

# PK-12 Education PANDEMIC MITIGATION & RESPONSE GUIDE

Prepared by

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The Global Center for Health Security encompasses all biopreparedness, infectious disease, and special pathogens research, education, and clinical care at the University of Nebraska Medical Center (UNMC) and its clinical partner, Nebraska Medicine. This includes the Nebraska Biocontainment Unit and the Training, Simulation, and Quarantine Center, which features the nation's only federal quarantine unit and simulated biocontainment patient care units for advanced experiential training.

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This guide is intended to provide best practices and recommendations for each P-12 facility and gathering place to minimize the risk that COVID-19 presents to employees, students and the community and to reduce disruptions to schools. This is a guide only and should be adapted to the context of each organization and its students and employees.

Users of this guide should work in coordination with local public health departments to tailor their use of the guide to their specific situations and needs. The information provided in this guide does not, and is not intended to, constitute medical or legal advice and is provided for informational and educational purposes only. The recommendations in this guide reflect the best available information at the time this guide was prepared. All recommendations are consistent with CDC environmental services recommendations. For more information, please visit: https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance. html?deliveryName=USCDC\_2067-DM26911 [cdc.gov].

Adherence to the recommendations in this guide does not guarantee that there will be no outbreak or further spread of COVID-19, and we do not assume responsibility for any injury or damage to persons.

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This document outlines a proposed checklist as a tool to guide the pre-kindergarten through grade 12 (PK-12) for COVID-19 recovery management strategies and facilitate readiness during three steps that are based on disease prevalence and stability of available school and community resources. The check list is intended to be used during each of the three steps, which will be a minimum of 14 days apart and possibly longer as the school-specific and community-specific impacts of each step need to be fully understood before proceeding forward. The three steps which are suggested below are based upon the ability to maintain full school pandemic control with the levels of community pandemic control averaged for a minimum of 14 consecutive days for implementation of each step. It is also understood that many of the check-list items will endure for a semester or longer.

School & Regional Disease Prevalence & Resource Availability

Stable for >14 Days

Stable for >28 Days

Stable for >42 Days

The implementation of guidance provided through the checklist *may be guided* if and when there is routine availability of COVID-19 clinical screening, access to health status evaluation for individuals, and availability and use of virus detection (PCR from nasopharyngeal or possibly oral specimens) and antibody (serologic) testing, as well as availability of public health measures, including timely case contact tracing. Recommended measures to be implemented are based on the hierarchy of different controls, policies and considerations. This checklist provides preliminary guidance for the following sets of controls, policies and procedures, which in combination will enable institutions to assess their readiness to move between Steps 1-3 and sustain a safe and effective learning environment. It is anticipated that numerous aspects of these three steps will endure far longer than the initial set of fourteen day intervals and serve well in event of recurrence of potential future pandemic peaks and valleys.

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### PK-12 EDUCATION COVID-19 PANDEMIC MITIGATION HIERARCHY OF CONTROLS

The measures recommended in the guide must be placed into the context of the prevalence of active and recovered COVID-19 in the broader regional community, ready availability of comprehensive community-specific outpatient and inpatient clinical diagnostic and treatment services, turnaround times on obtaining testing results, the ability of schools to implement and maintain COVID-19 infection prevention interventions, pandemic impacts on the school and surrounding community, and capacity of local public health resources to conduct activities such as timely contact tracing, quarantine, and isolation. It is understood that the broader community prevalence and the availability of comprehensive health care resources will fluctuate over time and hopefully continue to improve. As such, the progression forward and/or backward from one recovery step to another will occur in this broader context.

Clearly, there is no known or well established "play-book" for COVID-19 recovery planning, let alone for organizations as complex as P-12 schools. This guide is intended to provide best practice recommendations and considerations for schools to minimize the risk that COVID-19 poses to students, parents/guardians, staff, and the community and to reduce disruptions to education.

#### <u>Plans should be tailored to the needs of each school and school district and should be</u> <u>developed in partnership with local public health agencies.</u>

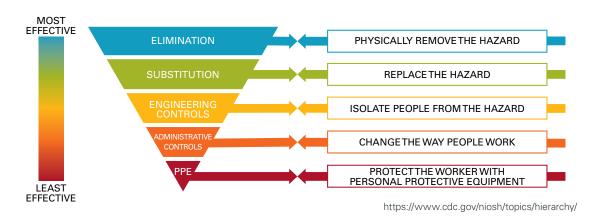
Plans should distinguish and prioritize in person instruction of pre-k through 5th grade. Per the National Academies of Science, Engineering, and Medicine, if there are limitations to opening elementary, middle, and high schools at the same time, it is recommend that priority be given to K-5 in person education as educational losses at an early age are the hardest to recover; these children are least able to effectively utilize remote learning; have the highest proportion of free reduced cost lunch and likely the most food insecurity; and schools are resources to identify child endangerment.<sup>1</sup>

It is important to note that this document is informed by current understanding of the virus; as this knowledge base is rapidly evolving, schools should routinely review and tailor the described recommendations as more information becomes available on virus transmission potential, effectiveness of certain interventions, epidemiological characteristics, and pharmaceutical interventions. Moreover, due to the potential for evolving COVID-19 situations at the local and state level, each school should account and plan for multiple scenarios and changing conditions. Considerations and recommendations are meant to augment, not replace or supersede, state and local guidance and directives.

The guide and checklists are built upon the premise of a hierarchy of controls (see FIGURE 1. on next page), an accepted framework for hazard mitigation from the field of industrial hygiene that infection prevention and control experts use in managing highly hazardous communicable pathogens. The focus of the hazard mitigation framework addressed in this document outlines controls in decreasing order of effectiveness from engineering controls, to administrative controls, to personal protective equipment (PPE). While this framework was designed with industrial entities in mind, many of its basic principles are applicable to all workplaces, including schools. In the current context of mitigating COVID-19 risks, the most effective controls, Elimination and Substitution, are not feasible as the virus is unable to be physically removed at

<sup>1</sup> American Academy of Pediatrics. COVID-19 Planning Considerations: Guidance for School Re-entry. COVID-19 Planning Considerations: Guidance for School Re-entry June 25, 2020. Available at: https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/

Figure 1: Hierarchy of controls



this time (e.g., through vaccination) or substituted for something less hazardous. The latter three steps, involving the application of engineering and administrative controls, along with the proper use of personal protective equipment, are applicable to the mitigation of contagious risk within schools and are the focus of this document. Images from schools such as those in South Korea and elsewhere around the world that have started the reopening process provide examples of implementation of many of the controls detailed in this document. This is not considered medical advice.

### CONSIDERATIONS FOR DIFFERENT AGE GROUPS OF THE PK-12 SCHOOLS

Recommendations described in this document will have to be tailored to different age groups and made appropriate for implementation in elementary, middle, or high schools. In developing various plans to cover multiple scenarios and changing conditions, school districts should consider prioritizing the age groups that might be better suited for remote/virtual learning and those that should be prioritized for in-person education. The latter may include elementary students, given challenges in remote learning for younger cohorts, while high school students may better adapt to remote learning opportunities. Likewise, on-site education may be prioritized for those who experience barriers to remote learning, including younger learners but also those with limited access to internet and remote learning technologies and those who receive special education services.

The ability of younger students to adhere to implemented interventions must also be considered and taken into account. Masking of younger students should be discussed and decided based upon their ability to adhere to requirements; as they may have a tendency to frequently adjust it and touch their face, masking may pose more of a hazard than a benefit to younger cohorts. Younger learners may also have more difficulties adhering to physical distancing measures; as such, considerations should be made for smaller class sizes or larger teaching spaces with lengthier staggered break times that will maximize physical distancing in classrooms and during arrival, breaks, and pickups.

