[STATE] Restart and Recovery Plan: Addressing Building Safety, Cleaning and Monitoring

This document provides information gathered from a variety of sources on the topics of: school reopening, considerations for teachers and staff, building cleaning, screening as well as social distancing and other safety protocols. This is one of several resources CCSSO plans to provide to state members to inform state-level decision-making on the reopening of school buildings and recovery of student learning loss. We encourage states to use this document as a starting point for conversations with state and/or local health officials as well as the working group or task force in your state that is focused on the reopening of school buildings. *Please note: CCSSO will continue to update this resource as necessary.*

States can repurpose this document to meet their needs. If you repurpose, we ask that you provide a link to the original document (which can be found in footnotes throughout) and use the following language: *This resource draws on a resource created by the Council of Chief State School Officers (CCSSO) that is based on official guidance from multiple sources to include: the Centers for Disease Control and Prevention, the White House, American Academy of Pediatrics, Learning Policy Institute, American Enterprise Institute, Rutgers Graduate School of Education, the World Health Organization, the Office of the Prime Minister of Norway as well as the departments of education/health and/or offices of the governor for Idaho, Montana, New York, Texas and Washington, DC.*

Any action taken to reopen schools should be done in close coordination with – and guidance from – your state and/or local health authority.

TYPE OF REOPENING
- Total reopen for all students and staff.   - Partial reopening based on local decision-making and approval from local health agencies.   - Blended reopening that balances in-person learning for PreK and elementary students and continued distance learning for middle school and high school-age students. In-person opportunities also are made available for special populations of students, including students with disabilities.

Key Questions	- How do you want to bring students and teachers back to physical school buildings, particularly if you still need social distancing in place? - Soft opening: optional and only open for certain students at certain times - Gradual/phased in: Bring students back gradually, starting with small group before growing. - Tracking: Use year-round type model where different grade levels track in and out on a schedule for a few days or weeks at a time.

	• How will you decide which reopening is best for your state or local communities? • How will you communicate about it? • Once you reopen, what will the decision-making process look like to trigger another closure?

RESOURCES

"**Guiding Principles to Keep in Mind**

The more people a student or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in school settings as follows:

- **Lowest Risk:** Students and teachers engage in virtual-only classes, activities, and events.
- **More Risk:** Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or staggered/rotated scheduling to accommodate smaller class sizes).
- **Highest Risk:** Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities."[1]

"**Public Health Accommodations:** Schools will need to adapt to evolving guidance from health officials based on a better understanding of COVID-19 risks and the related mitigation strategies. Health officials may recommend only reopening schools when certain hygiene and distancing measures are in place as we are seeing in parts of Asia and Europe.
- Depending on local circumstances, schools will need to consider closing playgrounds, suspending non-essential activities, moving meetings online, limiting on-campus visitors, administering COVID-19 tests, and requiring temperature checks for students and faculty entering buildings.
- Classrooms, hallways, school buses, and other areas will need to undergo regular deep cleanings to minimize the spread of COVID-19.

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[1] "Considerations for Schools", Coronavirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention, last modified May 19, 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html.

- Identifying and procuring any needed personal protective equipment (PPE) recommended by public health officials, including gloves, face masks, hand soap, hand sanitizer, and disinfectant. Some of these items will require working with local health authorities, while others may be more widely available but will require unforeseen budgetary outlays.
- Schools should also develop plans that even if they open schools, some parents may decide to keep their child at home during a local outbreak."[2]

"The path to reopening must be based on the public health frameworks guiding the gradual relaxation of the intensive social distancing measures adopted this spring. Any consideration about reopening must consider the wide variability of circumstances states, communities, and schools confront. Depending on the public health situation, there may be waves of stopping and starting, partial or staggered openings, or other developments (determined by local health facilities, population vulnerability, and more)."[3]

"Special Populations: Based on current medical knowledge, the risks to students with high risk medical conditions, especially mechanical ventilation-dependent children or children with tracheostomies, should inform whether individual students should continue a distance learning program or receive home or hospital instruction even after school opens.

Onsite School Based Health Services: Onsite school health services should be supported if available, to complement the pediatric medical home and to provide pediatric acute and chronic care. Collaboration with school nurses will be essential and school districts should involve School Health Services staff early in the planning phase for re-opening and consider collaborative strategies that address and prioritize immunizations and other needed health services for students, including behavioral health and reproductive health services."[4]

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[2] John P. Bailey and Frederick M. Hess, *A Blueprint for Back to School*, (American Enterprise Institute, May 2020), 9, https://www.aei.org/research-products/report/a-blueprint-for-back-to-school/?mkt_tok=eyJpIjoiTVRJd05EVXpNekpsT1dVMSIsInQiOiJ2cXp2MmVjQjc2T3RCbGVyTzZWcmV0TENNS3pISjh3SUFSQ3JtUitYZW5YZzNTWnpZTjJPdlhneCtnbmdiK2Rza2IrTHM4YTJZZ05paUxOVXB1NEVFYVFsODRXT3hQXC9zbVlcLzV2ZXRVb1MwWGpIWE1ndmF0dU5ROEhFemVZM3Z4In0%3D.

[3] Bailey and Hess, *A Blueprint for Back to School,* 3.
    Source cites Neil M. Ferguson et al., "Report 9: Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand," Imperial College London, March 16, 2020, https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf.

[4] "COVID-19 Planning Considerations: Return to In-person Education in Schools", Critical Updates on COVID-19, American Academy of Pediatrics, last modified May 5, 2020, https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-planning-considerations-return-to-in-person-education-in-schools/.

"Communication: Effective school reopening will require diligent efforts to communicate with parents, educators, and community members. Careful reopening plans will be for naught if parents or educators are not confident about the measures in place. Where schools open with significant modifications to schedules, classes, or logistics, minimizing chaos and confusion will depend on clear and consistent communication.

- Schools need comprehensive communication plans to reach teachers and parents that leverage local media outlets, text messaging, websites, and email.
- Among the most important considerations is the health and safety of students and school personnel. Schools need to provide clear guidance on steps the school is taking including protocols for self-isolation."[5]

"Maintaining Healthy Operations[6]
Schools may consider implementing several strategies to maintain healthy operations.

- **Protections for Staff and Children at Higher Risk for Severe Illness from COVID-19**
  - o Offer options for staff at higher risk for severe illness (including older adults and people of all ages with certain underlying medical conditions) that limit their exposure risk (e.g., telework, modified job responsibilities that limit exposure risk).
  - o Offer options for students at higher risk of severe illness that limit their exposure risk (e.g., virtual learning opportunities).
  - o Consistent with applicable law, put in place policies to protect the privacy of people at higher risk for severe illness regarding participating with local authorities in broader COVID-19 community response efforts (e.g., sitting on community response committees).

- **Communication Systems**
  - o Put systems in place for:
    - ▪ Consistent with applicable law and privacy policies, having staff and families self-report to the school if they or their student have symptoms of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with health information sharing regulations for COVID-19external icon (e.g. see "Notify Health Officials and Close Contacts" in the **Preparing for When Someone Gets Sick section below**) and other applicable

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[5] Bailey and Hess, *A Blueprint for Back to School,* 8.
[6] "Considerations for Schools", Coronavirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention, last modified May 19, 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html.

federal and state laws and regulations relating to privacy and confidentiality, such as the Family Educational Rights and Privacy Act (FERPA).

