A STRONG AND HEALTHY START

Safety and Health Guidance for Reopening Schools, Fall 2020

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

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VERMONT **AGENCY OF EDUCATION**
DEPARTMENT OF HEALTH

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Introduction

COVID-19 presents novel and unprecedented challenges to our society. The pandemic is placing our economic system, our system of government, our health system, and every sector and area of human life under great stress and forcing us to rise to the challenge in new ways.

Education is no exception. Educating students, ensuring they make progress, and safeguarding their health, welfare and nutrition has been made vastly more difficult by the presence of the virus. In Vermont, COVID-19 forced the rapid dismissal of schools in March 2020, followed by a period of maintenance of learning, while we worked as an education system to stand up a Continuity of Learning structure. Our education community has worked incredibly hard and risen to the challenge in truly inspiring ways.

The lessons we have learned from these experiences indicate that we need to resume in-person instruction of students as soon as safely possible, while continuing to strengthen our Continuity of Learning systems and our ability to be nimble and move quickly to respond to future outbreaks of the virus.

The following guidance is written with this in mind. It is one of several sets of guidance our agencies will release in the coming weeks, intended to help School Districts and Supervisory Unions (SU/SDs) and independent schools prepare to reopen school in the Fall of 2020. This document is focused on safeguarding student and staff health while operating in-person instruction.

We expect that the situation will continue to evolve as the pandemic progresses, and we continue to learn more about this novel coronavirus. This document was developed with the input and feedback of Vermonters who are infectious disease experts, practitioners of pediatric medicine, public health experts, and education professionals. It is our best judgement based on the information we have now. However, we expect to update this document as new information becomes available. **Key updates/changes since the last revision are indicated in green.**

Sincerely,

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

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

NEW   Effective Date

As of writing, Vermont schools are currently operating under the previous version (Version 2) of this guidance. This version is the first time that Strong and Healthy Start Guidance is being updated while schools are engaged in the operation of in-person learning. Vermont schools have, across the board, done an excellent job of implementing the previous versions of this guidance, and have an excellent track record of containing cases of COVID-19 and safeguarding student, staff and community health.

Nevertheless, it is important to minimize the impact that any new changes in this version may have as schools are engaged in the critical work of in-person instruction, as long as doing so does not put public health at risk. Vermont school districts and independent schools need time to update and adjust their individual school- and district- level plans in order to implement the changes in this document in a way that is safe and minimizes disruption to student learning. Accordingly, the effective date for this version of the Strong and Healthy Start Guidance is November 16, 2020.

NEW   Summary of Changes

This document has been updated based on the evolving understanding of COVID-19 in a school setting. It also incorporates supplemental guidance that was issued separately by the Health Department or Agency of Education (AOE). Significant changes have been made to:

- Clarify and emphasize quarantine guidance for out-of-state travel.
    - Add the requirement of a daily travel screening for staff and students.
- Clarify return-to-school after illness, including links to Vermont's return-to-school algorithm and parent guidance.
- Clarify cleaning schedule when an individual is sent to a school's isolation room, as well as cleaning of the isolation room.
- Clarify factors the Health Department will use in making recommendations when there is a case of COVID-19 in school.
- Add winter weather considerations for buses and transportation.
- Add recommendations for seating charts in the school bus and cafeteria, along with classrooms.
- Add a link to guidance on mask exemptions.
- Clarify guidance on cleaning and disinfecting, including accidental large volume spills or body fluids.
- Add guidance on the use of plexiglass/plastic barriers.
- Clarify guidance on shared materials and lockers.
- Update definition of younger students for the purposes of physical distancing requirements to students in PreK through Grade 6.
- Clarify guidance on <u>minimum</u> physical distancing requirements for younger and older students.
- Clarify guidance on performance arts.

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- Add new guidance on physical education.
- Add new guidance on driver education.
- Add new guidance on the public use of school facilities (as published in AOE guidance).
- Add new guidance on indoor field trips.
- Clarify guidance on isolation space.
- Provide additional guidance on HVAC requirements.
- Provide additional guidance on the use of cafeterias in Step III.
- Provide explanation on the use of 6-feet to determine close contacts for the purposes of contact tracing, an update to the definition of close contact, and additional instruction for schools for contact tracing.
- Provide additional resources for schools from the Health Department and Centers for Disease Control (CDC).

