

A STRONG AND HEALTHY YEAR

Safety and Health Guidance for Vermont Schools, Spring 2021

Issued by the Vermont Agency of Education and the Vermont Department of Health

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Introduction

Since September 8, 2021, Vermont schools have been open and operating continuously during the COVID-19 pandemic under this guidance. Vermont schools have met the challenges of this year successfully, working to educate students in-person, remotely, and under various hybrid models, while making the modifications necessary to keep the school community safe and working to respond to cases, situations and outbreaks as they have arisen.

Much has happened since this guidance was originally created. We now know a lot more about COVID-19, how it spreads, and how to keep ourselves safe. We also now have the accelerated deployment of multiple vaccines which means we can anticipate an end of this pandemic at some point in the not-too-distant future.

There is also more evidence that in-person learning can be conducted in a safe manner for students at all grade levels. The experience of schools internationally and in other New England states indicates that all students can be safely educated at distances less than 6 feet. The CDC recently confirmed this understanding with its updated guidance. Vermont's updated guidance now also includes this change.

It is important that we endeavor to provide as much in-person instruction as we safely can before the end of the school year. It will be difficult to address the impact of this emergency on our students until we restore the regular routines and daily contact that come with in-person instruction. This is particularly true for our most vulnerable students, who were at risk before the pandemic and are no doubt at greater risk now.

In the coming weeks, we can expect the conditions for the virus to improve significantly as our vaccination programs expand and the weather becomes warmer for more outside activities. With this context in mind, the updated version of this safety and health guidance for Vermont schools is designed to account for all that we have learned while providing the tools we need to finish this year strong for the work ahead.

Sincerely,

Daniel M. French, Ed.D.
Secretary, Vermont Agency of Education

Mark Levine, M.D.
Commissioner, Vermont Department of Health

Summary of Changes

This document has been updated based on the evolving understanding of COVID-19 in a school setting, and in recognition of where we are in the school year, as well as our best understanding of the pandemic forecasts for the remainder of the school year. Schools have operated for seven months under extraordinary conditions; gaining real-world, on the ground experience in preventing and responding to cases of COVID-19 in schools. With that in mind, the role of this document and the relative importance of some of the requirements and recommendations therein has changed.

Accordingly, some sections of guidance have been wholly redrafted. Some sections, those of primary interest to subject matter experts or smaller groups of school staff (e.g. facilities managers, food service professionals, etc.) have been spun off into standalone guidance, allowing for a more streamlined editorial and updated process as conditions begin to evolve. Finally, there are sections where relevant requirements in this document reference potential updates or changes to other state guidance, in the hope and expectation of better times ahead.

Background and Objectives

The original version of this document had [six objectives](#), designed to prevent and contain transmission of SARS-CoV-2 (the virus that causes COVID-19) in school, meet the needs of students and their families, and safeguard the education system for students. By and large, our schools have succeeded in meeting these objectives, particularly when it comes to maximizing instruction while keeping students safe. In the context of that success, and with what we have learned about the educational impacts of COVID-19, we are reframing the original objectives around three goals for the remainder of the year. Vermont schools should:

1. End the year strong and safely, following applicable and relevant health and safety guidance.
2. Work to increase in-person instruction for students to the greatest extent possible.
3. Begin [Education Recovery](#) planning and activities.

COVID-19 is spread primarily by respiratory droplets released when people talk, cough, or sneeze. Schools should continue to implement universal and correct use of facial coverings, physical distancing, and contact tracing in combination with isolation and quarantine, in collaboration with the Department of Health for as long as recommended or required by state guidance. Common sense public health measures such as hand washing and respiratory etiquette, staying home when sick, and routine environmental cleaning should be maintained, and continued even after conditions improve.

Health Equity Considerations

Systemic and structural racism, and oppressive systems affect the conditions in which people are born, grow, live and work. People in communities that are underserved may:

- Have higher rates of underlying medical conditions.

- Work in jobs with higher risk for exposure and have less paid sick time.
- Be more likely to live in multi-generational housing or congregate living spaces.
- Have less access to personal protective equipment and hand sanitizer.

