director of Student and Faculty services will communicate when classes may resume including the new timetable for makeup classes.
- 4) The Director of Operations will notify all DIRI contracted services that we are resuming onsite operations.
- 5) The Director of Compliance will notify the CO Department of Occupational Schools that we are resuming on site operations.

#### **VI. Conclusion**

Maintaining DIRI essential functions and services in the event of pandemic requires additional considerations beyond traditional continuity planning. Unlike other hazards that necessitate the relocation of staff performing essential functions (e.g., fire, flooding, building issues, etc.) the relocation of staff performing essential functions to an alternative operating facility, a pandemic may not directly affect the physical infrastructure of the organization. As such, a traditional “continuity activation” may not be required during a pandemic outbreak.

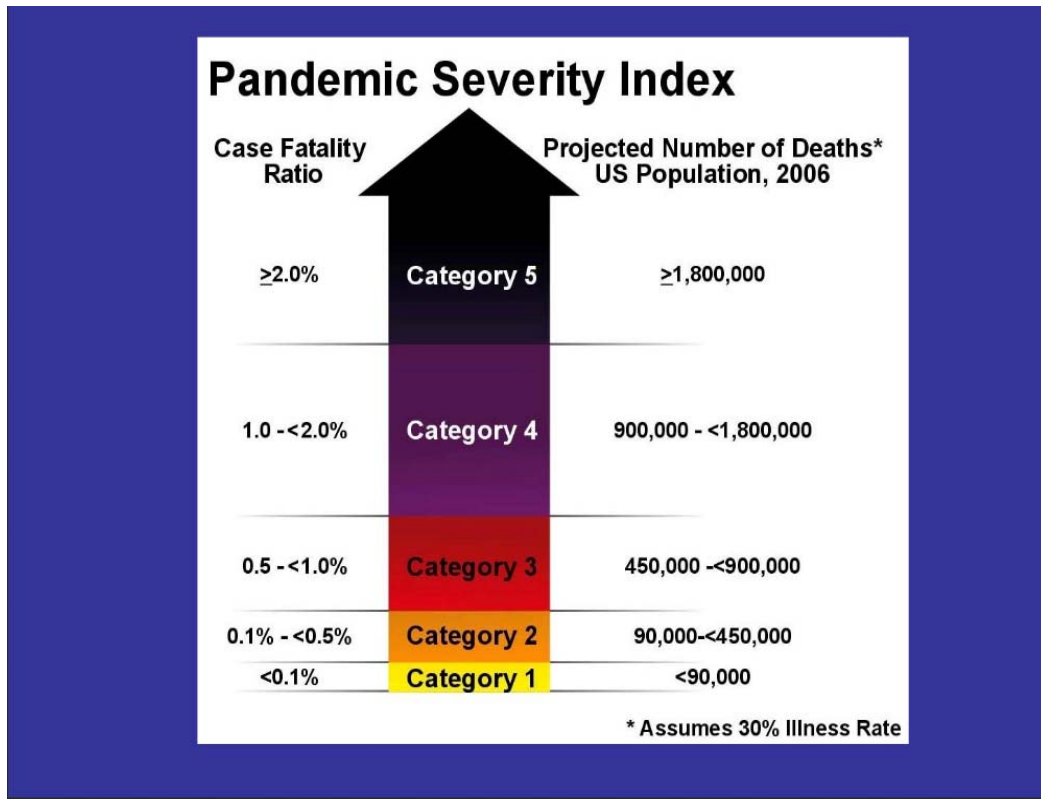
However, a pandemic outbreak threatens an organization’s human resources by removing essential personnel from the workplace for extended periods of time. Accordingly, the DIRI continuity plan specifically addresses the threat of a pandemic outbreak. Continuity Plans for maintaining essential functions and services in a pandemic include implementing procedures such as social distancing, infection control, personal hygiene, and cross-training (to ease personnel absenteeism in a critical skill set). Protecting the health and safety of personnel must be the focused goal of the organization in order to enable DIRI to continue to operate effectively and to perform essential functions and services during a pandemic outbreak.