This is a guide only and should be adapted to the context of each school and school district. Implemented interventions will vary based on facility layouts, size of school districts, population of individual schools, ages of students, and other factors. It is important to note that this document is informed by current understanding of the virus and best practices worldwide; as this knowledge base is rapidly evolving, schools should routinely review and tailor the described recommendations as more information becomes available on virus transmission potential, effectiveness of certain interventions, epidemiological characteristics, and pharmaceutical interventions. Schools will need to evaluate which measures are feasible and practical for their settings. Please note that there are key items that are intentionally repeated in several sections so that each section of the checklist may be separately assigned, reviewed and monitored. All recommendations are consistent with CDC guidance for P-12 schools which are found at the CDC web site at https://www.cdc.gov/ coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html



This document provides a comprehensive list of COVID-19 risk mitigation strategies to implement in schools. These Prime Directives identify the foundational principles schools should consider and adopt. Prime directives were developed in coordination with the COVID-19 Back to School PlayBook: Guiding Principles to Keep Students, Teachers, and Staff Safe in K-12 Schools.

- 1. Nothing protects children, teachers, and staff more, including from getting infected within the learning setting, than decreasing community transmission.
- 2. Designate a staff person to be responsible for responding to COVID-19 concerns. Staff, students, parents, and volunteers should know who this person is and how to contact the designated staff member if they become sick or are around others diagnosed with COVID-19. The designated staff person should also be aware of state or local regulatory agency policies related to school guidelines and will serve as the contact with local health authorities and monitor illness among school faculty, staff, and students. A back up person should be identified who can fill this role if the designated person becomes unavailable due to illness or other reason.
- 3. Understand current levels of community transmission. Is it controlled or uncontrolled? If controlled, is there substantial, moderate or low transmission in your community? Most local public health jurisdictions have a data dashboard to help monitor the situation.
- 4. Establish and maintain communication with local and State authorities to determine current levels of community mitigation. These authorities may frame this as phases of reopening. Please note that these reopening guidelines are often determined by multiple competing interests and community conditions that may be independent of actual disease transmission risk in the community.
- 5. Review local, state, and organization guidelines for schools. Review your facility plans including the size of the building, all points of entry, and air handling systems to understand how to implement recommended state and local guidelines and the considerations detailed in this document.
- 6. Schools are encouraged to continue to use and develop strategies for online and other remote education technologies until their communities have contained the spread of COVID as is being done successfully in Asia, Oceania, and Europe.
- 7. Develop strategies to reduce the potential for mass exposure of cases occurring in schools that include social distancing of all persons, defined and consistent groups of students and staff who remain together with limited interaction to others, considerations to reduce the maximum number of people allowed in a building based on social distancing, and implementation of mask wearing requirements for indoor activities.
- All children in grades 3-12 must wear face coverings with medical caveats as well as teachers, staff, and volunteers. If tolerated, masks should be used for children between 3 years of age and third grade.
- 9. Assess the health status of your staff and children as voluntarily shared or based on basic demographics such as age distribution. Provide protections for staff and children at higher risk (or who reside in households with persons at particularly high risk) for severe illness from COVID-19. Offer options for staff at highest risk for severe illness (including older adults and people of all ages with certain underlying medical conditions) that limit their exposure risk. Offer options for students at higher risk of severe illness or those that live with others (e.g., grandparents, parents) at higher risk of severe illness that limit their exposure risk (e.g., remote participation in education).



- 10. Attempt to implement and maintain consistent small cohorts of students and teachers so that a single infection does not lead to closure of the whole school.
- 11. ALL sick children and adults will stay home; and, quarantine will be observed by those with COVID-19 infected persons at home (ALL with direct exposure to COVID-19 cases will stay home in accordance with local quarantine rules).
- 12. All children and adults with confirmed infection will not be allowed to return to school until completing a CDC-defined period of isolation.
- 13. Schools and public health authorities will work together to rapidly report, assess, and act on frequent per school absenteeism, influenza-like illness and other disease reporting health measures.
- 14. Plan to address the increased behavioral health and emotional needs of students and the mental health of teachers, staff, and volunteers.



### **1. CAPACITY, COHORTING AND DE-DENSIFICATION STRATEGIES**

Strategies to promote learning in a 'new normal' may require altered schedules and class sizes to maximize physical distancing in school settings and limit interactions among students and staff while supporting a productive learning environment. Reducing capacity and cohorting serve to avoid a single infection leading to the closure of an entire school. A maximum capacity should be set based on the ability to socially distance all individuals in a building at all times. Schools that typically operate at maximum capacity may consider a target of 50% student population which has been used in multiple countries with success. However, this limit should be locally tested and the gold standard should be the ability to adequately socially distance in a classroom and school environments while managing the range of recommendations in this document. Schools should use the facility layout, needs/preferences and the 50% capacity (or other max limit) to determine if students will be taught in person on a rotating daily, multi-day, or weekly schedule.

🗹 STEPS	1.i. COHORTING, ALTERED SCHEDULES AND DE-DENSIFICATION
1 2 3	RECOMMENDATIONS:
	Consider options for a hybrid approach (e.g., flexible/partial remote learning paired with partial face-to-face instruction).
	Determine the maximum capacity of the schools (e.g., 50%) and the specific rooms within the schools to be used in adherence with physical distancing standards
	Consider alternating use of facilities daily by class groups, with environmental hygiene of spaces prior to use by the next cohort
	Implement cohorting of small consistent groups of students (ideally no more than 10, but guided by local public health recommendations). This minimizes the number of potential exposures for each person and simplifies the identification process of possible exposed students if a case of COVID-19 is confirmed.
	Size of cohorts should be determined by local public health guidelines, size of facilities/ classroom areas, facility spacing arrangements, and other relevant guidelines.
	The same group of students and staff should remain in the same classroom and take breaks and meals together.
	Each cohort should have minimal, if any, interaction with other cohorts.
	Identify options to keep teachers with the same group of students. For older students, when not possible, consider having teachers switch classrooms rather than students, with the recognition that this might not be achievable for certain classes (e.g., chemistry, shop).
	Pre- and after-school programs should be accounted for in cohorting of small groups.
	When possible, stagger arrival and pick-up times to limit crossover of multiple cohorts. If multiple cohorts must arrive/depart at the same time, use different entrances/exits for different classes/cohorts, if available.
	Expand timetable, if possible, so that some students and teachers attend in morning, others in afternoon, others in evening. This may require expanding usual classroom hours.

### 1.ii. LARGE GROUP SCHOOL & COMMUNITY GATHERINGS POLICY

Typical large gatherings in the school context include assemblies, sporting events, and concerts, among others. Large gatherings of students can also be in cafeterias, crowding at breaks or resources, and overcrowding at entrances. Definition of large group will generally depend on the size of the space and the ability to maintain physical distancing, as well as the recommendation of state or federal authorities. From a school system perspective, the large group campus gatherings include the following category types:

- A. On school site with students, teachers and staff only
- B. On school site with students, teachers and staff only and community guests
- C. Off school site with students, teachers and staff only
- D. Off school site with students, teachers and staff only and community guests

Category types A-D will each need a specific gathering and facility post-COVID-19 safety plan.

☑ STEPS 1 2 3		1.ii. LARGE GROUP SCHOOL AND COMMUNITY GATHERINGS POLICY RECOMMENDATIONS:
		Prohibit attendance at all four types of large group gatherings exceeding 25 individuals.
		Prohibit attendance at all Type A large group on school site gatherings.
		Implement a policy that reflects best physical distancing practices to facilitate attendance at Type A large group on school site venues.
		Prohibit attendance at all Type B large group on school site gatherings.
		Implement a policy, reflecting best physical distancing practices to facilitate attendance at Type B large group on school site venues.
		Prohibit attendance at all Type C large and small group community events during Step 1. For step 2, Type C events can be considered if < 25 people.
		Develop a time line to implement a policy that reflects best physical distancing practices to facilitate attendance at Type C large group venues.
		Prohibit attendance at all Type D large group off school site community events.
		Develop a time line to implement a policy that reflects best physical distancing practices to facilitate attendance at Type C large group on school site venues.