The absence of in-person educational options may disadvantage children from low-resourced communities, which includes disparate representation of racial and ethnic minority groups, English learners, and students with disabilities. Black, Indigenous and other Vermonters of color, including former refugees, have borne a disproportionate burden of illness and serious outcomes from COVID-19. Plans for safe delivery of in-person instruction in PreK-12 schools must consider efforts to promote fair access to healthy educational environments for all students and staff. Thus, essential elements of school reopening plans should take into account the communities and groups that have been disproportionately affected by COVID-19. Schools play a critical role in promoting equity in education and health for groups disproportionately affected by COVID-19.

Applicability of Guidance

Unless otherwise notified, SU/SDs and independent schools should consider this guidance in force through the remainder of the 2020-21 school year. If significant changes to pandemic conditions occur, this guidance may be updated or amended. Separate guidance will be issued to cover summer programs and activities after the end of the school year. Should COVID-19 health and safety guidance be needed for SY21-22, SU/SDs and independent schools will be notified in advance of the start of the school year.

COVID-19 Coordination, Planning and Training

As directed under the first version of this guidance, Vermont SU/SDs and independent schools established COVID-19 coordinators to develop district/school plans, provide training to staff on preventing the spread of COVID-19, and serve as the first point of contact for all activities related to COVID-19 response. COVID-19 coordinators should continue to serve in this critical role through the remainder of the school year. The Vermont Department of Health and the Agency of Education will continue to provide updated guidance, technical support and information, as needed, to support this work.

Student and Staff Health Considerations

Health Screenings

All students, their families and staff must comply with and ensure daily monitoring of COVID-19 exposure and COVID-19 symptoms ([see below](#)).

Staff and students and/or their families should complete an exposure and symptom screening before departing for school. Anyone who has been exposed to COVID-19 (unless [vaccinated](#)) or who has COVID-19 symptoms should not come to school, and should follow [Department of Health guidance](#) regarding quarantine and testing.

Schools are no longer required to conduct temperature screening of students. Temperature checks should be performed at home before departing for school. Individuals with fever (100.4 or greater) should not come to school.

Close contact means being within six feet for a total of 15 minutes or more over a 24-hour period, of someone with COVID-19 during their infectious period.

The infectious period is when the person with COVID-19 is contagious. It starts two days before symptoms began and continues until they are recovered. For people who haven't had symptoms, the infectious period starts two days before they had a positive test.

COVID-19 symptoms include the following:

- Cough
- Fever (100.4 or greater)
- Shortness of breath, or difficulty breathing
- Chills
- Fatigue
- Muscle pain or body aches
- Headache
- Sore throat
- Loss of taste or smell
- Congestion or runny nose
- Nausea, vomiting or diarrhea (diarrhea is defined as frequent loose or watery stools compared to one's normal pattern)

School Staff

The following guidance applies to school staff, as well as contractors.

Some individuals are at higher risk of developing severe COVID-19. Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at higher risk. Older adults in the school and those with specific underlying medical conditions should be encouraged to talk to their healthcare provider to assess their risk.

Based on what we know now, people with certain underlying medical conditions are at higher risk for severe illness from COVID-19, particularly if not well controlled, including:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Heart disease, including heart attack, heart failure, congestive heart failure, coronary artery disease (angina, acute and chronic ischemic heart disease), cardiomyopathies, and pulmonary hypertension. Does NOT include high blood pressure.
- Immunocompromised (weakened immune system), due to solid organ transplant, blood, or bone marrow transplant, immune deficiencies, or other causes; or HIV with a

low CD4 cell count or not on HIV treatment; prolonged use of corticosteroids or other immune-suppressing drugs.

- Pregnancy
- Obesity (body mass index (BMI) of 40 or higher)
- Type 1 and Type 2 diabetes
- Disabilities including chromosomal disorders, such as Down syndrome; intellectual disabilities (IQ of 70 or below); disabilities that compromise lung function (neurologic and muscular conditions such as muscular dystrophy, spina bifida, cystic fibrosis, and multiple sclerosis)
- Sickle cell disease

School staff in Vermont are eligible for COVID-19 vaccination. The Vermont Department of Health strongly encourages all Vermonters who are eligible to receive a COVID-19 vaccine to do so to protect their health and their community.

Stay Home When Sick: Exclusion/Inclusion Policies

Schools should coordinate decision-making around a student's care with the family, school nurse and the family's healthcare provider if there are specific health concerns, chronic disease or complex social or emotional dynamics in the home.