Appendix A: WHO Pandemic Influenza Phases

**Table 1: World Health Organization Pandemic Influenza Phases**

|                             |  |
|-----------------------------|--|
| <b>Phase 1</b>              | No animal influenza virus circulating among animals has been reported to cause infection in humans.  |
| <b>Phase 2</b>              | An animal influenza virus circulating in domesticated or wild animals is known to have caused infection in humans and is therefore considered a specific potential pandemic threat.  |
| <b>Phase 3</b>              | An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. |
| <b>Phase 4</b>              | Human-to-human transmission (H2H) of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.  |
| <b>Phase 5</b>              | The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.   |
| <b>Phase 6</b>              | In addition to the criteria defined in Phase 5, the same virus has caused sustained community level outbreaks in at least one other country in another WHO region.   |
| <b>Post-Peak Period</b>     | Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels.  |
| <b>Possible New Wave</b>    | Level of pandemic influenza activity in most countries with adequate surveillance rising again.  |
| <b>Post-Pandemic Period</b> | Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.   |

Appendix B: CDC Pandemic Severity Index



**Community Strategies by Pandemic Flu Severity (1)**

| Interventions by Setting   | Pandemic Severity Index   |                        |                          |
|--|---------------------------|------------------------|--------------------------|
|  | 1                         | 2 and 3                | 4 and 5                  |
| <p><b>Home</b></p> <p><b>Voluntary isolation</b> of ill at home (adults and children); combine with use of antiviral treatment as available and indicated</p> <p><b>Voluntary quarantine</b> of household members in homes with ill persons (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient</p> | Recommend                 | Recommend              | Recommend                |
|  | Generally not recommended | Consider               | Recommend                |
| <p><b>School</b></p> <p><b>Child social distancing</b><br/>                     –dismissal of students from schools and school-based activities, and closure of child care programs<br/>                     –reduce out-of-school contacts and community mixing</p>   | Generally not recommended | Consider:<br>≤ 4 weeks | Recommend:<br>≤ 12 weeks |
|  | Generally not recommended | Consider:<br>≤ 4 weeks | Recommend:<br>≤ 12 weeks |

## Community Strategies by Pandemic Flu Severity (2)

| Interventions by Setting   | Pandemic Severity Index   |   |   |
|--|---|---|---|
|  | 1   | 2 and 3   | 4 and 5   |
| <p><b>Workplace/Community</b></p> <p><b>Adult social distancing</b></p> <p>–decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)</p> <p>–increase distance between persons (e.g., reduce density in public transit, workplace)</p> <p>–modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)</p> <p>–modify workplace schedules and practices (e.g., telework, staggered shifts)</p> | <p>Generally not recommended</p> <p>Generally not recommended</p> <p>Generally not recommended</p> <p>Generally not recommended</p> | <p>Consider</p> <p>Consider</p> <p>Consider</p> <p>Consider</p> | <p>Recommend</p> <p>Recommend</p> <p>Recommend</p> <p>Recommend</p> |

## **Appendix D: Sample Letters**

### **Phase 1-4 Letter**

Dear Dr. Ida Rolf Institute Students, Members and Staff,

The Dr. Ida Rolf Institute ® has been working closely with our local public health agencies as we monitor the global outbreak of Coronavirus Disease 2019 (Covid-19) (Go to [CDC.gov](https://www.cdc.gov) for information.)

It appears that the virus originated in China, before spreading internationally. It has been detected in 37 locations internationally and there are currently 53 confirmed cases in the United States (14 of those are cases diagnosed in the United States and 39 are travelers that have been evacuated to the United States).

**To date, there have been no confirmed cases of COVID-19 in Colorado.**

That being said, on Tuesday top U.S. public health officials encouraged Americans to prepare for the spread of the coronavirus in communities across the country.