### 2. ENGINEERING FACILITY CONTROLS, POLICY & PRACTICE

Engineering Controls are controls that either change the environmental conditions or place a barrier between the individual and the virus. These engineering controls are also directed to remove and/or reduce the droplet/aerosol spread of viral particles. They are not dependent on a person's knowledge, practice, or compliance; therefore, they reduce the opportunity for error. These recommended controls represent best practices; the more of them that can be implemented based on available resources, the lower the risk. However, it is recognized that every institution may not be able to institute each control for every building or situation.

🗹 STEPS	2. ENGINEERING FACILITY CONTROLS POLICY & PRACTICE
1 2 3	RECOMMENDATIONS:
	Consider (as an individual facility or school district) designating someone responsible for coordinating facility planning and/or changes recommended pursuant to this document. This designated person should work closely with school COVID-19 coordinators and other necessary personnel for following guidelines.
	Adjust HVAC systems to create negative pressure, or inward directed airflow, in areas of higher risk for contamination and aerosol generation (e.g., bathrooms, classrooms, etc).
	Create dedicated facility entry and exit points. There may be several depending upon the building traffic patterns and the number of individuals entering and exiting.
	Secure all facility entry and exit points, preferably with proximity ID cards, etc.
	Establish locations and routines that take into account adult social distancing when students are dropped off and picked up.
	Identify an "isolation room" or area where sick students could be kept under supervision pending transport home or to a health care facility.
	Maximize fresh air in all facilities by minimizing recirculation; where recirculation is required, explore options for HEPA-equivalent filtering or sterilization measures (e.g., UV light irradiation). This is particularly important for student, teachers, staff, and residential building areas and less important for relatively lesser used building areas, such as storage, closets, etc.
	Increase air flow exchange rates in buildings. This is particularly important for higher used building areas and less important for relatively lesser used building areas, such as storage, closets, etc.
	In buildings without forced air cooling systems, open windows and doors can be used to maximize airflow. The use of fans should be curtailed, but when used, ensure fans are positioned to maintain inward air flow toward higher-risk rooms and areas of the building.
	When weather conditions permit, consider conducting lessons outdoors if physical distancing can be maintained. Put together kits for each class, to include sanitizer, disinfectant wipes, first aid kit, etc., that can be easily transported when conducting lessons outdoors and disinfect picnic tables or benches, if used, before and after use.
	Identify opportunities to implement non-touch controls (e.g., foot-operated door opener, contactless water fountains, keep doors open to allow movement without touching knobs when possible).

☑ STEPS 1 2 3	2. ENGINEERING FACILITY CONTROLS POLICY & PRACTICE RECOMMENDATIONS:
	<ul> <li>Identify opportunities to place physical barriers (e.g., plexiglass) in critical locations.</li> <li>Examples include: <ul> <li>At tables in classrooms, cafeterias, etc.</li> <li>Between individuals on production or service line such as in food preparation and cafeteria services</li> <li>In front of walk-up windows (e.g., reception desks)</li> <li>In open, administrative office areas, when applicable</li> <li>In high-traffic hallways (e.g., plastic sheeting) to guide student/staff traffic and limit crossover</li> </ul> </li> </ul>
	<ul> <li>Remove and rearrange tables and chairs in classrooms, cafeterias, and common areas to maximize physical distancing</li> <li>Open up additional areas (e.g., gymnasiums, auditoriums) or add tents or other portable options outside of the building for classrooms</li> <li>For tables with built-in seating, use tape to restrict seating and increase distancing between seating spaces</li> <li>Arrange all desks/tables so students face the same direction</li> </ul>
	At nap time, ensure that all naptime mats, cots or cribs are spaced out as much as possible, ideally 6 feet apart. Consider placing the mats, cots and cribs head to toe in order to further reduce the potential for viral spread.
	Disable automated dryers in bathrooms and replace with motion-sense dispensers for paper towels.



### **3. ADMINISTRATIVE SCHOOL CONTROLS POLICY & PROCEDURES**

Administrative controls are considered less effective than engineering controls but are the primary control measures available for COVID-19. These include policies, procedures, training, and school practices. Ineffective policies or practices or inconsistent compliance may heighten exposure risks.

STEPS	3.i. ADMINISTRATION, COORDINATION & LOGISTICS			
1 2 3	RECOMMENDATIONS:			
	Identify school and experts in the community who can advise in critical areas, such as engineering, environmental services, public safety and health care. This group should convene regularly in a standing schedule and be available to deal with challenges and opportunities as well as questions when they arise.			
	Establish an Office of Public Security (OPH) with responsibility for ensuring institutional compliance with local, State, and national laws, policies, recommendations, and/or guidelines. The OPH will serve as the coordinating hub for developing campus policies and procedures that help to ensure the wellness and safety of teachers, staff and students. Specifically, the OPH will ensure accessibility of all resources devoted to public health and safety for individuals from traditionally underserved communities and individuals with disabilities.			
	Work closely with the school's clinic and community referral schools with expertise in the diagnosis and treatment of COVID-19 patients. Ensure confidential and ready access for all students and staff for clinical matters related to pandemic spread and recovery.			
	Develop and widely distribute standard operating procedures (SOPs) that detail actions to be taken if a student, staff, parent or visitor is symptomatic for COVID-19 and/or tests positive for COVID-19 or is exposed to an individual positive for COVID-19. This should include:			
	Processes to trace and contact relevant third parties who may have been exposed			
	<ul> <li>Communication with environmental services to facilitate rapid cleaning and disinfecting surfaces to immediately limit student and staff exposure</li> </ul>			
	<ul> <li>In the event of a confirmed case of COVID-19, consider short term dismissal of staff and students for 2-5 days with remote or e-learning to limit spread and determine next steps.</li> </ul>			
	<ul> <li>During school dismissals due to confirmed case, also cancel other activities including extracurricular group activities, school-based afterschool programs, and large events (e.g. field trips, sporting events, assemblies, spirit nights).</li> </ul>			
	• During school dismissals due to confirmed case, discourage staff, students and their families from gathering or socializing anywhere. This includes group child care arrangements, as well as gathering at places like a friend's, trips, and sporting events.			
	<ul> <li>Working with families and local authorities, take appropriate steps to prevent, diagnose and if necessary, quarantine/isolate or refer for treatment.</li> </ul>			
	<ul> <li>In the event of school closure, ensure continuity of meal programs including methods to distribute food, and changing to options such as "grab and go" bagged lunches or meal delivery.</li> </ul>			
	<ul> <li>Work with local public health authorities to make emerging antiviral therapy and/or vaccines available in a timely way as they become available.</li> </ul>			

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STEPS	3.i. ADMINISTRATION, COORDINATION & LOGISTICS
1 2 3	RECOMMENDATIONS:
	Develop and implement a return to school policy in coordination with local public health department for all recovering students and staff, those returning after exposure to an infected individual and those returning to the community from international and high-risk national locations. See this Decision Tree for Youth, Student and Child Care Programs as an example
	Limit off school visitors and guests as much as possible. Allow only one parent/guardian to enter site for visit/pick up of a student at a time. Ideally, students should go out to meet their parents/guardians in their cars for pick-up. All parents/guardians visitors and guests are to be self screened (preferably using a mobile device application) and have an accessible profile either on the mobile device or a hard copy that is updated by the individual within the past 24 hours.
	Widely share the "P-12 Education Check-List" and maintain updated status reports in all categories. Create a dashboard for preparedness and execution of each of the eight sections of the checklist.
	Establish greetings and routines that take into account adult social distancing when students are dropped off and picked up.
	Maintain an updated incident command structure with current contact information of school leadership and outside resources for school safety, health care, public health organizations and others.
	Students, teachers and staff who are unable or unwilling to comply with the implemented guidelines will be advised to refrain from all presence on campus. If they choose to violate campus or system policy, they will be referred to the school administration.
	Parents who are unable or unwilling to comply with the implemented guidelines will be advised to refrain and remove student from all presence on school.
	Develop protocols to ensure that persons with underlying health conditions that may predispose them to COVD-19 receive the necessary accommodations needed for them to do their jobs safely
	All teachers, staff, students, and parent/guardian "Code of Conduct" policies and procedures as well as community/state level requirements will apply and should provide guidance in event of intentional noncompliance.
	Prior to returning to school, all staff should be provided online training and education on COVID-19 and implemented COVID -19 policies and interventions to clarify new expectations. Develop a resource handbook for teachers and staff that is frequently updated.
	Develop specific protocols for substitute teachers. These may include remaining fixed to particular schools and being required to participate in regular daily screening (i.e., through an app or web-based platform).