All students and staff will be excluded from in-person school and sports activities, if they:

- Show [symptoms of COVID-19](#) (see [post-vaccine section](#) below)
- Have a fever (temperature greater than 100.4°F).
- Are currently in isolation due to testing positive for COVID-19.

Unvaccinated students and staff will be excluded from in-person school and sports activities, if they have been in close contact with someone with COVID-19 and are quarantining.

If the above signs and symptoms begin while at school, the student (or staff member) must be sent home as soon as possible, and the individual should be isolated from other staff / students until they can go home.

Healthy students and staff with the following symptoms/conditions are not excluded from in-person school activities:

- Allergy symptoms (with no fever) that cause coughing and clear runny nose may stay if they have medically diagnosed allergies and follow medical treatment plans.
- Well-controlled asthma.

Children with documented allergies or well-controlled asthma do not require a medical clearance note from a healthcare provider to enter school. However, a child with a new diagnosis of asthma during the school year does require written confirmation from the student's healthcare provider.

Students and staff who arrive from out-of-state must follow appropriate guidance under the current step of the [Vermont Forward Plan](#). Please reference the [Vermont Department of Health's COVID-19 travel page](#) for updated information.

Return to Work/School Post-Vaccine

Employees experiencing symptoms potentially related to receipt of the COVID-19 vaccine may not come to work if they do not pass the health screening. There are some signs and symptoms that could be attributable to receipt of the COVID-19 vaccination, SARS-CoV-2 infection or another infection like influenza. These include fever, chills, fatigue and muscle aches.

Employees experiencing these symptoms, regardless of vaccination history, should not attend work and consult with their health care provider to determine if symptoms are attributable to the vaccine or to infection. If symptoms are determined to be associated with the COVID-19 vaccine, an employee may return to work if they feel well enough to do so.

School nurses should follow the [health care professional guidelines](#) outlined by AAP/CDC in assessing/monitoring their own symptoms post-vaccination.

Cases of COVID-19 in School

If COVID-19 is confirmed in a student or staff member:

- The person diagnosed with COVID-19 should isolate according to [guidelines](#) set forth by the Vermont Department of Health.
- Unvaccinated staff or students who have been identified as a [close contact](#) should [quarantine](#).
- Open outside doors and windows and use ventilating fans to increase air circulation in the area.
- Once an individual is sent to isolation, clean and disinfect all high-touch areas potentially used by the person after the sick individual has left the classroom or other space that they were in as soon as practicable. This may include the student's desk and chair, door handles, etc. (It will likely not be known whether this individual has a diagnosis of COVID-19 at this time).
- Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children.
- Participate in contact tracing as requested by the Health Department. More information on contact tracing can be found on the [Health Department website](#).
- [Communicate](#) with staff and parents/caregivers with information while maintaining patient confidentiality, in accordance with the Americans with Disabilities Act (ADA) and Family Educational Rights and Privacy Act (FERPA).

If COVID-19 is confirmed in a student or staff member, schools will work with the Department of Health to determine next steps. Identification of a student or adult with COVID-19 in the school is not an indication to close the entire school. For more resources and information, refer to the Health Department's [schools webpage](#).

COVID-19 Testing

The Health Department recommends testing for people with COVID-19 symptoms, people who have had [close contact](#) with someone who tested positive for COVID-19, and people who are referred by their health care provider for testing for another reason.

Please visit the Department of Health's [testing website](#) to learn more about who should get tested and where to get a test.

Closing Schools for In-Person Instruction

The decision to close schools or certain classrooms for in-person instruction will be made by the local superintendent or head of school after consulting with the Department of Health. The Department of Health epidemiologists will provide guidance based on a number of factors, including the level of community transmission, the number of students or staff infected, the status of contact tracing, the number of days the infectious person was at school, infection control policies and practices, the number and structure of classes/pods/grades affected, and other opportunities for transmission (extra-curricular activities, etc.).

Decisions to close for in-person instruction will be determined on a case-by-case basis.

Students with Special Health and Educational Needs

Please note: AOE issued specific guidance for:

- [Independent Schools with Student Boarding Programs](#)
- [Special Education](#)

Statewide [Education Recovery](#) activities include addressing the mental health and socio-emotional learning impacts of COVID-19. For more information, refer to [Vermont's Education Recovery Framework and Overview](#).