- Notifying staff, families, and the public of school closures and any restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation)."

A View of Approaches Taken by Countries Across the Globe[7]*:*

	China	**Denmark**	**Norway**	**Singapore**	**Taiwan**
School Opening Context	Gradual reopening since March	Open April 15 for children up to age 12	Opened April 27 for Grades 1-4	Opened until April 8, then closed due to non-school-related outbreak	Never fully closed; local, temporary closures as needed

Countries like Norway are reopening only a few grade levels at a time to ensure they can socially distance and to make sure they have enough staffing, etc. The first week will see day care centers open and the following week, elementary grades (primary years 1 – 4), "out of school care programmes," and "upper secondary schools will open for second-and-their-year pupils who are following vocational education programmes.[8]"
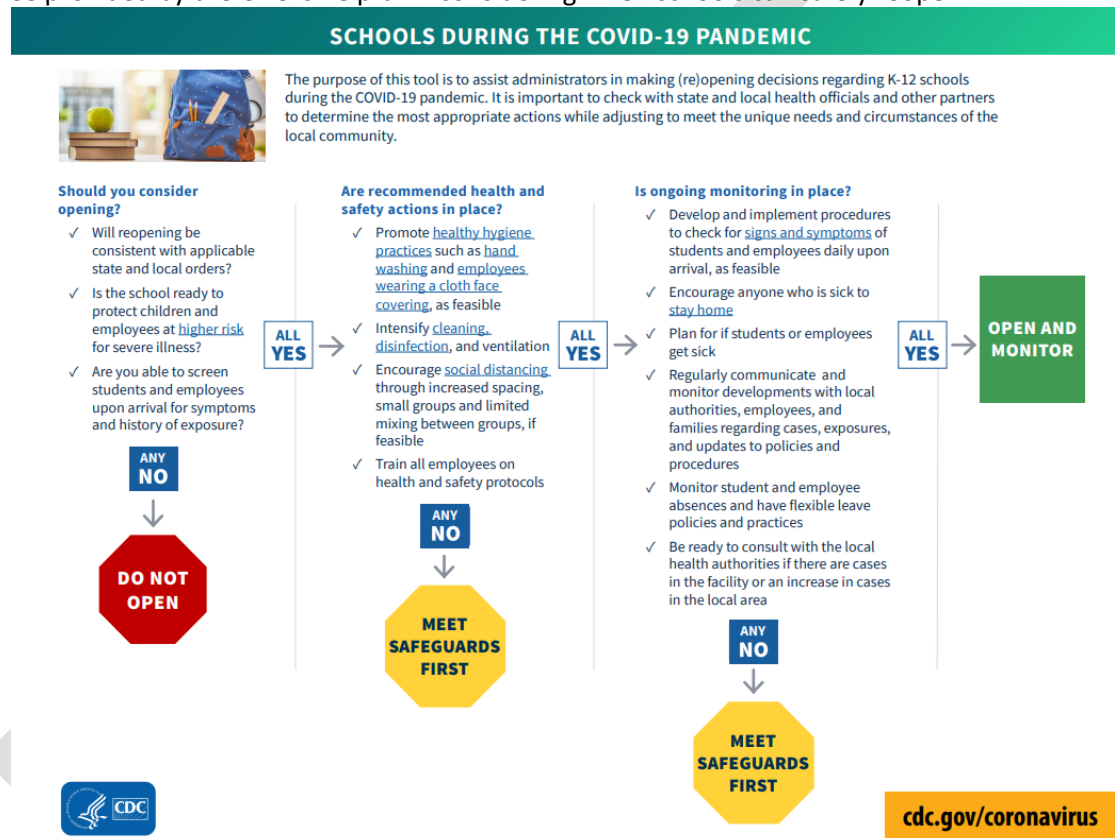
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[7] Melnick, H., & Darling-Hammond, L. (with Leung, M., Yun, C., Schachner, A., Plasencia, S., & Ondrasek, N.). (2020). *Reopening schools in the context of COVID-19: Health and safety guidelines from other countries* (policy brief). Palo Alto, CA: Learning Policy Institute, https://learningpolicyinstitute.org/product/reopening-schools-covid-19-brief.

[8] "Norway to lift COVID-19 restrictions gradually and cautiously," Government of Norway, last updated April 8, 2020, https://www.regjeringen.no/en/aktuelt/norway-to-lift-covid-19-restrictions-gradually-and-cautiously/id2697060/.

The following is broad guidance from the White House on reopening.[9]

Phase	Criteria	Reopen	Schools
1	14-day period of downward trajectory of documented cases or positive tests as a percentage of total tests. Declining rates of flu-like symptoms and hospital capacity to care for all patients	Businesses begin to reopen. Telework encouraged. Large venues open with physical distancing Minimize non-essential travel	Remain closed Vulnerable populations continue to shelter in place
2	28-day period of downward trajectory of documented cases or positive tests as a percentage of total tests. Declining rates of flu-like symptoms and hospital capacity to care for all patients	Continued opening of businesses. Non-essential travel permitted.	Schools open Vulnerable populations continue to shelter in place
3	42-day period of downward trajectory of documented cases or positive tests as a percentage over total tests. Declining rates of flu-like symptoms and hospital capacity to care for all patients	Businesses and large venues can operate without physical distancing.	Schools open

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[9] "Guidelines for Opening Up America Again," Opening Up America Again Guidelines, The White House and The Centers for Disease Control and Prevention, accessed April 18, 2020, https://www.whitehouse.gov/openingamerica/#criteria.
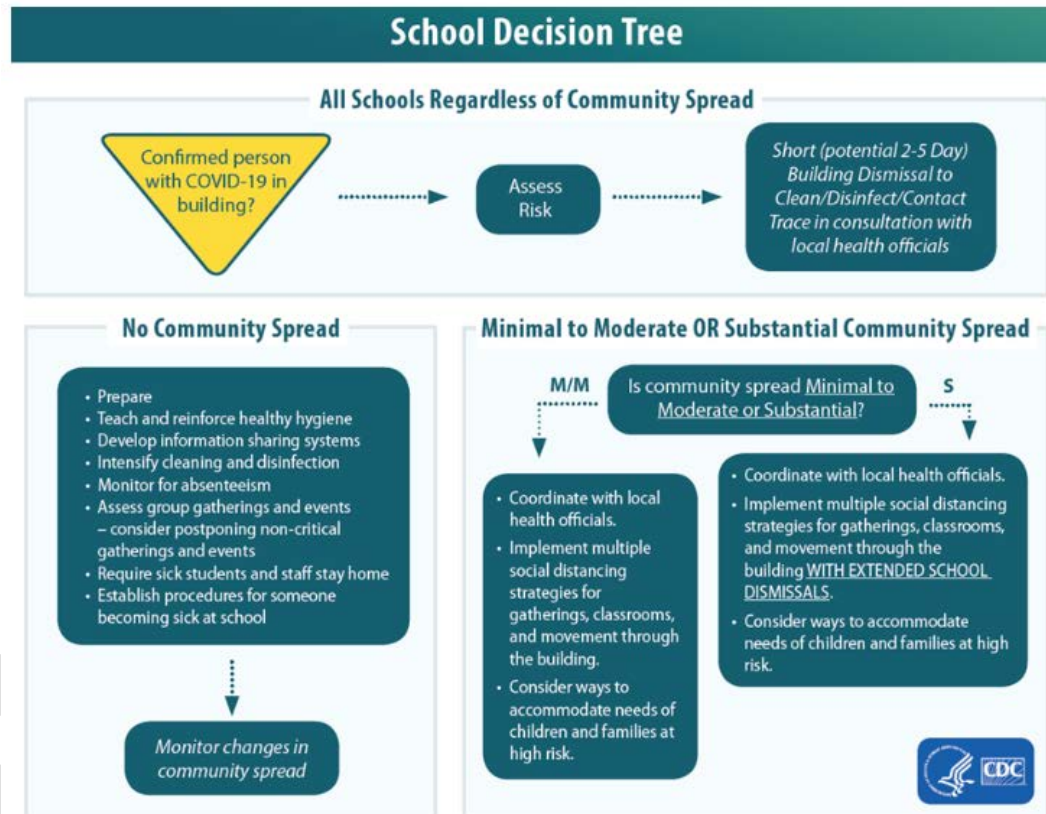
The following decision tree provided by the CDC is helpful in considering when schools can safely reopen[10]:

SCHOOLS DURING THE COVID-19 PANDEMIC

The purpose of this tool is to assist administrators in making (re)opening decisions regarding K-12 schools during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

Should you consider opening?
✓ Will reopening be consistent with applicable state and local orders?
✓ Is the school ready to protect children and employees at higher risk for severe illness?
✓ Are you able to screen students and employees upon arrival for symptoms and history of exposure?

ALL YES →

ANY NO ↓

DO NOT OPEN

Are recommended health and safety actions in place?
✓ Promote healthy hygiene practices such as hand washing and employees wearing a cloth face covering, as feasible
✓ Intensify cleaning, disinfection, and ventilation
✓ Encourage social distancing through increased spacing, small groups and limited mixing between groups, if feasible
✓ Train all employees on health and safety protocols

ALL YES →

ANY NO ↓

MEET SAFEGUARDS FIRST

Is ongoing monitoring in place?
✓ Develop and implement procedures to check for signs and symptoms of students and employees daily upon arrival, as feasible
✓ Encourage anyone who is sick to stay home
✓ Plan for if students or employees get sick
✓ Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures
✓ Monitor student and employee absences and have flexible leave policies and practices
✓ Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area

ALL YES →

ANY NO ↓

MEET SAFEGUARDS FIRST

OPEN AND MONITOR

CDC

cdc.gov/coronavirus

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[10] "Schools During the COVID-19 Pandemic," Centers for Disease Control and Prevention, accessed May 18, 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Schools-Decision-Tree.pdf.

Once reopen, the following CDC Chart can be helpful in considering what circumstances could trigger the need to close[11]:

School Decision Tree

All Schools Regardless of Community Spread

Confirmed person with COVID-19 in building? ·····> Assess Risk ·····> Short (potential 2-5 Day) Building Dismissal to Clean/Disinfect/Contact Trace in consultation with local health officials

No Community Spread

- Prepare
- Teach and reinforce healthy hygiene
- Develop information sharing systems
- Intensify cleaning and disinfection
- Monitor for absenteeism
- Assess group gatherings and events – consider postponing non-critical gatherings and events
- Require sick students and staff stay home
- Establish procedures for someone becoming sick at school

Monitor changes in community spread

Minimal to Moderate OR Substantial Community Spread

M/M Is community spread Minimal to Moderate or Substantial? S

M/M:
- Coordinate with local health officials.
- Implement multiple social distancing strategies for gatherings, classrooms, and movement through the building.
- Consider ways to accommodate needs of children and families at high risk.

S:
- Coordinate with local health officials.
- Implement multiple social distancing strategies for gatherings, classrooms, and movement through the building WITH EXTENDED SCHOOL DISMISSALS.
- Consider ways to accommodate needs of children and families at high risk.

CDC

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[11] "Interim Guidance for Administrators of US K-12 Schools and Child Care Programs," Coronavirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention, https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html.

STATE EXAMPLES

Idaho State Board of Education Minimum Re-entry Criteria[12]**:**
- "No statewide or local social distancing restrictions, including stay-home orders or extensive closures of businesses are in place.
- The peak of the state infection curve has passed, as determined by the State Department of Health and Welfare, and a minimum 14 days have passed from the identified peak. In those instances where local community spread has occurred, the local infection curve will be evaluated for determining the 14 consecutive days. School districts and charter schools located in counties that have experienced no community spread at the time state restrictions are lifted may have the 14 consecutive days criteria waived with approval by the local public health district.
- Approval by the local public health district, after review of school district and charter school cleaning and disinfection protocols.
- Re-entry plan approved by the local board of trustees identifying minimum school protocols. (see list below).

Idaho Required Minimum School Protocols:
- Cleaning and disinfection protocols.
- Identify a plan for vulnerable staff and students with special emphasis on people over age 60 and those who are medically vulnerable.
- Identify and plan for staff duties which require close contact.
- Absenteeism plan for staff and students whose parents do not feel comfortable returning their student to school and for students who show symptoms of the coronavirus.
- Communications plan for informing parents and staff of the school district and charter school response plans, protocols, and policies to manage the impact of the coronavirus.
- Reopening plans are reviewed in consultation with local public health officials.

These re-entry criteria are subject to change in order to adapt to changing circumstances. Additional criteria will be developed for a fall start of the school year, based on conditions at the time.

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[12] School District and Charter School Re-entry Criteria (Return from Soft-Closure)," Idaho State Board of Education, amended May 4, 2020, https://boardofed.idaho.gov/resources/school-district-and-charter-school-re-entry-criteria-return-from-soft-closure/.

The State Board voted unanimously to approve the criteria."

Montana Gov. Steve Bullock statements on schools reopening:

"Beginning May 7, 2020 all schools have the option to return to in-classroom teaching delivery.

The State recognizes that if reopened, schools will require the district to make adjustments and create plans, policies, and procedures.

If schools plan to reopen they should consider:
- Implementing an alternative educational delivery model that includes a mix of in-person and remote learning.
- Providing focused individual education, especially for at-risk students.
- How to reconnect and meet the educational needs of students who fall behind in a remote learning environment.
- The importance of maintaining the connection between students, teachers, and parents.
- The important role that schools play in the health of students, families, and communities.
- Graduation environments that can meet the social distancing requirements."[13]

"School Reopening Considerations
CLEANING AND SANITATION:
- Frequent disinfecting of door handles, desks and other common spaces.
- Require handwashing in regular intervals.
- Keep libraries, gyms, and playgrounds off limits unless they can be sanitized between groups.
- Provide hand sanitizer.

SICK POLICIES
- Implement temperature checks and / or symptom screening when practical.
- Require anyone (students or staff) with COVID 19 symptoms to stay home.

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[13] Office of the Governor Steve Bullock, "Montana Reopening The Big Sky Phased Approach," (Montana Government Website, April 22, 2020), 9, https://covid19.mt.gov/Portals/223/Documents/Reopening%20Montana%20Phased%20Approach.pdf?ver=2020-04-22-115707-770.