STEPS	3.ii. UNIVERSAL MASK USE POLICY & PRACTICE
1 2 3	RECOMMENDATIONS:
	Policy in place for all teachers, staff, parents/guardians, visitors, and students to wear face masks at all times while on the school unless while eating, etc. This policy will be specific to the type of mask, frequency of mask replacement, use of mask recycling as well as specific recommendations for activity, location, day, and times of mask use.
	Provide teachers, staff, parents/guardians and visitors with information on proper face mask selection, use and disposal.
	Provide students, teachers, staff, parents/guardians and visitors with information on proper face mask instructions on proper donning and doffing.
	Provide students, teachers, staff, parents/guardians and visitors an assessment of their face mask donning and doffing technique. Restrict access to school facilities and programs until assessment is completed.
STEPS 1 2 3	3.iii. COMMUNICATIONS AND EDUCATIONAL PROGRAMS RECOMMENDATIONS:
	Provide frequent updates from leadership to teachers, staff, parents/guardians and community partners using multiple communication modalities (social media, e-mail, video, virtual town hall's, open letters, FAQ's etc.).
	Host virtual town halls periodically with parents/guardians, staff, and administrative personnel to relay information related to policies, education, and address concerns
	Develop and institute a COVID-19 education and communication plan for students, staff, and parents/guardians, that includes information related to COVID-19 symptoms, basic protective measures, and school system policies and procedures.
	Communicate with parents on a daily basis about the student's behavior and social- emotional needs.
	Provide easily translated and understandable posters/infographics, web materials and social media in multiple languages.
	Post signage throughout facility directing risk-minimizing behavior for teachers, staff, parents/guardians and visitors. Examples Include:
	<ul> <li>Hand-washing and surface sanitizing procedures</li> </ul>
	COVID-19 symptoms and how to stop the spread
	Screening & testing access, process and requirements
	Implement a self-screening and reporting policy for teachers, staff, parents/guardians and visitors, preferably using mobile or web-based technology.
	Provide information and resources to teachers, staff, parents/guardians, and visitors on social distancing outside of workplace (e.g., in homes, places of worship, transportation).
	Refresh teachers, staff, parents/guardians and visitors on proper hand hygiene and refraining from touching their face and encourage frequent verbal cues and reminders to reinforce behaviors among students.
	Share information and training via on-site televisions, mobile devices, web pages, PA systems, etc. Demonstrations with students, staff, parents/guardians and visitors of best practices are useful.
	Step 1: Stable for >14 days   Step 2: Stable for >28 days   Step 3: Stable for >42 day

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STEPS 2 3	3.iii. COMMUNICATIONS AND EDUCATIONAL PROGRAMS RECOMMENDATIONS:
	In the event of a student, teacher or staff diagnosed with COVID-19, ensure quick communication with staff, parents and students, in coordination with local health officials to communicate dismissal decisions related to possible exposures.
	Develop and quickly include messages to counter potential stigma and discrimination against persons who become infected and ensure confidentiality of the student, teacher or staff member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act.
STEPS	3.iv. GUIDANCE FOR PROTECTION AT HOME AND IN COMMUNITY RECOMMENDATIONS:
	Provide information to students, teachers, staff and parents/guardians on self-monitoring of COVID-19 symptoms, preferably with mobile or web based technology on a fixed schedule.
	Discourage all off school gatherings, including any social, business, religious or other gatherings of more than ten individuals.
	Provide information to students, teachers, staff and parents/guardians on safe physical distancing practices when off school, particularly at any social, business, religious or other gatherings.
	Provide information to students, teachers, staff and parents/guardians on necessary protective measures against COVID-19. Examples include:
	Hand-washing and surface sanitizing procedures
	Staying home when sick or caring for family members if they are sick
	Avoiding contact with people who are sick
	<ul> <li>Following guidance of local and state public health officials on staying home . and avoiding unnecessary trips outside of the home such as shopping or travel.</li> </ul>
	Encourage students, teachers, staff and parents/guardians to wear their masks home after leaving the school to protect themselves and those they reside with.
	Encourage students, teachers, staff and parents/guardians to wear a face covering during transportation to and from school to protect themselves and others.
	Encourage students, teachers, staff and parents/guardians to exchange used masks for new masks at frequent intervals and at fixed locations.
	Provide educational materials for home cleaning. Recommendations for approved equipment and materials by environmental safety professionals.
	Provide carpooling, school bus service and group travel
	<ul> <li>Encourage students, teachers, staff and parents/guardians to minimize carpooling when possible</li> </ul>
	• As able, limit the number of people per vehicle and space out
	<ul> <li>Remind carpoolers of basic protective measures, cleanse contact surfaces frequently, masking, etc.</li> </ul>



		PS	3.v. ENVIRONMENTAL SAFETY AND CLEANING POLICY &				
1	2	3	PROCEDURES RECOMMENDATIONS:				
			Develop and implement standard operating procedures (SOPs) for enhanced cleaning and disinfection of common contact areas and high-touch surfaces.				
			Maintain a well-trained and cross trained environmental services workforce with expertise in best practices, equipment use and approved materials.				
			Frequently assess the stock of personal protective equipment (PPE), cleaning supplies, sanitizers, and disinfectants.				
			Maintain a sufficient reserve stock of approved personal protective equipment (PPE), cleaning supplies and equipment.				
			Provide updated training for those providing environmental services, public safety and other "first responders" servicing the campus.				
			Identify common high-touch surfaces and develop a checklist to ensure frequent sanitization throughout each day. Common high-touch surfaces include:				
			Door knobs and handles     Vending machines and ATM's				
			Push plates and crash bars on doors     Tables and chairs in break rooms				
			Automatic door openers     Fridge / microwave handles				
			Overhead light and lamp switches     in lunch rooms				
			Stair doors and hand rails     Faucet handles in kitchens     and bathrooms				
			Elevator call and interior buttons     Post room ourfocos and fixtures				
			Touch key pads     Drinking fountains				
	$\square$	$\Box$	-				
			Playgrounds, gyms, and other common spaces will only be used by one group of consistent cohort of students at a time and will be cleaned after each use.				
			For recess and physical education classes, opt for physical activities that minimize contact of shared surfaces.				
			In the event a student, teacher, or staff member tests positive for COVID-19, develop an SOP for immediate cleaning and disinfecting impacted areas (e.g., classrooms, labs, library, cafeteria, washrooms, play areas, pathways, etc.).				
			Have a sink with soap and water or hand sanitizer dispensers available and functional throughout each facility, particularly at entrance, exits, cafeterias, and high traffic transition areas. Touchless hand sanitizer dispensers are preferred to manual ones (e.g., pumps). Use soap and water when hands are visibly soiled.				
			Consider having prompts for students and staff to use hand sanitizer at regular intervals (e.g., every 30 minutes).				
			Place sign-in stations outside the building, and provide sanitary wipes for cleaning pens between each use.				
			Hand hygiene stations should be set up at the entrance of the facility, so that students can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol next to parent sign-in sheets.				
			Meals and snacks will be served in classrooms by an adult (not family-style with students serving themselves and then passing the dish to others).				
			Make sanitizing wipes and hand soap dispensers readily available in food service, nap and bathroom areas and common areas.				
			Provide sanitizing wipes and hand sanitizer to teachers for use in classrooms and common areas.				