School Day Considerations

Buses and Transportation

General Guidance

Regardless of weather conditions, maintain constant airflow through the interior of the bus by:

- Opening all the bus roof hatches to exhaust bus indoor air, unless rain or snow is actively coming inside. Hatches should be partially opened on the rearward side.
- Opening windows to increase outdoor air ventilation
 - Even an inch of opening can help, having at least four windows open:
 - Two windows in the front of the bus (each of the front passenger seats)
 - Two windows in the rear of the bus (the very last windows on each side of the bus)
 - Preferably the windows should remain fully open. For modifications for inclement weather, see [inclement weather considerations](#).

Sick students should not get on the bus. See [Stay Home When Sick](#) for more detail. If a student is determined to be sick while on the bus, they should sit in the front seat, with window open, if possible. The student should not sit with any other students.

Bus drivers, monitors and students are required to wear facial coverings while on the bus (with noted exceptions in [Facial Coverings and Personal Protective Equipment](#) section below).

Group students by age on the school bus. Students who live in the same household may sit together if needed. Assign seats for students on the school bus and keep a seating chart (this will help with contact tracing).

If feasible, leave the seat or two behind the bus driver empty. To reduce the number of students riding the bus:

- Encourage parents/caregivers or other designated adults to transport their children, whenever possible.
- Encourage students to walk or bike to school if it is safe to do so.

Schools that use public transportation for a large percentage of their student body should work with public transit companies to best assure the health and safety of their students. Effective Feb. 2, 2021, [masks are required](#) on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.

Inclement Weather Considerations

In the event of inclement weather, transportation providers (school buses) must consider the health and welfare of all passengers on the bus while at the same time ensuring they remain as comfortable as possible. It is recommended that transportation providers do the following:

- Regardless of weather conditions, maintain constant airflow through the interior of the bus by:
 - Having at least four windows open
 - Two windows in the front of the bus (each of the front passenger seats)
 - Two windows in the rear of the bus (very last windows on each side of the bus)
 - Keeping the driver's window open, basing the opening amount on weather conditions. Preferably the windows should remain fully open, however, if inclement weather mandates window openings be reduced to prevent snow, ice, rain from coming in then the opening should be reduced.
 - If window openings are reduced more windows should be opened. Leaving roof hatches partially open. School bus hatches should always be open (unless rain or snow is actively coming inside). Hatches should be opened on the rearward side.
- Maintain a suitable temperature on the bus
 - Recommend students wear weather appropriate clothing.

- Utilize heaters, per vendor instructions, to maintain a suitable interior temperature.

Cleaning and Disinfecting

Practice routine cleaning and disinfection of frequently touched surfaces, including surfaces in the driver cockpit commonly touched by the operator. Drivers and monitors/additional adults should regularly use an alcohol-based hand sanitizer containing at least 60% alcohol.

All buses must have an adequate supply of hand sanitizer.

Drop-Off and Pick-up / Arrival and Departure

Schools shall continue to structure arrival and departure to school in a manner that ensures the health and safety of students, staff and families. Signs must be posted at all entrances clearly indicating that no one may enter if they have symptoms of respiratory illness or fever. Arrival and departure times should be staggered, and different entrances used as necessary to prevent congregation or mixing of pods or cohorts, if applicable.

Parents and caregivers should not be allowed to enter the building with the student, adults should drop off their child and leave, or (for younger students) walk their student to the classroom, as appropriate. Adults who enter with their children must [wear a mask](#) while in the facility and on the grounds.

Individuals who show symptoms of COVID-19, are quarantining or are in isolation should not do drop-off or pick-up.

Hand Hygiene

Schools should ensure that all staff and students receive education/training on proper hand hygiene. All students, staff and contracted service providers should engage in hand hygiene after arrival, breaks, before and after food prep, after using the toilet, prior to switching rooms or locations, and at regular points throughout the day. After assisting students with handwashing, staff should also wash their hands. Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available (monitor for ingestion of hand sanitizer among young children). Steps for proper handwashing can be found on the [CDC website](#).

Place posters describing handwashing steps near sinks. [Developmentally appropriate posters](#) in multiple languages are available from CDC.

Facial Coverings and Personal Protective Equipment

All staff and students are required to wear facial coverings while in the building. They must also wear them when outside of the building if adequate physical distancing of at least six (6) feet cannot be maintained. Adults doing drop-off and pick-up must wear facial coverings. PreK students require special consideration regarding age and child development.

Staff and students should follow [CDC guidance](#) for selecting and wearing properly fitted masks.