LIMIT CLASS SIZES
- Consider breaking larger classes into smaller groups.
- Students may alternate school days or attend for half days.

MAINTAIN SOCIAL DISTANCE
- Consider use of face coverings by all staff and students
- Keep students with the same group and in the same classroom, with teachers rotating when practical.
- Consider students eating lunch in the classroom to help limit mixing of students.
- Cancel extracurricular activities.
- Prevent any non school staff, including parents, from entering school buildings.
- Consider reducing bus loads to allow for one student per seat.

GRADUATION CEREMONIES
- Provide a live stream of graduation
- Consider limiting spectator attendance
- For larger schools, consider grouping graduates or providing multiple ceremonies
- Follow social distancing between families

ACCOMODATIONS
For students, teachers, and staff in an at-risk group:
- Schools that reopen will need to take into consideration that some teachers and staff will fall into the at risk category because of their age or other health risks. These individuals should have additional accommodations including: teaching classes remotely, utilizing a larger classroom where social distancing can be maintained, or given an option not to return until the risks are reduced.
- Students who are high risk or who have family members who are high risk should not be penalized for failing to attend and should continue to receive remote support.

- Accommodations should also be extended to students and staff who are required to quarantine due to exposure or potential exposure."[14]

"As demonstrated in the [Montana] Governor's orders [see text above], re-entry of students can also be conducted in three distinct phases, following current CDC guidelines and other safety measures to prevent a re-emergence of COVID-19.

It is recommended that you reestablish your schools/districts "Emergency Operation Team" (EOP) and assign a lead for the following recovery areas:
a) Academic Programming
b) Physical & Structural Environment
c) Business Environment
d) Social, Emotional and Behavioral

As the school reopens the EOP team can monitor the progression through the three distinct phases.

Why is this monitoring critical? Because the virus does not move, people move. The biggest challenge in getting back to normal is the people movement. Threats may come from neighboring counties, and when travel restrictions have been lifted, neighboring states and countries. Remember this phrase, "Zero new growth in cases does not mean zero risk." We encourage schools to remain vigilant in maintaining their highest emergency response measures.

The three progressive phases are the following:
Phase 1: Limiting the number of students present in school building.
Phase 2: Full capacity but limiting number of activities to allow for continued social distancing.
Phase 3: Full capacity and full operations.[15]"

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[14] KECI Staff, "Bullock announces phased approach to reopen Montana," *NBC Montana*, April 22, 2020, https://nbcmontana.com/news/coronavirus/bullock-announces-phased-approach-to-reopen-montana.

[15] "School Re-entry & Recovery After a Pandemic Event", Office of Public Instruction, State of Montana, last updated April 29, 2020, https://docs.google.com/document/d/11gcApMIfOsFDzSoQD9ltucWxbug5PX5Z48Qb6vI_ENs/edit. *Montana Google Document contains the following*

If schools close again, the guidance below on entering schools during closure provided by the Texas Education Agency could be helpful.[16]

- "Teachers may go into the classroom for video instruction, to perform administrative duties, and/or to clean out their classrooms.
- Where possible, teachers and staff should continue to work remotely, and if they can't do so, they should follow the parameters outlined in this guidance.
- Teacher and staff time at schools should be staggered at each individual campus to enable social distancing to be implemented effectively.
- Teachers and staff must be in the classrooms or offices by themselves and must maintain social distancing of at least 6 feet from one another.
- Teachers and staff should wear masks if available, or face coverings if masks are not available.
- Teachers and staff must screen themselves before coming into school for: new or worsening cough; shortness of breath; sore throat; loss of taste or smell; feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit; or known close contact with a person who is lab-confirmed to have COVID-19.
- Schools must clean and sanitize bathrooms, doorknobs, and other commonly touched surfaces."

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disclaimer: "Any information appearing in this document regarding COVID-19 is subject to change. The information contained in this document is current as of 4/29/2020. This document is for general informational purposes only and should not be construed as advice, requirements or mandates. The information, samples, templates, tips, and techniques provided in this document are intended solely as examples of practices, do not impose, or imply legal or regulatory requirements, and may not apply to all situations based upon circumstances. This document does not substitute for any law, or regulations, CDC or other public health messages or guidance."

[16] "Minimum Standard Health Protocols for School Employees in School Building During Campus Closures Per Executive Order No. GA-21," Health, Safety & Discipline, Texas Education Agency, retrieved May 18, 2020, https://tea.texas.gov/texas-schools/health-safety-discipline/covid/guidance-on-entering-schools-during-closure. *Note: source reports these parameters will remain in effect through May 31, and beginning June 1, this guidance will be replaced by Guidance on Summer Programs https://tea.texas.gov/sites/default/files/covid19-summer_program_operational_considerations.pdf.*

CONSIDERATIONS FOR TEACHERS AND STAFF

KEY QUESTIONS	
	• How will you determine which staff are willing/able to return or gather data on who will be able to return.
	• How will you address staff who are unable or uncomfortable to return?
	• How will teachers/staff know how to limit the spread of COVID-19 as well as when it's safe to end home isolation?
	• How do you address administrators, teachers and other staff who are identified as 'vulnerable populations'?
	• How do you address staff who are ill, or who have family members who fall ill?
	• How do you ensure enough substitute teachers are prepared?

RESOURCES

The Centers for Disease Control and Prevention has a dedicated page for K-12 Schools and Child Care Programs, including an FAQ for Administrators, Teachers and Parents. Topics covered include planning and responding to COVID-19, Dismissals, Recent Travel, and specific advice for teachers and parents. These FAQs are available here: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html.

"If you have a fever, cough or other symptoms, you might have COVID-19. Most people have mild illness and are able to recover at home. If you think you may have been exposed to COVID-19, contact your healthcare provider immediately.[17]" Teachers and staff should follow the guidance of the CDC to help prevent the spread of COVID-19 if sick as well as when/how to discontinue home isolation. Step-by-step guidance found here: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

"**Vulnerable/High Risk Groups**
Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. To protect those at higher risk, it's important that everyone practices healthy hygiene behaviors.
• 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."[18]

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[17] "What to Do If You're Sick", Coronavirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention, last modified May 8, 2020, https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html.
[18] "People Who Are at Higher Risk for Severe Illness", Coronavirus Disease 2019 (COVID-19), last modified May 14, 2020, https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html.

"Many educators may be vulnerable to COVID-19, raising questions about how to protect them, whether they will be able to work in schools next year, and how to respond to any resultant personnel shortages. Meanwhile, districts and teachers unions should work together to revisit aspects of their labor agreements to help schools adapt to social distancing and to ensure that vulnerable teachers can work safely and productively. As school budgets, responsibilities, and models evolve, schools and districts must be prepared to evaluate their staffing needs.

COVID-19 Susceptible Personnel. With vulnerable personnel, those over age 55 are the most at risk from COVID-19. This would suggest that an estimated 18 percent of teachers and 27 percent of principals are considered vulnerable. States should explore possibilities to offer early retirement or reassign at-risk staff.