☑ STEPS 1 2 3		3.v. ENVIRONMENTAL SAFETY AND CLEANING POLICY & PROCEDURES RECOMMENDATIONS:
		Identify common shared technology and equipment. Develop and implement procedures to limit when possible, or sanitize between users.
		Avoid sharing items that are difficult to disinfect . When unavoidable, build in dedicated time and protocols to sanitize or replace shared items during the school day.
		Use no-touch handles, knobs, faucets, receptacles, etc. when possible.
		Provide students their own dedicated labeled area or containers where they should keep their personal items (e.g., backpacks, lunchboxes, lockers).

STEPS	3.vi	. <b>FOO</b> [	) SER	VICES
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	As possible, have students eat lunch in their dedicated classroom rather than communal dining spaces/cafeterias.
	Remove self-service food options and switch to prepackaged food options. Encourage students to bring their own meals or serve individual meals in the classroom.
	Avoid sharing of food and utensils.
	Avoid the use of communal drinking fountains unless they are contactless and provide alternatives (e.g., reusable water bottles).

STEPS			3.vii. ACTIVE SCREENING OF STUDENTS, TEACHERS,
1	2	3	PARENTS/GUARDIANS, STAFF & VISITORS RECOMMENDATIONS:
			Designate limited points of entry for each facility. If possible, identify a different point(s) of exit.
			Visual markers (e.g., tape, spray paint) should be added and spaced out every six feet to prevent individuals from crowding during the screening process.
			Provide masks at the earliest possible point during the screening process, when needed, ideally prior to screening and prior to or immediately upon entering the facility.
			Establish greetings and routines that take into account adult social distancing when students are dropped off and picked up.
			Develop and implement COVID-19 specific screening questions conducted daily for all individuals entering facility.
			Use a web-based or mobile device screening application to prepopulate a single secured database for teachers, staff, parents/guardians, and visitors.
			For schools with the resources and capacity, students, teachers, staff and parents/ guardians, and visitors should be subjected to daily temperature and symptom screening prior to entering the school and/or facility.
			<ul> <li>The screener(s) is /are trained to administer, record and transmit the temperature checks.</li> </ul>
			<ul> <li>The screener(s) are well versed in a school wide policy and procedure in event an individual is found to be febrile on screening.</li> </ul>
			<ul> <li>The screener(s) have adequate PPE and, as applicable, maintain social distancing as testing is performed.</li> </ul>



STEPS	3.vii. ACTIVE SCREENING OF STUDENTS, TEACHERS,
1 2 3	PARENTS/GUARDIANS, STAFF & VISITORS RECOMMENDATIONS:
	<ul> <li>If using an infrared thermometer, ensure proper validation prior to use and periodically thereafter.</li> </ul>
	<ul> <li>Develop and implement COVID-19 specific screening questions that could be displayed on a poster and asked for each individual, or printed on a sheet that is acknowledged and signed by the individual.</li> </ul>
	For schools that do not have resources or capacity to conduct daily active screening, implement a self-screening and reporting policy for students (which may have to be completed by parents/guardians) and staff.
	<ul> <li>Use a web-based or mobile device screening application to populate a single secured database for students, staff, and for any visitors. If students are supplied with a mobile device (e.g., chromebook, iPad) for home use, have student (or parent, depending on age) complete the daily screening on the device prior to leaving for school.</li> </ul>
	<ul> <li>For schools with limited capacity to conduct daily screening of staff and students, screening should be prioritized for all visitors entering the facility.</li> </ul>
	If self screening for COVID-19 symptoms is positive, students, teachers and staff will be not be able to attend the school and referred for secondary screening/testing conducted by staff with medical training.
	All who screen positive for COVID-19 or have an immediate family member or ones residing in the same dwelling who have screened positive must be asymptomatic for 14 days and test PCR negative before returning to school common areas (class, library, cafeteria, etc.).
STEPS	3.viii. SCHOOL PHYSICAL DISTANCING POLICY & PRACTICES
1 2 3	RECOMMENDATIONS:
	Develop and implement policy to limit school admission to no more than one parent/guardian at a time and no visitors except for required essential services.
	Stagger arrival and drop off times and plan to limit direct contact with parents as much as possible. Enforce a curbside drop-off and pick-up policy wherein parents/guardians remain in their vehicles to avoid direct contact as much as possible.
	Maintain at least six feet of physical distance whenever possible and when there is no physical barrier between individuals. Group size shall ideally be limited to 10 students or fewer in a single classroom, but determined by local public health guidelines; smaller staff-student ratios than those allowed by the state, especially for infants and toddlers, are preferred.
	Put strategies in place to ensure physical distancing. Examples Include:
	<ul> <li>Staggered break and physical activity times to avoid large groups of students and staff and avoid multiple cohorts of students interacting</li> </ul>
	<ul> <li>Reset classroom and conference/meeting room seating to promote physical distancing. Use visual markers (e.g., "X" taped on seat) to identify seats that are appropriately distanced if built-in seating</li> </ul>
	<ul> <li>Provide additional rooms for classrooms or add tents or other portable options outside of building</li> </ul>
	• Limit chairs per table for dining, desk and/or gathering areas
	Prohibit physical contact (e.g., hugs, high fives, handshakes
	Discourage yelling, singing loudly, and screaming, all which facilitate further travel of aerosols and droplets

1	STE	PS 3	3.viii. SCHOOL PHYSICAL DISTANCING POLICY & PRACTICES RECOMMENDATIONS:
			<ul> <li>Recognize that certain classes/activities pose a higher risk (e.g., choir, band) and require additional considerations for risk-mitigation. Schools and school districts should carefully weigh risks associated with these activities and risk-mitigation strategies to determine whether they should be canceled or how they can be modified. These should only be offered if particular arrangements are met, to include:</li> <li>Adequate physical distancing can be maintained, which will likely require larger rooms than normal and/or a smaller number of participants</li> <li>Practice conducted outdoors with adequate physical distancing, when conditions permit</li> <li>Processes for disinfection of equipment have been developed</li> <li>See Special Considerations for Extracurricular Activities below for guidance resources</li> </ul>
			Use tape on floors, wherever lines form, to designate spots 6 feet apart (e.g., entrances, screening areas, classrooms, administrative area)
			As able, assign individuals (e.g., teachers, administrative staff) to monitor physical distancing at start times, during breaks in hallways, and when school ends
			If office staff required on-site, maintain 6 feet distancing practice when there is no physical barrier between individuals. Conduct meetings from office using video or conference call technology as much as possible.
			Create online options for traditionally walk-up window services for parents and visitors
			Use protected window strategy for teachers, staff, and students needing assistance from any administration office-based service.
			If possible, arrange for administrative staff to telework from their homes.
1	STE	PS 3	3.ix. PERSONNEL WORKFLOW AND MOVEMENT POLICY RECOMMENDATIONS:
			When possible, stagger arrival and pick-up times to limit crossover of multiple cohorts. If multiple cohorts must arrive/depart at the same time, use different entrances/exits for different classes/cohorts, if available.
			Limit crossover in entrances, hallways, and common spaces by adjusting personnel workflow and physical structure as needed. Encourage staff and students to walk to the
_			right in common hallways, corridors and paths.
			right in common hallways, corridors and paths. Attempt to use dedicated separate entries and separate exits for each facility.
			Attempt to use dedicated separate entries and separate exits for each facility.
			Attempt to use dedicated separate entries and separate exits for each facility. Limit the number of students, teachers or staff in a hallway or entryway at one time. Limit contact with high-touch surfaces (e.g., keep doors open to allow movement without
			Attempt to use dedicated separate entries and separate exits for each facility. Limit the number of students, teachers or staff in a hallway or entryway at one time. Limit contact with high-touch surfaces (e.g., keep doors open to allow movement without touching knobs when possible and when it doesn't impact fire and other safety zoning). Promote unidirectional flow through hallways and meeting areas and when entering/exiting