Background and Objectives

UPDATED This document provides health guidance to school administrators and school personnel as they plan and implement the reopening of schools for the 2020-21 school year in the context of the COVID-19 pandemic. Since the original release of this guidance, important new data has been published as well as recommendations from the American Academy of Pediatrics and the National Academies of Sciences, Engineering, and Medicine. **The AOE and the Health Department have worked to develop responses to a range of operational questions from educators and administrators working to implement the guidance.** This new information informs many of the revisions. Because we continue to learn more about COVID-19 and the conditions surrounding the situation are continually evolving, we expect this guidance may be updated as new information becomes available. This document is one of a series of Strong and Healthy Start guidance documents that the AOE is developing in conjunction with partner agencies and stakeholders.

The objectives of this health guidance for schools during the coming year are to:

1. Decrease risk of individuals with COVID-19 from entering the school building through effective public health prevention
2. Minimize transmission of SARS-CoV-2 (the virus that causes COVID-19) among staff and students through effective public health measures
3. Quickly identify individuals with COVID-19 and put containment procedures in place to minimize the impact on students, staff and education
4. Ensure that the needs of students with physical, emotional and behavioral concerns are thoroughly addressed in a fair and equitable manner
5. Communicate regularly with staff, students, families and the community to provide assurances that schools are working to keep students and staff safe and healthy
6. Ensure that COVID-19 health guidance safeguards an equitable educational experience for all students

COVID-19 is spread mostly by respiratory droplets released when people talk, cough, or sneeze. Important practices that help reduce the risk of spreading the virus and reduce the risk of infection, including facial coverings, physical distancing, handwashing, staying home when sick and environmental cleaning are discussed in this document. The measures presented here will help school administrators ensure the safest school environments possible during the coming year.

You will see a number of references to guidance for Steps II and III throughout this document, in accordance with CDC guidelines. These steps, as they pertain to schools, are defined as:

- Step I: Schools are closed for in-person instruction. Remote learning opportunities should be provided for all students. Support provision of student services such as school meal programs, as feasible.
- Step II: Schools are open for in-person instruction with enhanced physical distancing measures and for children who live in counties that are eligible for quarantine-free travel.

- Step III: Schools are open for in-person instruction with distancing measures. Restrict attendance to those from limited transmission areas (counties eligible for quarantine-free travel) only. [1]

NEW *Please note: Daily commuting to school/work from counties outside of Vermont is considered essential travel; quarantine rules do not apply. However, staff and students who engage in such essential travel should take all other COVID-19 precautions. Staff and students who live in border communities should note that not all of the cross-border travel they would typically engage in is considered essential travel. Please consult the [Agency of Commerce and Community Development (ACCD) website](#) for more information.*

Steps will be determined for the entire state by the Department of Health based on the epidemiological data, including indicators based on symptoms, cases and hospital readiness. All schools in Vermont will operate under the same step level, unless epidemiologic conditions warrant otherwise.

Steps apply to the required health strategies necessary to implement in-person instruction. Districts will have the ability to choose among in-person, remote, or hybrid instruction regardless of the step level unless schools are placed on Step I. Step I requires all schools to shift to remote instruction.

UPDATED Schools will start the 2020-2021 school year at Step II, with the exception of school bus transportation (see Buses and Transportation) which will start at Step III. Schools will open at Step II to ensure they are prepared in the event of an increase in community-wide spread of COVID-19. The goal is to ensure that schools feel comfortable with their own processes and strategies for adhering to Step II recommendations before advancing to Step III, so that if schools are required to return to Step II, they can do this as seamlessly as possible. **As of September 26, 2020, all Vermont schools are in** [Step III]. **Schools will operate in Step III unless the Health Department determines otherwise, as provided for above.**

Please note: The COVID-19 situation continues to evolve very rapidly – so the information we are providing in this guidance may change. This guidance will be reviewed and updated regularly and timelines for implementation of new guidelines will be made clear.