- States and schools should consider early retirement incentives that align with individuals susceptible to COVID-19 based on age and adjust years of service requirements for retiree health insurance.
- States should also consider how expedited credentialing, nontraditional classroom configurations, and relaxed class-size requirements might help address potential staffing shortages due to the many teachers currently at risk who might not be able to enter classrooms this fall.
- States and schools should also explore reassigning teachers who are uncomfortable dealing with the new teaching practices required, including online instruction."[19]

Preparing for When Someone Gets Sick[20]
Schools may consider implementing several strategies to prepare for when someone gets sick.

- **Advise Staff and Families of Sick Students of Home Isolation Criteria**
  - Sick staff members or students should not return until they have met CDC's criteria to discontinue home isolation.

- **Isolate and Transport Those Who are Sick**
  - Make sure that staff and families know that they (staff) or their children (families) should not come to school, and that they should notify school officials (e.g., the designated COVID-19 point of contact) if they (staff) or their child (families) become sick

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[19] Bailey and Hess, *A Blueprint for Back to School,* 11.
[20] "Considerations for Schools", Coronavirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention, last modified May 19, 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html.

with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case.

- o Immediately separate staff and children with COVID-19 symptoms (such as fever, cough, or shortness of breath) at school. Individuals who are sick should go home or to a healthcare facility depending on how severe their symptoms are, and follow CDC guidance for caring for oneself and others who are sick.
- o Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. School nurses and other healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people. See: What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection.
- o Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.

- **Clean and Disinfect**
    - o Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting
    - o Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection productsexternal icon, including storing products securely away from children.

- **Notify Health Officials and Close Contacts**
    - o In accordance with state and local laws and regulations, school administrators should notify local health officials, staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA)external icon.
    - o Inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop.

BUILDING CLEANING

KEY QUESTIONS	• How do you ensure the building is cleaned and ready to welcome students? • How often do you need to go through these protocols/procedures? • What protocols do you put in place to clean throughout the day?

RESOURCES

A View of Approaches Taken by Countries Across the Globe[21]:

	Denmark	Taiwan	China	Norway	Singapore
Cleaning	Guidance for cleaning and disinfection, government provides cleaner, thermometers, masks	Detailed guidance, regularly disinfect common areas	Guidance for cleaning, disinfecting, and waste disposal.	Must clean shared materials before use by other groups, clean toilets, sinks 2-4x daily	Frequent use areas cleaned frequently (e.g. every 2 hours); playgrounds disinfected between use
Hygiene	Handwashing every 2 hours	All windows & air vents left open in classrooms; Wearing masks paid for by gov't	Wearing masks paid by gov't	Staff training on hygiene standards	Handwashing / sanitizing often. Windows & air vents open; no air conditioning. Strict quarantine for anyone in contact with a confirmed case. School closed if any case confirmed.

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[21] Melnick and Darling-Hammond, *Reopening Schools in the Context of COVID-19: Health and Safety Guidelines From Other Countries,* 3.

Maintaining Healthy Environments[22]
Schools may consider implementing several strategies to maintain healthy environments.

- **Cleaning and Disinfection**
  - Clean and disinfect frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses at least daily or between use as much as possible. Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between use.
  - If transport vehicles (e.g., buses) are used by the school, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect school buses or other transport vehicles, see guidance for bus transit operators.
  - Develop a schedule for increased, routine cleaning and disinfection.
  - Ensure safe and correct use and storage of cleaning and disinfection products external icon, including storing products securely away from children. Use products that meet EPA disinfection criteria external icon.
  - Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

- **Shared Objects**
  - Discourage sharing of items that are difficult to clean or disinfect.
  - Keep each child᾽s belongings separated from others᾽ and in individually labeled containers, cubbies, or areas.
  - Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
  - Avoid sharing electronic devices, toys, books, and other games or learning aids.

- **Ventilation**

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[22] "Considerations for Schools", Coronavirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention, last modified May 19, 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html.

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.

- **Water Systems**
    - To minimize the risk of [Legionnaire's disease](#) and other diseases associated with water, [take steps](#) to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and sanitized, but encourage staff and students to bring their own water to minimize use and touching of water fountains.

How to clean and disinfect (Guidance from CDC)[23]

Clean
- **Wear disposable gloves** to clean and disinfect.
- **Clean surfaces using soap and water, then use disinfectant.**
- Cleaning with soap and water **reduces number of germs, dirt and impurities** on the surface. **Disinfecting kills germs** on surfaces.
- **Practice routine cleaning** of frequently touched surfaces.
    - More frequent cleaning and disinfection may be required based on level of use.
    - Surfaces and objects in public places, such as shopping carts and point of sale keypads should be cleaned and disinfected before each use.
- **High touch surfaces include:**
    - Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfect

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[23] "Cleaning and Disinfecting Your Facility," Coronavirus Disease 2019 (COVID-19), last reviewed April 14, 1010, https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html.

- **Recommend use of EPA-registered household disinfectant.**
  Follow the instructions on the label to ensure safe and effective use of the product.
  Many products recommend:
  - Keeping surface wet for a period of time (see product label).
  - Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- **Diluted household bleach solutions may also be used** if appropriate for the surface.
  - Check the label to see if your bleach is intended for disinfection, and ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.
  - Unexpired household bleach will be effective against coronaviruses when properly diluted.
    Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.
    Leave solution on the surface for **at least 1 minute.**

    To make a bleach solution, mix:
  - 5 tablespoons (1/3rd cup) bleach per gallon of water
    OR
  - 4 teaspoons bleach per quart of water

- Bleach solutions will be effective for disinfection up to 24 hours.
- **Alcohol solutions with at least 70% alcohol may also be used.**

Soft surfaces
For soft surfaces such as carpeted floor, rugs, and drapes
- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.
- **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
  OR
- **Disinfect with an EPA-registered household disinfectant.** These disinfectants meet EPA's criteria for use against COVID-19.

Electronics

For electronics, such as tablets, touch screens, keyboards, remote controls, and ATM machines

- Consider putting a **wipeable cover** on electronics.
- **Follow manufacturer's instruction** for cleaning and disinfecting.
  - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol**. Dry surface thoroughly.

Laundry

For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick can be washed with other people's items.
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- Remove gloves, and wash hands right away.

Cleaning and disinfecting your building or facility if someone is sick

- **Close off areas** used by the person who is sick.
  - Companies do not necessarily need to close operations, if they can close off affected areas.
- **Open outside doors and windows** to increase air circulation in the area.
- **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- Once area has been **appropriately disinfected**, it **can be opened for use**.
  - **Workers without close contact** with the person who is sick can return to work immediately after disinfection.
- If **more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
  - Continue routing cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

Cleaning and disinfecting outdoor areas

- Outdoor areas, like **playgrounds in schools and parks** generally require **normal routine cleaning**, but **do not require disinfection.**
  - Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
  - High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
  - Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
- **Sidewalks and roads should not be disinfected.**
  - Spread of COVID-19 from these surfaces is very low and disinfection is not effective.

When cleaning
- **Regular cleaning staff** can clean and disinfect community spaces.
  - Ensure they are trained on appropriate use of cleaning and disinfection chemicals.
- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash**.
  - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
  - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often** with soap and water for 20 seconds.
  - Always wash immediately after removing gloves and after contact with a person who is sick.
  - Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- **Additional key times to wash hands** include:
  - After blowing one's nose, coughing, or sneezing.
  - After using the restroom.
  - Before eating or preparing food.
  - After contact with animals or pets.
  - Before and after providing routine care for another person who needs assistance (e.g., a child).