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	STE	PS	3.x. LEARNING AND CARE ENVIRONMENT POLICY & PRACTICE
1	2	3	RECOMMENDATIONS:
			Identify coordinators for each school facility or area to lead response to COVID-19 and reduce its impact (e.g., school nurse). Coordinators should be known and accessible to all, including staff, students, and parents/guardians. They should serve as the main source of information and oversee implementing COVID-19 guidelines, addressing concerns and issues, and evaluating school impact.
			Focus on establishing consistent, reliable relationships between staff and students.
			Institute flexible workplace and sick leave policies appropriate for all staff and students.
			<ul> <li>For older staff members or those at risk for more severe disease, provide options for teleworking or modify responsibilities to reduce exposure risks (e.g., support distance teaching rather than in-person teaching).</li> </ul>
			<ul> <li>For students with pre-existing conditions, or those who live with someone at higher risk for more severe disease, provide remote learning options.</li> </ul>
			Determine additional support needs for students with disabilities.
			Institute a no-penalty approach for students and staff staying home while sick. Avoid awards tied to perfect attendance.
			Discourage policies that may incentivize students, teachers and staff to come to school when sick or caring for an ill individual at home (e.g., extra food at end of shift, bonus pay, required exams, registration and others).
			Ensure a six foot or more physical distancing in all classrooms and other instructional venues. For classes over 10 (or larger based on local public health recommendations). develop a hybrid remote/traditional model, prioritizing remote learning for the most "vulnerable" teachers, learners and staff when possible.
			Maintain opportunities for all students, teachers and staff who prefer the blended learning, fully remote or the traditional instructional and assessment combinations.
			Ensure students and teachers work closely with accessibility services staffs to manage specific accommodations related to on campus or remote teaching and learning.
			Implement ways to identify and support high risk "vulnerable" students, teachers and staff and maintain remote learning opportunities to enhance their safety during Step I and possibly beyond.
			Transfer the majority of administrative, student service and academic assessment/ evaluation to a remote and/or online setting. This would include registration, financial aid, academic advising, counseling and psychological services and if possible, didactic exams, etc.
			Engage teachers in development and implementation of strategies as well as serving to promote adherence to agreed upon guidelines.
			Engage school nurses, when feasible and appropriate, to follow-up with parents calling in students sick to provide and obtain information and facilitate testing, treatment, and recovery.
			Cross-train employees to perform essential functions to maintain school safety and a full set of instructional operations and develop plans to operate with a reduced instructional teacher and staff workforce, if necessary.
			Conduct routine internal audits using an Audit Tool checklist to validate implemented practices (e.g., mask adherence, physical distancing, hand hygiene).

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	STE	PS	3.x. LEARNING AND CARE ENVIRONMENT POLICY & PRACTICE
1	2	3	RECOMMENDATIONS:
			Provide easily cleaned toy thermometers, and disposable masks, and other PPE equipment for dramatic play in order to reduce anxiety and enhance younger students' sense of mastery.
			Avoid use of items (for example, soft or plush toys) that are not easily cleaned, sanitized, or disinfected.
			School and/or community support for staff with loss of resiliency, stress, depression and suicidal ideation needs to be accessible and confidential using web based, mobile and other more traditional modalities.
			Facilitate staff participation in professional development courses and experiences that focus on trauma-informed practices and resources for parents/guardians.
	OTE		
1	STE 2	PS 3	3.xi. LABORATORY, STUDIO AND REHEARSAL SPACE POLICY & PRACTICE RECOMMENDATIONS:
			Identify facility coordinators for implementing COVID-19 guidelines, addressing issues and evaluating facility impact.
			Maintain opportunities for hybrid, fully remote and traditional research, studio and rehearsal spaces.
			Ensure students and teachers work closely with accessibility services staff to manage specific accommodations related to on campus or remote research laboratory engagement.
			Implement ways to support high risk "vulnerable" students, teachers and staff and maintain remote opportunities to enhance their safety related to their research, studio and rehearsal programs.
			Require that all students, teachers, and staff carry a valid campus specific ID in research, studio and rehearsal space facilities.
			Develop plans to operate with reduced research teachers, and staff workforce on-site.
			Cross-train employees to perform essential functions to maintain laboratory operations.
			Limit non-essential research, studio and rehearsal activities. Institute and widely communicate flexible campus and sick leave policies for students, teachers, and staff.
			Minimize all research, studio and rehearsal activities that create aerosols unless they are performed in controlled environments.
			Maintain only essential personnel in research, studio and rehearsal spaces at all times.
			Protect all environmental services staff, particularly following all biosafety level (BSL)

1	2	3	RECOMMENDATIONS:
			Teachers and staff should eliminate all nonessential business statewide, national and international travel
			Teachers and staff should limit all nonessential business statewide, national and international travel
			Teachers and staff should eliminate all nonessential personal statewide, national and international travel



<ul><li>✓ STEPS</li><li>1 2 3</li></ul>	3.xii. BUSINESS AND PERSONAL TRAVEL POLICY & PRACTICE RECOMMENDATIONS:
	Teachers and staff should limit all nonessential personal statewide, national and international travel
	Teachers, staff and students returning to school from higher-risk locations within the state, higher-risk national travel and all international travel should be screened with a mobile or web based protocol and if determined to be at elevated risk, are asked to be PCR-tested prior to return to school. Those individuals screened low risk, testing PCR negative with/without immunity will be able to return to school academic facilities
	Teachers, staff and students returning from higher risk in state, all higher risk national travel and all international travel who screen at elevated risk, are positive on PCR testing or refuse to be PCR tested, will self-quarantine in their homes or residence halls for fourteen days prior to returning to school facilities.
	Teachers, staff and students returning from higher risk in state, all higher risk national travel and all international travel will abide by all federal and local public health policy prior to returning to school facilities.

### 4. PERSONAL PROTECTIVE EQUIPMENT POLICY & PROCEDURES

The effectiveness of PPE is dependent on the user; if the user wears improperly, or the PPE fails, the individual is exposed. Staff, parents/guardians, and where appropriate, students should therefore be trained on its correct use.

🗹 STE	EPS	4. PERSONAL PROTECTIVE EQUIPMENT POLICY & PRACTICE
1 2	3	RECOMMENDATIONS:
		Per the Universal Mask policy recommendation, all staff, parents/guardians, older students, and visitors should be masked with a cloth or procedure/surgical mask face-covering upon entrance to the facility due to close contact with other staff and students.
		Provide School nurses with procedure masks.
		<ul> <li>Emphasize that all PPE must be worn properly and consistently.</li> <li>The mask should cover both the mouth AND nose</li> <li>Avoid touching the front of the mask and do not allow the mask to hang around the neck</li> </ul>
		As careful compliance to proper mask use is essential, if necessary, identify auditors/ observers to ensure compliance.
		Masks may be a challenge for younger students to wear all day, without posing more of a hazard due to excessive touching of the face and cloth mask
		<ul> <li>Consider requiring middle and high schoolers to wear masks, and provide them the necessary education and resources to be able to do so correctly.</li> </ul>
		<ul> <li>In cases where masks are unlikely to be used consistently and properly by younger students, ensure maximal physical distancing between desks and install physical barriers, where able.</li> </ul>
		Provide PPE donning and doffing instruction and assessment for each student and staff depending on type of PPE.
		When taking off the mask during lunch to eat, remove by the ear loops and place on a clean paper towel with the exterior side of mask down. Do not touch the front of the mask, and the mask should not be pushed under the chin to rest on the neck.
		Emphasize proper hand hygiene after facial coverings are removed. Provide necessary hand hygiene instruction and materials.
		Post checklist/instructions for donning/doffing PPE in multiple languages. Provide credentialing at frequent intervals for staff.
		Offer ongoing incentives for continuous donning and doffing best practices. Recognize the PPE champion staff routinely. Recognize the PPE champions routinely.