[NBC NEWS: Americans should prepare for coronavirus crisis in U.S., CDC says](#)

[New York Times: C.D.C. Officials Warn of Coronavirus Outbreaks in the U.S.](#)

[CNN: February 25 coronavirus news](#)

### **What is DIRI Doing?**

Since the beginning of the outbreak, DIRI has been collaborating with our public health partners. The Institute has a pandemic plan which is being reviewed by the DIRI Board of Directors and informed by these agencies, to ensure the continuity of learning throughout the situation.

It is important to know that during an outbreak we would follow the health department's lead on any quarantines, closures, or other health measures needed. Our focus has been on how to ensure the safety of students and employees and how education can continue, including through online options.

We have gotten a number of questions regarding students or employees that have recently traveled internationally. As you may know, protocols have been put in place to evaluate and, in some cases, quarantine passengers as they return to the United States. Our public health partners are not recommending additional actions by the Institute at this time.

### **What is coronavirus?**

Coronaviruses are a large family of viruses that cause respiratory symptoms such as fever, cough and shortness of breath. These viruses spread through coughing or sneezing, much like the flu.

### **What can I do to stay healthy?**

Again, the risk to the general public in the U.S. from this virus is considered low, but just as is recommended for other respiratory viruses, people can protect themselves and others by practicing everyday actions:

Practice good hand hygiene.

- Wash your hands frequently - remember to wash your hands after coughing or sneezing
  - Wash with soap and water, or
  - If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean hands

Practice respiratory etiquette.

- Cover your nose and mouth when coughing and sneezing.
- Avoid close contact with people who are sick.
  - If you are ill, you should try to distance yourself from others so you do not spread your germs. Distancing includes staying home from work or school when possible.

Additionally, we have cleaning practices in place to help avoid disease transmission.

**Feeling Sick? Stay Home!**

As always, we encourage anyone who is feeling ill to stay home, especially if they are experiencing the symptoms listed in our *Too Sick For School* guidelines below:

**Remember, the best way to prevent the spread of infection is through good hand washing.**

| Symptoms   | Child must stay home?  |
|--|--|
| <b>Diarrhea</b><br>Frequent, loose, or watery stools (poop) compared to normal ones that are not caused by food or medicine.                                 | Yes - if there are other symptoms along with the diarrhea (such as vomiting, fever, abdominal pain, jaundice, etc.), the diarrhea cannot be contained in the toilet, there is blood or mucous in the stool. Student or employee may return 24 hours after their last episode of diarrhea unless the diarrhea is caused by an illness that requires them to stay home longer. |
| <b>Fever</b><br>Fever with behavior change or other illness.   | Yes - if there is also a rash, sore throat, throwing up, diarrhea, behavior changes, stiff neck, or difficulty breathing.  |
| <b>“Flu-Like” Symptoms</b><br>Fever over 100°F with a cough or sore throat. Other flu symptoms can include tiredness, body aches, throwing up, and diarrhea. | Yes - for at least 24 hours after the fever is gone. The fever needs to be gone, without using medicine that reduces the fever (acetaminophen or ibuprofen).   |
| <b>Coughing</b>  | Yes - if the coughing is severe, uncontrolled, or the student or employee has wheezing, rapid or trouble breathing. Medical attention is needed for wheezing, rapid or trouble breathing.  |
| <b>Mild Respiratory or Cold Symptoms</b><br>Stuffy nose with clear drainage, sneezing, and mild cough.   | No –Students and employees may go to school if they are able to take part in usual activities, but should stay home if the symptoms are severe. This includes fever and if a student or employee is not acting normally and/or has trouble breathing.  |



|   |   |
|---|---|
| <p><b>Vomiting/Throwing Up</b><br/>         Throwing up two or more times in the past 24 hours, there are other symptoms in addition to the vomiting (such as fever, diarrhea, etc.).</p> | <p>Yes – until 24 hours after throwing up stops or a doctor says it is not contagious. If a student or employee has a recent head injury, watch for other signs of illness and for dehydration.</p> |
|---|---|