Additional considerations for employers
- **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions on what to do if they develop symptoms within 14 days after their last possible exposure to the virus.

- **Develop policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.
  - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard (OSHA 29 CFR 1910.1200).
- **Comply with OSHA's standards** on Bloodborne Pathogens (OSHA 29 CFR 1910.1030), including proper disposal of regulated waste, and PPE (OSHA 29 CFR 1910.132).

Alternative disinfection methods
- The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against COVID-19 virus is not known.
  - EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.
- CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.
- CDC only recommends use of the surface disinfectants identified on List N against the virus that causes COVID-19.

STATE EXAMPLES

Interim Guidance from New York State Department of Health
"Examples of frequently touched areas in schools:
- Classroom desks and chairs;
- Lunchroom tables and chairs;
- Door handles and push plates;
- Handrails;
- Kitchen and bathroom faucets; Light switches;
- Handles on equipment (e.g., athletic equipment);
- Buttons on vending machines and elevators;

- Shared telephones;
- Shared desktops;
- Shared computer keyboards and mice; and
- Bus seats and handrails.

Note: Computer keyboards are difficult to clean due to the spaces between keys and the sensitivity of its hardware to liquids. When shared, they may contribute to indirect transmission. Locations with community use computers should provide posted signs regarding proper hand hygiene before and after using the computers to minimize disease transmission. Also, consider using keyboard covers to protect the hardware against spills and facilitate cleaning."[24]

SCREENING

KEY QUESTIONS	• How will you screen students, staff and others who interact with each other to ensure they are healthy and not exhibiting signs of illness? • Where will the screening take place?

RESOURCES

"Health screening: Health screening occurs daily for students and staff and sometimes 2x per day through temperature checks and reports of symptoms. Students and staff are immediately sent home if there are any symptoms or if they have been in contact with someone who is infected. Quarantines of 1-14 days, depending on the circumstance, are rigorously enforced. In some cases, classrooms or schools are closed if there are any confirmed cases within that unit."[25]

A View of Approaches Taken by Countries Across the Globe[26]:

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[24] "Interim Cleaning and Disinfection Guidance for Primary and Secondary Schools for COVID-19", New York Department of Health, https://www.orangecountygov.com/DocumentCenter/View/16146/COVID-19-School-Cleaning-Guidance-FINAL?bidId=.

[25] Melnick and Darling-Hammond, *Reopening Schools in the Context of COVID-19: Health and Safety guidelines From Other Countries,* 3.

[26] Ibid.

	China	Denmark	Norway	Singapore	Taiwan
Context	Gradual reopening since March	Opened April 15 for children up to age 12	Opened April 27 for Grades 1–4	Opened until April 8, then closed due to non-school-related outbreak	Never fully closed; local, temporary closures as needed
Health screening	Temperature checks at least twice daily	Temperature checks on arrival	Temperature checks on arrival	Temperature checks twice daily	Temperature checks on arrival
Quarantine and school closure policy	Quarantine if sick until symptoms resolve	Stay home 48 hours if sick	Stay home if sick until symptom-free 1 day	Quarantine required and legally enforced if one has had close contact with a confirmed case; school closes for deep cleaning if case confirmed	Class is suspended 14 days if one case confirmed, school suspended 14 days if 2+ cases
Group size and staffing	Class size reduced from 50 to 30 in some areas of the country	Class sizes reduced to accommodate 2-meter (6 feet) separation in classrooms; non-teaching staff provide support	Maximum class size 15 for Grades 1–4, 20 for Grades 5–7	No maximum class size; classrooms are large enough to ensure 1–2 meter (3–6 feet) separation	No maximum class size; students in stable homerooms; subject-matter teachers move between classes
Classroom space/physical distancing	Group desks broken up; some use dividers	Physical distancing (2 meters) within classrooms; use of outdoor space, gyms, and secondary school classrooms	Physical distancing within classrooms; use of outdoor space encouraged	Group desks broken up in Grade 3 and up; 1–2 meter (3–6 feet) distance maintained	Group desks broken up; some use dividers

Arrival procedures	Designated routes to classes; multiple entrances	No family members past entry; staggered arrival/dismissal	No family members past entry; staggered arrival/ dismissal	No family members past entry; parents report travel; staggered arrival/ dismissal	No family members past entry
Mealtimes	Eat at desks or, if cafeteria used, seating Is assigned in homeroom groups	Sit well apart while eating; no shared food	Eat at desks, or if cafeteria used, homeroom groups enter in shifts	Assigned seating in cafeteria with 1-2 meter (3-6 feet) spacing	Eat at desks; some use dividers
Recreation	Some schools have suspended physical education	Students play outside as much as possible; play limited to small groups within homeroom	Students sent outside as much as possible; play limited to small groups; outdoor space divided and use is staggered	Inter-school sports suspended; small-group play time staggered	Sports and physical education suspended
Transport	Using "customized school buses" with seats farther apart to limit proximity	School buses allowed; only one student per row	Private transportation encouraged; one student per row on buses	Still running buses and public transit	Still running buses and public transit, cleaning at least every 8 hours
Hygiene	Masks required, provided by the government; frequent handwashing	Frequent handwashing; posters and videos provided	Staff training on hygiene standards; frequent handwashing; posters and videos provided	Frequent handwashing; posters and videos provided	Masks required, provided by the government; windows and air vents left open
Cleaning	Guidance for cleaning, disinfecting, and waste disposal	Guidance for cleaning and disinfecting; government provides cleaner, thermometers	Guidance for frequent and thorough cleaning; disinfecting not required; students help clean	Common areas cleaned frequently (e.g., every 2 hours);	Detailed guidance for cleaning and disinfecting common areas

				students help clean	

CDC Guidance Provided for Child Care Centers[27]

"Screen Children Upon Arrival

Persons who have a fever of 100.4^0 (38.0^0C) or above or 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. Screen children upon arrival, if possible.

There are several methods that facilities can use to protect their workers while conducting temperature screenings. The most protective methods incorporate social distancing (maintaining a distance of 6 feet from others) or physical barriers to eliminate or minimize exposures due to close contact to a child who has symptoms during screening.

Examples of Screening Methods

Reliance on Social Distancing (example 1)

- 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.
- You do not need to wear personal protective equipment (PPE) if you can maintain a distance of 6 feet.

Reliance on Barrier/Partition Controls (example 2)

- Stand behind a physical barrier, such as a glass or plastic window or partition that can serve to protect the staff member's face and mucous membranes from respiratory droplets that may be produced if the child being screened sneezes, coughs, or talks.
- 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.
- Conduct temperature screening (follow steps below)

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[27] "Guidance for Child Centers that Remain Open," Coronavirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention, last reviewed April 12, 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren.

- o   Perform hand hygiene
- o   Wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Put on disposable gloves.
- Check the child's temperature, reaching around the partition or through the window.
- Make sure your face stays behind the barrier at all times during the screening.
- 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.