# **5. PCR, ANTIGEN PCR, ANTIGEN AND SEROLOGIC ANTIBODY TESTING**

PCR, antigen and antibody testing (from nasopharyngeal swab or other appropriate sample) as well as antibody testing are critical to provide both pandemic surveillance and contact tracing. These testing protocols must be FDA EUA (Emergency Use Authorization) certified and validated. These recommendations apply to those with influenza like illness (ILI) and/or COVID-19 associated symptoms and other asymptomatic cohorts or individuals. Specimen collection and handling are also critical to protect those managing the specimens and optimizing the accuracy of the testing.

☑ STEPS 1 2 3	5. PCR, ANTIGEN AND SEROLOGIC ANTIBODY TESTING RECOMMENDATIONS:
	A routine testing strategy should be developed for staff in coordination with local public health officials based upon school and home syndromic surveillance.
	Develop and implement routine student, teacher, and staff screening, testing and retesting at strategic intervals that can be displayed in real-time on a mobile device or on a hard copy. This can be linked to individual real-time access control at school facilities. Consider broadening to include a routine ILI respiratory panel when typical ILI annual cycle occurs.
	Use mobile device technology as much as possible for syndromic surveillance and pre- and post-testing determinations.
	If a teacher, staff member or student is suspected or confirmed to have COVID-19, quarantine, isolation and testing should be prioritized among close contacts of the confirmed case including all family members and domestic partners.
	If a student is suspected or confirmed to have COVID-19, the family should provide evidence of quarantine, isolation and testing prior to return to the school.
	Work with local and state public health officials to conduct testing of all staff cases. Provide on-site professional screening and testing whenever possible in locations convenient for staff.
	Initiate required testing for all suspected and/or confirmed teacher or staff cases with testing confirmation provided by local health system or public health official. Require follow-up prior to access to school facilities.
	Utilize only testing protocols and technology that have been FDA EUA (Emergency Use Authorization) and validated.
	Have protocols in place for referral to telehealth and traditional medical care in event that a student or staff member needs a referral. Ensure appropriate contact information is available in case of need to transfer student to a health and wellness school or community health care organizations.

### 6. MEDICAL AND BEHAVIORAL HEALTH POLICY & PROCEDURES

STEPS	6. MEDICAL AND BEHAVIORAL HEALTH POLICY & PRACTICE
1 2 3	RECOMMENDATIONS:
	Teachers, staff, parents/guardians, and students should be kept aware of signs and symptoms of influenza-like illness and specifically COVID-19. This also includes awareness of best practices and specific resources in event of their development of signs or symptoms or a high risk exposure to a person under investigation (PUI).
	Teachers, staff, parents/guardians, and students should be kept aware of the signs and symptoms of emotional stress, depression and suicidal ideation. This also includes awareness of best practices and specific resources in event of their development of signs or symptoms or observing the signs or symptoms in others.
	Provide access to mobile and web-based anonymous medical and behavioral self-screening applications based on best practices.
	Provide access/contact information to 24X7 confidential medical services including access to urgent care and emergency care facilities in proximity to campus.
	Implement tools to identify and reach out to students with atypical period intervals of absence or lack of participation in academic and/or extracurricular events.
	Work closely with the regional clinical health center/clinic and community referral centers with expertise in the diagnosis and treatment of COVID-19 patients. Ensure confidential and ready access for all learners, teachers and staff for clinical matters related to pandemic spread and recovery.
	Develop and widely distribute standard operating procedures (SOPs) that detail actions to be taken if a learner, teacher, staff member, or visitor is symptomatic for COVID-19 and/or tests positive for COVID-19 or is exposed to an individual positive for COVID-19.
	Develop and communicate weekly wellness practices and policies to the campus community via established social/campus media channels.
	Ensure that students, teachers, and staff have access/contact information to 24/7 mental health and crisis support services via on campus and/or telecounseling resources.
	Communicate availability of established mental health support resources to teachers, staff, parents/guardians, and students via established social/campus media channels.
	For individuals experiencing housing insecurity, either develop/bolster an internal resource or ensure a process is in place to connect individuals to local/regional resources.
	For individuals experiencing food insecurity, either develop/bolster an internal food pantry and process or ensure a process is established to connect individuals to local/regional resources.
	Identify one or more hardship funds to support individuals in crisis. Make information readily available to students, teachers, parents/guardians, and staff about how to apply for assistance.
	Ensure that campus wellness facilities, programs, and services (e.g., gymnasiums, sports, etc.) comply with all local, state, and national laws, policies, and established professional guidelines.
	Develop and implement a "well check" outreach system for students that can be used to identify wellness-based concerns and issues.



✓ STEPS 1 2 3	6. MEDICAL AND BEHAVIORAL HEALTH POLICY & PRACTICE RECOMMENDATIONS:
	Ensure access to a regional health center is equipped to manage both randomized and daily individual COVID testing for students, teachers, and staff.
	Ensure teachers, staff and students complete mandatory safety education modules prior to the start of the semester (required for all new students). The training modules must clearly cover all relevant COVID-19 campus health and safety policies and procedures (i.e. required masking, physical distancing, daily self-checking, campus visitations, and testing protocol and procedures).

### 7. RESIDENCE HALLS AND CAMPUS LIVING POLICY & PRACTICE

For boarding schools, residence halls and related living facilities will be safely available for learners and staff returning to campus. The engineering and policy practices described earlier will all apply. In addition, several additional best practices will be implemented.

STEPS	
	<ul> <li>Residence halls available to students will be able to use all physical distancing best practices in all designated areas.</li> </ul>
	Residence halls, dining facilities and common areas on campus are NOT being currently shared for community public health quarantine, isolation or post-acute care needs.
	One or more residence halls or segregated section on the campus will be maintained for learners who develop influenza like syndromes or COVID-19 related symptoms, require isolation and/or quarantine for medical reasons.
	Policy will be developed and implemented to maintain physical distancing in all food service and campus dining facilities. Efforts to increase "take-out" services and spaced dining as well as responsibilities for surface cleansing and waste disposal will be addressed.
	Increased surface and facility cleaning will be done with approved equipment and materials by learners, resident advisors and/or the environmental services personnel who are specifically trained and protected in all common areas and residential facilities.
	Designated PPE and appropriate training in proper use will be required of all residential life staff working in campus housing facilities.
	Mobile device screening will be done at routine intervals. Any learner screening positive or who develops symptoms of ILI will immediately self-isolate and contact the Public Health Office and/or their primary care provider/clinic. The residential life staff can facilitate this contact when needed.
	Ensure the school is equipped to manage or refer for both randomized and daily individual COVID-19 testing for students and staff.
	Ensure students and staff complete age specific mandatory safety education modules prior to the start of each session. The training modules must clearly cover all relevant age specific COVID-19 health and safety policies and procedures (i.e. required masking, physical distancing, daily self-checking, etc).





Many learners, teachers and staff are based off campus in settings where experiential learning and teaching occurs. This includes field trips, international learning experiences etc.