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[1] Vermont is using the following metrics to determine what Phase (Step) it is in:
- Indicators based on symptoms:
  (1) Downward trajectory of influenza-like illnesses (ILI syndrome) reported within a 14-day period; AND,
  (2) Downward trajectory of COVID-like syndromic cases (i.e., COVID-like illness or CLI syndrome) reported within a 14-day period
- Indicators based on cases:
  (3) Downward trajectory of documented COVID-19 cases within a 14-day period; OR
  (4) Downward trajectory of positive tests as a percent of total tests within a 14-day period (concurrent with a flat or increasing volume of tests)
- Indicators for hospital readiness:
  (5) Capacity to treat all patients without utilization of crisis care standards; AND
  (6) Robust testing program in place for at-risk healthcare workers, including antibody testing

The Vermont Department of Health and the Agency of Education would like to thank the following individuals and organizations for their contributions to this guidance and all they do every day on behalf of students, families and schools:

- Jeanne Collins, Vermont Superintendents Association
- Jay Nichols, Vermont Principals' Association
- Mill Moore, Vermont Independent Schools Association
- Sophia Hall, RN, Vermont School Nurses Association
- Jeff Fannon, Vermont—National Education Association
- Traci Sawyers, Vermont Council of Special Education Administrators
- Wendy Davis, MD, General Pediatrician and senior Faculty, Vermont Child Health Improvement Program
- Benjamin Lee, MD, Pediatric Infectious Disease, UVM Children's Hospital
- William Raszka, MD, Pediatric Infectious Disease, UVM Children's Hospital
- Ashley Miller, MD, General Pediatrician, South Royalton
- Cindy Cole, Champlain Valley School District, School Psychologist, Vermont Association of School Psychologists
- Patrick McManamon, Department of Motor Vehicles, President-Elect of National Association of State Directors of Pupil Transportation Services
- Sue Ceglowski, Vermont School Boards Association
- Heather Bouchey, Ph.D., AOE Deputy Secretary
- Ted Fisher, AOE Director of Communications and Legislative Affairs
- Patsy Kelso, Ph.D., State Epidemiologist
- Breena Holmes, MD, Vermont Department of Health
- Ilisa Stalberg, Vermont Department of Health

Impact of COVID-19 on Children & Importance of In-Person Instruction

UPDATED Schools play a unique and critical role in our communities. This makes them a top priority for reopening this fall and remaining open throughout the academic year. A robust and growing body of evidence now strongly indicates that younger children **(often defined as children age 11 and under)**, are less likely to transmit SARS-CoV-2 to other children or adults. Children of all ages are at a lower risk for acquiring infection than adults, and when infected are also at a far lower risk for developing severe illness.

UPDATED For these reasons, the Agency of Education and Department of Health, based on the available evidence and the input of the individuals and organizations listed above, recommend full-time in-person learning as soon as practical, especially for children PreK through **Grade 6**.

UPDATED This does not preclude implementation of initial reopening plans that begin at less than full-time. In those circumstances, we strongly recommend gradual/phased integration of students and adults into the school buildings. As schools design the gradual/phased integration of students into the educational environment, children in PreK through **Grade 6** should be given the highest priority for return to full-time in-person learning as these students are most likely to

benefit from in-person learning and least likely to become infected with or transmit the virus that causes COVID-19.

COVID-19 Coordination, Planning and Training

Each school, SU/SD or independent school should identify a COVID-19 Coordinator to establish, review and implement health and safety protocols. The COVID-19 Coordinator should be a school nurse or other health professional qualified to interpret guidelines and ensure they are implemented to the best standard of practice. Make sure staff and parents/caregivers know how to contact the COVID-19 Coordinator. A workgroup should be established to review and implement health and safety protocols (including policies and procedures, facilities and supplies, education and training, communication and messaging, etc.). The workgroup should consist of administrators, teachers, paraeducators, custodians and other critical school staff who work with and around students and have knowledge to contribute to the safe and healthy reopening of schools. Consider including families, especially those whose children have special health and education needs in the workgroup or identify additional strategies to solicit input.

UPDATED Schools should plan for cases of COVID-19. Administrators should have plans in place to manage infection prevention, communication and education programs should anyone in the school test positive for COVID-19. The Health Department continues to develop tools to support this planning for when there is a positive case, including communication plans for staff, families and the community. **Health Department tools can be found on the [Health Department Schools, Colleges and Child Care](#) website.**

All employers must provide training on details of standard operating procedures for their employees. All employees, including those already working, must complete a mandatory training on COVID-19 health and safety requirements. Training completion must be documented. VOSHA has developed training for this purpose. Employers may choose to adopt an additional training program that meets or exceeds the VOSHA-provided standard, or additional policies and procedures that are applicable to the employment environment and employees' duties, which shall not be less restrictive than those developed by VOSHA.