Facial coverings are developmentally appropriate when children can properly put on, take off, and not touch or suck on the covering. Students who have a medical or behavioral reason for not wearing a facial covering should not be required to wear one. These decisions should be made in partnership with the health care provider and school nurse. [Guidance on Mask Exemptions in Children and Adolescents](#) provides guidance for the rare conditions that allow children or adolescents to qualify for a mask exemption. Facial coverings with ties are not recommended for young children as they pose a risk of choking or strangulation.

Students/staff should not wear facial coverings while sleeping, eating or swimming (or when they would get wet). Reinforce physical distancing during these times.

In some situations, teachers and staff may prefer to use clear face coverings that cover the nose and wrap securely around the face. Clear masks should be determined not to cause any breathing difficulties or overheating for the wearer. Clear masks are not face shields. Teachers and staff who may consider using clear face coverings include:

- Those who interact with students or staff who are deaf or hard of hearing, per the Individuals with Disabilities Education Act (IDEA).
- Teachers of young students learning to read.
- Teachers of students in English as a second language classes.
- Teachers of students with disabilities.

Face shields are primarily meant for eye protection. The use of clear facial shields for adults that cover the eyes, nose and mouth is less preferable, but allowable. They must meet all of the health guidance of the Vermont Department of Health. Face shields should extend below the chin and to the ears laterally, and there should be no exposed gap between the forehead and the shield's headpiece.

Staff may take off their facial covering in select circumstances when physical distancing cannot be maintained, such as when a parent/caregiver is hearing impaired and reads lips to communicate. If such encounters are anticipated, a face shield for the staff could be considered during the encounter.

Staff that work with students unable to control their secretions should wear a surgical mask or KN95 mask and eye protection (either goggles or a face shield) for added protection.

Additional considerations regarding facial coverings:

- Stigma, discrimination, or bullying may arise due to wearing or not wearing a facial covering. Schools should address harmful or inappropriate behavior.
- Not all families will agree with school policies about cloth face coverings. Schools should have a plan to address challenges and refer parents, caregivers and guardians to Health Department guidance on facial coverings.

- Provide face coverings as needed to students, teachers, staff or visitors who do not have them available.
- Students' cloth face coverings should be clearly identified with their names or initials, to avoid confusion or swapping. Students' face coverings may also be labeled to indicate top/bottom and front/back.
- School leaders should establish protocols for how and when masks should be removed and where removed masks should be placed (for example, in a labeled container or bag) under conditions of physical distancing during meals. They should discourage or prohibit group mask breaks indoors that are not part of these protocols.
- Staff and students should bring multiple face coverings to school daily in case they get wet or soiled.
- Face coverings should be washed after every day of use and/or before being used again, or if visibly soiled.

Additional guidance regarding Personal Protective Equipment (PPE) for school nurses and other health professionals in the school building is posted on the [Vermont Department of Health website](#). Please see [Emergency Respiratory Protection Program Guidance](#). School nurses will need to determine appropriate PPE based on the care and tasks required.

Operational and Facilities Considerations

Cleaning and Disinfecting

Based on available epidemiological data and studies of environmental transmission factors, surface transmission is not the main route by which SARS-CoV-2 spreads, and the risk from surfaces is considered to be low. The principal mode by which people are infected with SARS-CoV-2 is through exposure to respiratory droplets carrying infectious virus.

Cleaning surfaces using soap or detergent, and not disinfecting, is enough to reduce risk in most situations. When focused on high touch surfaces, cleaning with soap or detergent should be enough to further reduce the relatively low transmission risk.

Disinfection is recommended in indoor settings where there has been a suspected or confirmed case of COVID-19 within the last 24 hours. Even without cleaning or disinfecting, the risk of transmission from any surfaces is minor after 3 days (72 hours).

Schools shall continue to follow regulations regarding cleaning and disinfecting. Cleaning and disinfection products should not be used by children or near children. Keep in mind that disinfectants (including wipes) are registered pesticides that should only be used in accordance with the label, including timing of use and room occupation.

Following product directions, sanitize items students place in their mouths, including toys. Desks that students eat at should be cleaned with routine cleaner or soap and water following snack/mealtime. Students can clean their own desks with soap and water.