STEPS	8. OFF-CAMPUS EXPERIENTIAL LEARNING
1 2 3	RECOMMENDATIONS:
	Evaluate off campus and particularly out of state /international experiential learning opportunities and restore such experiences when possible in the academic year when they meet student safety requirements.
	<ul> <li>Defer off-campus learning experiences that have not been fully evaluated by teachers using the guidance provided in this document to ensure student safety.</li> </ul>
	<ul> <li>Defer international learning experiences that have not been fully evaluated by teachers using the guidance provided in this document to ensure student safety. This will likely be significantly later in the academic year.</li> </ul>
	Develop and implement an experiential learning web site that provides best practices, learning modules, and frequently asked questions.
	Provide information to learners, teachers and staff on self-monitoring of COVID-19 symptoms using a mobile or web based device.
	Provide information to teachers, staff and students on safe social distancing practices for off-site learning
	Provide information to teachers, staff and students on protective measures against COVID-19 that is specific to the experiential rotation assignment. Examples include:
	PPE, hand-washing and contact surface cleaning procedures
	• Staying home when sick or caring for family members if they are sick
	<ul> <li>Avoiding contact with people who are sick without proper PPE</li> </ul>
	Follow guidance of local and state public health officials on staying home and avoiding unnecessary trips outside of the home such as shopping or travel
	Ensure that the experiential learning organization and specific facility is able to provide the necessary PPE to keep the learners safe. If not, teachers, staff and students cannot attend unless the school can provide the appropriate PPE for learners and supervising teachers and staff.
	Encourage learners to wear their masks home after their experiential learning sessions.
	Encourage teachers, staff and students to wear a face covering during transportation to and from the experiential learning facility and in the community to protect themselves and others.
	Encourage teachers, staff and students to replace and/or exchange used masks for new masks at frequent intervals

## 9. CO-CURRICULAR PROGRAMS & ACTIVITIES

STEPS		PS	9. CO-CURRICULAR PROGRAMS, EXTRACURRICULAR ACTIVITIES
1	2	3	& SPORTS RECOMMENDATIONS:
			All meetings and social gatherings should be limited to 10 people or less (or 25 for Step 2), have accommodations for appropriate physical distancing, and should not involve any off-campus participants for on-campus events.
			To provide access for individuals not able to be physically present, all school-sponsored events and activities need to accommodate remote participation when activity is otherwise happening face-to-face.
			All student organization sponsored events and programs must be pre-approved at the Principal/or designated senior officer level.
			Student organization travel activities more than 25 miles away from the school or that require an overnight stay are prohibited. Travel to and from events should emphasize spacing and low concentration of persons in vehicles.
			Student organization travel activities more than 90 miles away from the home campus or require an overnight stay are prohibited. Travel to and from events should emphasize spacing and low concentration of persons in vehicles.
			<ul> <li>Provide student organizations with support to conduct organizational business online, leveraging technology.</li> </ul>
			<ul> <li>Student organizations fundraisers distributing food are not permitted (e.g. bake sales, selling franchise food items).</li> </ul>
			<ul> <li>Fundraisers should leverage electronic money exchange (e.g. Venmo) instead of collecting physical currency.</li> </ul>
			<ul> <li>Student organization gatherings must follow adequate physical distancing for on and off campus meetings.</li> </ul>
			Campus recreation and fitness centers will be open so long as students and members will be able to use all physical distancing and cleaning best practices in all designated areas.
			All fitness and recreational programming such as group exercise classes, club and intramural sports competitions should be limited based on campus physical distance guidelines and pre-approved by an identified senior staff member.
			All school sponsored student, teacher and staff events and programs must be pre-approved at the Principal/or designated senior officer level.
			All school events and programs should avoid food service. Those with food service should avoid buffet style and instead leverage individually packaged meals.
			School districts should work closely with local public health officials to determine guidelines for resuming youth sports and extracurricular activities.
			When available, districts and sports teams should refer to their local Directed Health Measures for the most updated information on restrictions.
			Recognize that all students may not be able to return to and sustain sporting activity at the same time, depending on risks related to the activity and local COVID-19 prevalence and resource capacity. Consider ability to create consistent small cohort groups to bring them in for these activities.
			Prepare students, staff, schools and districts for periodic suspension of certain sporting activities should recurrent outbreaks occur.



STEPS	9. CO-CURRICULAR PROGRAMS, EXTRACURRICULAR ACTIVITIES
1 2 3	& SPORTS RECOMMENDATIONS:
	Risk assessments should be conducted and risk-mitigation strategies identified for each sporting activity that take into consideration variations on feasibility of physical distancing, mask use, environmental cleaning and disinfection, and other measures for individual extracurricular activities.
	<ul> <li>Extracurricular activities and clubs that can be conducted virtually should be encouraged to do so.</li> </ul>
	<ul> <li>Consider canceling or modifying extracurricular activities or sports if particular arrangements (e.g., adequate physical distancing for the specified activity, ability to support proper hand hygiene or mask use, etc.) are unable to be met.</li> </ul>
	Physical distancing and strict sanitation measures should be adhered to and monitored by all students and coaches/staff.
	Implement cohorting of small consistent groups as much as possible. Size of groups should be determined by local public health guidelines, size of facilities/practice area, whether the activity is being conducted indoor or outdoor, facility spacing arrangements, etc.
	Consult other resources* for return to sports and other extracurricular activities in K-12 schools that require contact or are difficult to execute while maintaining physical distancing requirements.

#### **Sports and Extracurricular Resources:**

- CDC Considerations for Youth Sports (cdc.gov/coronavirus/2019-ncov/community/schoolschildcare/youth-sports)
- Nebraska State-wide Sports Reopening Guidelines (dhhs.ne.gov/Documents/COVID-19-Statewide-Sports-Reopening-Guidelines.pdf)
- National Federation of State High School Associations: Guidance for Opening Up High School Activities (nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-highschool-athletics-and-activities-nfhs-smac-may-15\_2020-final.pdf)
- National Federation of State High School Associations: Guidance for Return to Marching Band (nfhs.org/media/3812337/2020-nfhs-guidance-for-returning-to-high-school-marchingband-activities.pdf)
- National Federation of State High School Associations: Fall 2020 Guidance for Music Education (nfhs.org/media/3812371/nafme\_nfhs-guidance-for-fall-2020-review-june-19-2020-final.pdf)
- Nebraska School Activities Association: COVID-19 (nsaahome.org/covid-19/)

## **10. SPECIAL CONSIDERATIONS**

STEPS		PS	10. SCHOOL TRANSPORTATION
			RECOMMENDATIONS:
			As much as possible, encourage limited use of school transportation.
			Educational information on risk-minimizing behaviors (e.g., cough/sneeze etiquette, refraining from touching face) should be distributed to students and staff that may rely on school buses, public transportation, or carpooling on how to safely commute.
			Staff (including the bus driver) and older students should wear masks at all times while taking public transportation, riding a school bus, or carpooling.
			Encourage hand hygiene prior to entering transportation vehicle and upon arriving to school or home.
			In order to limit number of students using buses, school transportation should only be used by those unable to identify an alternative strategy
			If school transportation must be used, create a minimum 6-feet distance on school buses between children by assigning seats and limiting seating options such as one child per seat spaced out every other row.
			Sync staggered arrival and drop off times of different cohorts; this, in conjunction with fewer students per bus, may increase the number of buses per school.
			School districts should provide bus drivers with education and training on COVID-19 and provide routine and updated educational resources to drivers.
			Bus drivers should be separated from all students by a minimum of 6-feet and, where possible, have students enter and exit at the rear or center of the bus to avoid close contact between students and the bus driver.
			Institute hand hygiene stations at bus drop off and pick-up locations in front of the school and assign a staff member to monitor hand hygiene compliance of students entering or exiting buses.
			Drivers should be provided ample disinfectant wipes and appropriate PPE (e.g., mask and gloves) and sanitize high-touch surfaces (e.g., handrails, seats, seatbelts, steering wheel, door handles) throughout the day.
			Buses should be thoroughly cleaned and disinfected daily between routes.
			A Standard Operating Procedure (SOP) should be developed in the case of transporting a student who is exhibiting symptoms of COVID-19.

Step 1: Stable for >14 days | Step 2: Stable for >28 days | Step 3: Stable for >42 days

#### **Resources:**

- CDC: What Bus Transit Operators Need to Know About COVID-19 (cdc.gov/ coronavirus/2019-ncov/community/organizations/bus-transit-operator)
- National Association for Pupil Transportation: COVID-19 (napt.org/covid)