Reliance on Personal Protective Equipment (example 3)
If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child. However, **reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements**.
- Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
- 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, and confirm that the child is not experiencing coughing or shortness of breath.
- Take the child's temperature.
    - o   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.
    - o   If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
    - o   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.
- After each screening, remove and discard PPE, and wash hands.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
- If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.

- If your staff does not have experience in using PPE:
  - Check to see if your facility has guidance on how to don and doff PPE. The procedure to don and doff should be tailored to the specific type of PPE that you have available at your facility.
  - If your facility does not have specific guidance, the CDC has recommended sequences for donning and doffing PPE."

"Plan for when a staff member, child, or visitor becomes sick (Steps 1-3)[28] [NOTE: Steps described under Social Distancing section]

- Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-like symptoms. School nurses and other healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people. See: What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID19 Infection.
- Establish procedures for safely transporting anyone sick home or to a healthcare facility.
- Notify local health officials, staff, and families immediately of a possible case while maintaining confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.
- Close off areas used by a sick person and do not use before cleaning and disinfection. Wait 24 hours before you clean and disinfect. If it is not possible to wait 24 hours is, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Advise sick staff members and children not to return until they have met CDC criteria to discontinue home isolation.
- Inform those who have had close contact to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms and to follow CDC guidance if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for home isolation.

Maintain healthy operations (Steps 1-3)

- Implement flexible sick leave policies and practices, if feasible.
- Monitor staff absenteeism and have a roster of trained back-up staff.
- Monitor health clinic traffic. School nurses and other healthcare providers play an important role in monitoring health clinic traffic and the types of illnesses and symptoms among students.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.

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[28] "CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again," Centers for Disease Control and Prevention (CDC) and Coronavirus Disease 2019 (COVID-19) Response, accessed May 19, 2020 https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf

- Create a communication system for staff and families for self-reporting of symptoms and notification of exposures and closures.
- Support coping and resilience among employees and children."

STATE EXAMPLES

Guidance provided by Washington, DC's Office of the State Superintendent of Education for Child Care Facilities[29]
DAILY SYMPTOM SCREENING
Children and staff should be screened for the presence of respiratory symptoms or fever upon arrival to the facility each day using the process below:

- Symptom screening should be conducted using social distancing, and with parents/guardians, staff and children wearing non-medical face coverings, as appropriate and feasible.
- CONFIRM: Parents/guardians must check their child's temperature, and staff must check their own temperature, two hours or less before arrival to the child care site.
  - Upon arrival, the parent/guardian and staff member must show a photograph of the thermometer or verbally confirm that the temperature was less than 100.4 degrees.
- ASK: Parents/guardians and staff should be asked whether the child or staff member or any member of their household has had fever, shortness of breath, or cough.
- LOOK: Child care staff should visually inspect each child and staff member for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Any child or staff member with a fever of 100.4 degrees or higher on physical check OR with signs of illness on visual inspection OR reporting that they or any member of their household has had fever, cough, or shortness of breath shall not be admitted. Such families or staff shall be instructed to call their health care provider to determine next steps.

If a Family or Staff Member Doesn't Have Access to a Personal Thermometer: In the event the family or staff doesn't have access to a personal thermometer, the parent/guardian or staff should use a thermometer provided.

- A non-contact (temporal) thermometer is recommended. Forehead, tympanic (ear) or axillary (armpit) thermometers are also acceptable. Oral and rectal temperature checks should be avoided.
  - Thermometers must be cleaned per manufacturer instructions, including between uses.

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[29] District of Columbia Office of the State Superintendent of Education, "Guidance for Child Care Providers and Families Related to Coronavirus (COVID-19)," 3-4, updated May 5, 2020, https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/COVID-19%20-%20Child%20Care%20Health%20Guidance%205.5.20.pdf.

- Family: The parent/guardian should then check the child's temperature, after washing hands and wearing disposable gloves.
- Staff member: The staff member should check their own temperature, after washing hands and wearing disposable gloves. If a Staff Member Must Take a Child's Temperature: As above, the parent/guardian should take the child's temperature before or upon arrival as part of the daily screening protocol. In the event that a child care staff member must take a child's temperature at any point, they should follow CDC guidelines to do so safely, including with use of a barrier protection or Personal Protective Equipment (PPE), as articulated in the Appendix.

EXCLUSION AND DISMISSAL CRITERIA

Exclusion Criteria: Children and staff should stay home, or not be admitted, if the child, staff member, or any member of their household has had a temperature of 100.4 degrees or higher, cough, or shortness of breath OR if there are any signs of illness upon arrival. Parents/guardians and staff should call their health care provider for further directions. If a child or staff member stays home due to any of the above symptoms, the child or staff member must:

- Remain home until 72 hours after the fever and symptoms have resolved without the use of fever-reducing medication; AND
- At least seven days after symptoms first appeared, whichever is later. Dismissal Criteria: If a child or staff member develops a fever or other signs of illness, the program director should follow OSSE Licensing Guidelines regarding the exclusion and dismissal of children and staff.
- For children, the program director should immediately isolate the child from other children, notify the child's parent/guardian of the symptoms and that the child needs to be picked up as soon as possible, and immediately follow cleaning and disinfecting procedures for any area and toys with which the child was in contact.
- For staff, the program director should send the staff member home immediately and follow cleaning and disinfecting procedures for any area, toys and equipment with which the staff member was in contact."

SOCIAL DISTANCING AND OTHER SAFETY PROTOCOLS

KEY QUESTIONS	- How will you ensure social distancing, hand washing and other safety protocols within a school facility to mitigate spread? - How will you provide appropriate social distancing for the teachers, principals and school-based staff who are in the high-risk category for COVID-19? - How will you group students with staff? - How will you adjust student transportation to meet social distancing requirements? - How will you utilize outdoor space to help meet social distancing needs?

RESOURCES

"**Social distancing:** Staff members should exercise social distancing with other staff. While not always possible structure environment and activities to facilitate as much social distancing between children as possible (e.g., space cribs 6 feet apart, do not have children wait in lines, eliminate family style eating for snacks and meals). Limit sharing of objects. Encourage outdoor play in staggered groups. Disinfect equipment in between groups. Wash hands after outdoor play."[30]

"Ways you can ensure appropriate social distancing at your facility include:
- No more than 10 individuals (staff and children) clustered in any given activity;
- To the degree possible, keep the same group of children and staff together each day (as opposed to rotating teachers or children);
- Maximize spacing between individuals in a classroom, including while at tables and in group and individual activities;
- No large group activities and activities requiring children to sit or stand in close proximity, e.g., circle time;
- Minimize classroom mixing on the playground, in the cafeteria, in the restroom, and other shared spaces;
- Stagger drop-off and pick-up times;
- Encourage curb- or door-side drop-off and pick-up of children;

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[30] Rutgers Robert Wood Johnson Medical School and Rutgers Graduate School of Education, "Recommendations for Safer, Effective Emergency Childcare for Children of Essential Workers," 2, https://www.childcarenj.gov/getattachment/Resources/Coronavirus/Recommendations_for-Safer_Effective_Emergency_Childcare_for_Children_of_Essential_Workers.pdf?lang=en-US.

- Restrict field trips;
- Encourage administrative staff to telework when possible; and
- Restrict all outside volunteers or visitors, except adults approved to pick up or drop off enrolled children.