The use of fogging, fumigation, electrostatic or wide area spraying on hard surfaces is not recommended. These methods do not clean contaminated surfaces and may result in unnecessary chemical exposures to workers and the public. Additionally, EPA does not recommend using these methods to apply disinfectants unless the product label specifically states it is appropriate to do so.

Products that may be used for cleaning include products certified as environmentally preferable by an independent third party (e.g. EPA's Safer Choice, Green Seal or ECOLOGO) and environmentally preferable cleaning products under [state contracts](#) with the Vermont Department of Buildings & General Services.

Products that may be used for disinfecting include a product from [List N: Disinfectants for Use Against SARS-CoV-2](#) (Environmental Protection Agency), alcohol solutions with at least 70% alcohol and diluted household bleach solutions.

Physical Distancing and Use of Cohorts

Physical distancing in order to reduce the frequency of close contact between individuals is still one of the most effective way to slow the spread of the SARS-CoV-2.

The following guidance is provided on who should physically distance, and how and when this should occur:

- Adults and adult staff within schools should maintain a distance of 6 feet from other adults as much as possible.
- Teachers and staff should maintain a distance of 6 feet from students as much as possible. However, brief periods of closer contact, such as when a student may need one-on-one guidance, clarification, or assistance are expected and permitted. In these cases, staff should stand/kneel/sit side-by-side students (rather than face-to-face) for brief amounts of time.
- All students must be spaced a minimum of 3 feet apart to the extent possible.
- When eating, maintain a minimum of 3 feet of distance for PreK to Grade 6 students; 6 feet of distance for students in Grade 7 to Grade 12. Refer to [supplemental food services guidance](#) for more information.

General principles to promote physical distancing and reduce viral spread:

- Install physical barriers in reception areas and employee workspaces where the environment does not accommodate physical distancing.
- Students standing in line should be spaced apart (consider tape marks on the floor).
- When using lockers, try to avoid the mixing of students in common locker areas by staggering classes or maintaining the same group of students (cohorts) and distancing students at least 6 feet apart (i.e., leaving empty lockers).

Cohorts and Pods

Based on Vermont’s experience to date, all students may mix classes for educational purposes, as needed; schools should ensure careful attendance records are kept.

Additional Strategies to Consider

- Hold virtual meetings with students, families and staff.
- Move classes outdoors—students and staff should continue to wear facial coverings when physical distancing cannot be achieved.
- Minimize students and employees traveling to different buildings; staff and students should wear facial coverings and avoid congregating during these transitions.
- Broadcast in-class instruction to multiple rooms to allow students to spread out.
- Only allow supervisors and staff who are required for instruction to be in the classrooms.
- Discourage the use of attendance awards or perfect attendance incentives for students.
- Plan activities that do not require close physical contact between multiple students.
- Rearrange furniture to avoid clustering in common areas.

Communal Spaces, Large Group Activities and Special Programming

Large group activities must conform to the maximum number allowed by current state guidance. School sponsored or school supported before- and after-school programs may continue, but attendance records must be kept.

Libraries can be used like any other indoor space.

Schools are encouraged to provide sufficient outdoor recess space where students can keep physical distance.

Special Events

School-sponsored/associated events and extracurricular activities (sports, theater, etc.) may occur in accordance with applicable guidance, including [guidance on sports](#), [guidance on music education and performing arts](#), and the [Vermont Forward Plan](#). Schools should use virtual methods to broadcast these events.

Physical Education

Facial coverings must be worn, students must be physically distanced, and contact should be limited. Procedures for individual PE activities should mirror applicable guidance on types of events in school sports guidance issued by the Vermont Agencies of Education and Natural Resources. PE should be conducted outdoors whenever possible.

Use of Communal Space

Cafeterias and gymnasiums may be used with facial coverings and physical distancing requirements in place. Schools should consider using these spaces for smaller groups of

students. Schools should ensure that groups of students do not come into contact with each other upon entry and exit of communal spaces.

Public Use of Schools

The public may use school grounds. Signs should be posted about wearing facial coverings and physical distancing.

Regarding staff meetings and similar in-person gatherings, as well as meetings of school board, committees or other public bodies, school districts and independent schools should continue to follow [Guidance on In-Person Meetings and Gatherings in Vermont Schools](#).