The following is a listing of illnesses that may require students and employees to stay home:

| Illness   | Student or Employee must stay home?   |
|---|---|
| Chicken Pox   | Yes - until the blisters have dried and crusted (usually 6 days).   |
| Conjunctivitis (pink eye)<br>Pink color of eye and thick yellow/green discharge | No –Students and employees do not need to stay home unless they have a fever or are not able to participate in usual activities.<br>Call your doctor for advice and possible treatment.       |
| Croup (see Coughing)  | Call your doctor for advice. Note: Students and employees may be able to go to school unless they are not well enough to take part in usual activities.                                       |
| Fifth’s Disease   | No – the illness is no longer contagious once the rash appears.   |
| Hand Foot and Mouth Disease (Coxsackie virus)                                   | No - unless the student or employee has mouth sores and is not able to take part in usual activities.   |
| Head Lice or Scabies  | Yes – Student or employee may stay at school until the end of the day but cannot return until after they have had the first treatment.  |
| Hepatitis A   | Yes - until 1 week after the illness starts and when the student or employee is able to take part in normal activities.   |
| Herpes  | No - unless there are open sores that cannot be covered or there is nonstop drooling.   |
| Impetigo  | Yes –adults needs to stay home until antibiotic treatment has started.  |
| Ringworm  | Yes -Students and employees cannot return until after they have had the first treatment. Keep the area covered for the first 3 days if participating in sports with person to person contact. |
| Roseola   | No - unless there is a fever or behavior changes.   |
| RSV (Respiratory Syncytial Virus)   | No –Students and Employee can go to school unless they are not well enough to take part in usual activities and/or they have trouble breathing. Call your doctor for advice.                  |
| Strep Throat  | Yes - for 12 hours after starting antibiotics unless the doctor says that it is okay to return to school sooner. Will need to be able to take part in usual activities.                       |
|   |   |
|   |   |

## **Client Notification Letter**

Dear Dr. Ida Rolf Institute Guests,

The Dr. Ida Rolf Institute® has been working closely with our local public health agencies as we monitor the global outbreak of Coronavirus Disease 2019 (Covid-19) (Go to [CDC.gov](https://www.cdc.gov) for information.) Even though there are no confirmed cases in Colorado as of this writing, U.S. public health officials encouraged Americans to prepare for the spread of the coronavirus in communities across the country.

[NBC NEWS: Americans should prepare for coronavirus crisis in U.S., CDC says](#)

[New York Times: C.D.C. Officials Warn of Coronavirus Outbreaks in the U.S.](#)

[CNN: February 25 coronavirus news](#)

It is important to know that during an outbreak we would follow the health department's lead on any quarantines, closures, or other health measures needed. Our focus has been on how to ensure the safety of students, employees and our guests.

### **What is DIRI Doing?**

Since the beginning of the outbreak, DIRI has been collaborating with our public health partners. The Institute has a pandemic plan which is being reviewed by the DIRI Board of Directors and informed by these agencies. We have cleaning practices in place to help avoid disease transmission.

### **What is coronavirus?**

Coronaviruses are a large family of viruses that cause respiratory symptoms such as fever, cough and shortness of breath. These viruses spread through coughing or sneezing, much like the flu.

Just as is recommended for other respiratory viruses, you can protect yourself and others by:

- Practicing good hand hygiene.
- Practicing respiratory etiquette.
- Staying home if you feel sick.

DIRI encourages students, staff, faculty and guests to wash hands often and follow the above practices.

Know that we at DIRI are on the alert. We are taking pro-active measures and will keep communication open if there are any changes of which you should be aware.

## EVERYDAY PREVENTIVE ACTIONS

*Everyone should always practice good personal health habits to help prevent flu.*



**Stay home when you are sick.** Stay home for at least 24 hours after you no longer have a fever or signs of a fever without the use of fever-reducing medicines.



**Cover your coughs and sneezes with a tissue.**



**Wash your hands often with soap and water for at least 20 seconds.** Use at least a 60% alcohol-based hand sanitizer if soap and water are not available.



**Clean frequently touched surfaces and objects.**

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