"Social distancing in classrooms[31]**:** Typically the goal is to keep students 1-2 meters (roughly 3 to 6 feet) apart from each other in class and in other settings. This is accomplished either by reducing class size to allow spreading students out in the classroom (as small as 10 in Denmark), or by having very large classroom spaces within which students can be spread out (more common in China, where class sizes were reduced to 30, and Singapore where they are about 30 but rooms are quite large). Countries also arrange desks individually rather than having students work at group tables and/or put dividers that serve as barriers on the desks. Similar arrangements pertain in cafeterias to support social distancing.

Other contact: Schedules for arrival, dismissal, class changes, lunchtime, and recess are staggered to keep group sizes small and to enforce social distancing. Sports and physical education have generally been cancelled, although outdoor play in small supervised groups is encouraged. In some contexts, students may attend school for 1/2 days or alternate days to support distancing."

A View of Approaches Taken by Countries Across the Globe[32] **View of Approaches Taken by Countries Across the Globe**[33]*:*

	Denmark	Taiwan	China	Norway	Singapore
Group size and staffing	Classes split in ½: 10-11 students per teacher. Teacher with 1-2 groups with support staff	Students in stable homerooms with a core teacher; subject matter teachers routinely move between classes	Class size reduced from 50 to 30 to allow spacing (classrooms are spacious)	Small groups for ECE (max 3 under age 3; max 6 ages 3-6); groups may change weekly	Class size = about 30, no reduction during COVID; classrooms are spacious
Classroom space / physical distancing	Using outside, gyms, secondary school classrooms (not yet reopened)	Dividers around desks; group desks broken up	Dividers (about 2' tall) around desks to separate students	Encourage use of outdoor space	1-2 meters distance among desks. Desks separated grade 3 and up

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[32] Melnick and Darling-Hammond, *Reopening Schools in the Context of COVID-19: Health and Safety guidelines From Other Countries,* 3.

[33] Ibid.

Arrival procedures	Staggered schedules, arrival / dismissal. No parents on campus	No parents past entry	Designated routes to classes and multiple entrances	Staggered pickup/drop off	Staggered pick up and drop off. Parents required to drop off and report any travel
Meal times		Eat at desks with dividers.	Canteens set up like exam rooms, with dividers between students	Staggered meal times in homeroom groups	Assigned seating (for tracking purposes) with spacing
Recreation	Students sent outside as much as possible; play limited to small groups	Sports activities and PE classes suspended		Stagger outdoor play, divide playground into areas	Small group play time staggered; sports suspended; no inter-school mingling
Transport	School buses allowed; only one student per row	Still running buses, transit, cleaning at least every 8 hours	Using "customized school buses" with seats further apart to limit proximity	Private transportation encouraged; one student per row on buses	Still running buses and public transit

"In all Steps[34]:
- Establish and maintain communication with local and State authorities to determine current mitigation levels in your community.
- Protect and support staff and students who are at higher risk for severe illness, such as providing options for telework and virtual learning.
- Follow CDC's Guidance for Schools and Childcare Programs.
- Provide teachers and staff from higher transmission areas (earlier Step areas) telework and other options as feasible to eliminate travel to schools and camps in lower transmission (later Step) areas and vice versa.
- Encourage any other external community organizations that use the facilities also follow this guidance.

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[34] "CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again," Centers for Disease Control and Prevention (CDC) and Coronavirus Disease 2019 (COVID-19) Response, accessed May 19, 2020 https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf

Step 1: Schools that are currently closed, remain closed. E-learning or distance learning opportunities should be provided for all students. Support provision of student services such as school meal programs, as feasible. Camps should be restricted to children of essential workers and for children who live in the local geographic area only.

Step 2: Remain open with **enhanced** social distancing measures and for children who live in the local geographic area only.

Step 3: Remain open with distancing measures. Restrict attendance to those from limited transmission areas (other Step 3 areas) only.

Promote Social Distancing

Step 1 and 2

- Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).
- Restrict mixing between groups.
- Cancel all field trips, inter-group events, and extracurricular activities (Step 1).
- Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 2; Note: restricting attendance from those in Step 1 areas).
- Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
- Space seating/desks to at least six feet apart.
- Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
- Close communal use spaces such as dining halls and playgrounds if possible; otherwise stagger use and disinfect in between use.
- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Serve individually plated meals and hold activities in separate classrooms and ensure the safety of children with food allergies.
- Stagger arrival and drop-off times or locations, or put in place other protocols to limit close contact with parents or caregivers as much as possible.
- Create social distance between children on school buses (for example, seating children one child per seat, every other row) where possible.

Step 3

- Consider keeping classes together to include the same group of children each day, and consider keeping the same child care providers with the same group each day.
- Allow minimal mixing between groups. Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
- Continue to space out seating and bedding (head-to-toe positioning) to six feet apart, if possible.

- Consider keeping communal use spaces closed, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
- Consider continuing to plate each child's meal, to limit the use of shared serving utensils and ensure the safety of children with food allergies.
- Consider limiting nonessential visitors, volunteers, and activities involving other groups. Restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
- Consider staggering arrival and drop-off times or locations, or put in place other protocols to limit close contact with parents or caregivers as much as possible.

Limit sharing (Steps 1-3)
- Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas and taken home each day and cleaned, if possible.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment etc. assigned to a single student/camper) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.
- Avoid sharing electronic devices, toys, books, and other games or learning aids."

Additional guidance on **Maintaining Healthy Environments** from the CDC[35]

- **"Modified Layouts**
  - Space seating/desks at least 6 feet apart when feasible.
  - Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
  - Create distance between children on school buses (g., seat children one child per row, skip rows) when possible.

- **Physical Barriers and Guides**
  - Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks).

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[35] "Considerations for Schools", Coronavirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention, last modified May 19, 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html.

- o 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).

- **Communal Spaces**
  - o Close communal use shared spaces such as dining halls and playgrounds with shared playground equipment if possible; otherwise, stagger use and clean and disinfect between use.
  - o Add physical barriers, such as plastic flexible screens, between bathroom sinks especially when they cannot be at least 6 feet apart.

- **Food Service**
  - o Have children bring their own meals as feasible, or serve individually plated meals in classrooms instead of in a communal dining hall or cafeteria, while ensuring the safety of children with food allergies.
  - o Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, 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.
  - o If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and ensure the safety of children with food allergies.

Maintaining Healthy Operations[36]
Schools may consider implementing several strategies to maintain healthy operations.

- **Gatherings, Visitors, and Field Trips**
  - o Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible.
  - o Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
  - o Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible.

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[36] "Considerations for Schools", Coronavirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention, last modified May 19, 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html.

- o   Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

- **Identifying Small Groups and Keeping Them Together (Cohorting)**
  - o   Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).
  - o   Limit mixing between groups if possible.

- **Staggered Scheduling**
  - o   Stagger arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents as much as possible.
  - o   When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining distance of approximately 6 feet) between employees and others, especially if social distancing is recommended by state and local health authorities.

- **Designated COVID-19 Point of Contact**
  - o   Designate a staff person to be responsible for responding to COVID-19 concerns (e.g., school nurse). All school staff and families should know who this person is and how to contact them.

- **Sharing Facilities**
  - o   Encourage any organizations that share or use the school facilities to also follow these considerations."