The VOSHA training may be accessed on the [Vermont Department of Labor website](#).

NEW **As influenza viruses may also begin circulating in the community this fall, we recommend that schools consider setting up a school-located immunization clinic in partnership with local primary care providers or Vermont Nursing Associations (VNA). This infrastructure may eventually prove extremely useful for coronavirus vaccination as well when such vaccines become widely available.**

Student and Staff Health Considerations

Health Screenings

NEW **All students, their families _and_ staff <u>must comply with and ensure</u> daily monitoring of the following:**

1. **COVID-19 exposure**
2. **COVID-19 symptoms**
3. **Temperature check**
4. **Travel screen to <u>counties not eligible for quarantine-free travel</u>**

UPDATED Schools should conduct temperature screening of students. This should occur at the first point of contact. If it is not feasible on the bus, then it should be conducted on entrance to the school, as determined by the SU/SD or independent school. Schools should use the protocol provided below. **Daily temperature screenings must also be conducted on staff; these can be conducted at school or at home and should be reported daily. Follow manufacturer instructions, and please note that non-contact or scanning thermometers do not register properly in cold temperatures.**

UPDATED Exposure is defined as: close contact with a person who has COVID-19 within the last 14 days. *Based on our current knowledge, a close contact is someone who was within 6 feet of an infected person for a total of 15 minutes or more over a 24-hour period starting from 48 hours before illness onset until the time the patient is isolated. If the person was asymptomatic when tested, the infectious period would start 48 hours before the test was conducted.*

COVID-19 symptoms include the following:

- Cough
- Fever (100.4 or greater)
- Shortness of breath
- 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 child's normal pattern)

Students who have COVID-19 exposure, or <u>signs/symptoms</u> of COVID-19 must not come to school or should be returned to their parent/caregiver as soon as possible. SU/SDs and independent schools should work with school nurses to determine a plan for when a student appears unwell or becomes sick at school. Please see <u>Building Considerations / Modifications</u> regarding isolation rooms in the school building.

Schools must communicate with parents/caregivers about this requirement so that plans are put in place if students do not pass the Daily Health Check upon boarding the bus or upon entry to the school.

Temperature check protocol: *Temperature checks should occur near sink/hand sanitizer station. A non-contact thermometer is strongly recommended.*

→ Wash/sanitize hands

→ Wear a facial covering, eye protection (goggles[2] or a face shield), and a single pair of disposable gloves

→ Check each child's temperature

→ If performing a temperature check on multiple children using a contact thermometer, ensure that a clean pair of gloves is used for each child and that the thermometer has been thoroughly cleaned in between each check. Remove and discard gloves in between children.

  o *If disposable or non-contact thermometers are used and the screener did not have physical contact with a child, gloves do not need to be changed before the next check.*

  o *If non-contact thermometers are used, they <u>must</u> be cleaned routinely. Follow instructions provided by the manufacturer for any device used. Instructions may include helpful information such as optimal conditions for using the device, calibration if necessary, what sites on the body should be used, or proper cleaning and storage.*

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. <u>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 and to determine if they should avoid in-person contact in which physical distancing cannot be maintained.</u>

Based on what we know now, those at higher risk for severe illness from COVID-19 are people of all ages with <u>underlying medical conditions, particularly if not well controlled</u>, including, but not limited to:

  o Cancer
  o Chronic kidney disease
  o COPD (chronic obstructive pulmonary disease)
  o Immunocompromised state from solid organ transplant
  o Obesity (body mass index [BMI] of 30 or higher)
  o Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies

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[2] Goggles do not need to be airtight but do need to prevent splashes or droplets from landing in the eye. For this reason, lab goggles with holes are not sufficient.

- o Sickle cell disease
- o Type 2 diabetes mellitus

Based on what we know at this time, a list of conditions for individuals who *might be* at increased risk for severe illness from COVID-19 can be found on the CDC's website. This list is continually evolving, so schools and staff should plan to periodically review the list for revisions and work with their healthcare provider to determine individual risk.