Volunteers, Visitors, Field Trips and Community Service

No outside visitors are permitted except for employees or contracted service providers for the purpose of special education or required support services, as authorized by the school or district. Individuals who ensure the health and safety of the school, such as licensors, fire inspectors, maintenance, etc. are allowed when following proper procedures and do not count in the group size. Volunteers are allowed if they are considered protected against COVID-19 according to CDC criteria (vaccination or natural infection).

Student teachers, interns and other learners from established educational programs are allowed. These individuals must follow all precautions outlined in this guidance. These individuals also count towards group size requirements.

Field trips are allowed if the program can maintain all health guidance in this document. Outdoor and virtual field trips are strongly preferred. Indoor field trips are not preferred, but allowed if students are distanced on buses and in the facility, and do not mix with students from other pods, schools or the general public. Students may participate in an organized visit to the school they will be attending next year following the guidance for indoor field trips.

Community service is allowable if students can follow to all guidance measures.

Schools should minimize parent/family visits and require them to occur only in the school office. Restrict the number of people in the school building that are not students or staff to a minimal number and ensure that someone is assigned to enforce the rules. Consistent with currently in force work safe and community guidance under Executive Order 20-01, continue pursuing virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings and spirit nights, if needed.

Building Considerations/Modifications and HVAC

With regard to ventilation and HVAC, follow recommendations in [supplemental facilities and HVAC guidance](#).

Food Services Guidance

With regard to food service guidance, follow recommendations in [supplemental food services guidance](#).

Social-Emotional Health of Staff and Students

With regard to social-emotional health of staff and students, follow recommendations in supplemental guidance: [A Strong and Healthy Start: Social, Emotional and Mental Health Supports During COVID-19](#).

Statewide [Education Recovery](#) activities include addressing the mental health and socio-emotional learning impacts of COVID-19. For more information, refer to [COVID-19 Education Recovery Toolkit: Framework and Overview](#).

Communication Systems

Schools should continue clear, consistent and regular communication with staff, students, families and community members during this time, including changes to policies and operations, such as health screenings, drop-off/pick-up, classroom arrangements, etc.

Communications should include, posting signs, use of handbooks and regular parent and student communication regarding ways to stay healthy, stop the spread of COVID-19, and actions taken by the school to contain SARS-CoV-2.

Consistent with health equity considerations, schools and school districts should conduct active and specific outreach to underserved families – including parents/guardians of students of color, students from low-income backgrounds, students with disabilities, English language learners, students experiencing homelessness, and students in foster care. This communication should be conducted in families' home languages or another mode of communication and in alternate formats as needed to facilitate effective communication for individuals with disabilities, and, where appropriate, in partnership with trusted community-based organizations.

Resources

General questions about COVID-19? [Dial 2-1-1](#)

Vermont Resources

[Vermont Department of Health COVID-19 site](#)

- [Vermont Department of Health COVID-19 Multilingual Resources](#)
- [Schools, Colleges and Child Care Programs page](#)
- [Child Safety Fact Sheet](#)
- [Coping with Family Stress During COVID-19](#)
- [Contact Tracing Resources](#)
 - [Timeline for people who test positive and have symptoms](#)
 - [Timeline for people who test positive but do not have symptoms](#)
 - [Timeline for close contacts of a positive case](#)

[Vermont Agency of Education COVID-19 Guidance for Vermont Schools](#)

[Help Me Grow Vermont](#)

[Vermont Center for Children, Youth and Families COVID-19 Resources](#)

[Building Bright Futures Statewide COVID 19 Resources](#)

[Let's Grow Kids: Coronavirus Resources](#)

[Vermont Federation of Families for Children's Mental Health COVID-19 Resources](#)

[Vermont Health Connect](#)

National Resources

[CDC Operational Strategy](#) for K-12 Schools

- [How Do I Set Up My Classroom? A quick guide for teachers](#)
- [Cleaning and Disinfecting in School Classrooms](#)
- [CDC Guidance for Schools and Child Care Programs](#)
- [CDC COVID-19 Parental Resources Kit](#) (Ensuring Children and Young People's Social, Emotional, and Mental Well-being)

[U.S. Department of Education COVID-19 Resources for Schools, Students and Families](#)

[National Association of School Nurses Coronavirus Disease 2019 Resources](#)

[National Association of School Psychologists COVID-19 Resource Center](#) (including guidance for social-emotional health during reopening)

[Parent and Caretaker guide for helping families cope with COVID 19](#)

[Just For Kids: A Comic Exploring The New Coronavirus](#)