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.

UPDATED **Students and staff who arrive from out-of-state <u>must</u> follow Agency of Commerce and Community Development (ACCD) and Health Department guidance around quarantine before returning to school, which also applies to travel out-of-state at any point during the school year, including breaks and holidays.** More information is available on the Vermont Department of Health's COVID-19 travel site and the ACCD website. **School leadership is encouraged to remind families and staff of these travel requirements periodically to ensure they are taking the appropriate steps when planning for travel or receiving guests from out of state. Information about travel that is considered essential (which does not require quarantine) and daily border travel to and from neighboring states can also be found on these sites.**

Recognizing that community (not school) transmission will be the primary mode of infection, and due to the 14-day incubation of SARS-CoV-2, students, families and staff should avoid large gatherings and other situations that put them at greater risk for SARS-CoV-2 exposure throughout the school year. This will help to maintain the safest community environment and support keeping schools open.

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

- • Show symptoms of COVID-19.
- **UPDATED** • Have been in close contact with someone with COVID-19 in the last 14 days a**nd are quarantining.**
- **NEW** • **Are currently quarantining due to out of state travel.**
- **NEW** • **Are currently in isolation due to testing positive for COVID-19.**
- • Have a fever (temperature greater than 100.4°F).

If the above signs and symptoms begin while at school, the student (or staff member) must be sent home as soon as possible. Keep sick students separate from well students and limit staff contact as much as reasonably possible, while ensuring the safety and supervision of the sick student(s) until they leave (see isolation section below). Schools may want to consider having a small supply of pediatric and adult surgical or procedure masks available for students who develop symptoms at school or on the bus. Surgical masks have better ability to trap exhaled

respiratory droplets and are preferred for a sick or coughing person to wear when transport, evaluation, or isolation is necessary.

Additionally:

NEW
- **Students and staff should be excluded from school when they are ill.**
  - **The student's or staff member's healthcare provider may be consulted to help determine what medical course to take (e.g., whether or not COVID-19 testing may be necessary).**
  - **Please reference the** COVID-19 in Pediatric Patients (Pre-K – Grade 12) Triage, Evaluation, Testing and Return to School Algorithm **for information on return to school recommendations. This resource is technical and intended for use between school nurses and other health care professionals. A version for families translated into several languages can be found in the "Families" section of the** Vermont Department of Health Schools, Colleges and Child Care Programs website**.**

UPDATED
- Materials, toys and furniture touched by the student who is sent home should be thoroughly cleaned and disinfected. **Soft goods that cannot be properly disinfected should be put in quarantine for no less than 3 days.**

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.

Schools should monitor absenteeism of students and staff, cross-train staff, and create a roster of trained back-up staff.

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.
- 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.

NEW
- **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. This should happen as soon as practical—there is no need for**

delay. 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.

UPDATED
- 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.

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.

NEW **Please refer to the following resources and tools on the Health Department website to support response actions and decisions. New tools will be added, as they are developed:**

- **COVID-19 Desktop Scenario – School Outbreak**
- **School Based COVID-19 Transmission**
- **How PreK-12 Schools Can Prepare for COVID-19 Cases in their School**
- **PreK-12 School COVID-19 Case Actions Checklist**
- **COVID-19 at School: Quick guide for when someone was infectious at school**

COVID-19 Testing

NEW **The Health Department recommends testing for:**

- **People with COVID-19 symptoms.**
- **People who have had close contact (within 6 feet for a total of 15 minutes or more over a 24-hour period) with someone who tested positive for COVID-19.**
- **People who are referred by their health care provider for testing for another reason.**

At this time, the Department of Health does not recommend routine COVID-19 testing of staff or students. Please visit the Department of Health's Testing Site to learn more about who should get tested and where to get a test. In the event of a case of COVID-19 in the school, the Department of Health will identify close contacts and recommend to school administrators who should be tested for COVID-19.

Closing Schools for In-Person Instruction

UPDATED Other than under Step I, 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.

- If the school is grouping students by cohort in a single-classroom, the Health Department recommendation will *most likely* be to close the classroom for in-person instruction and exclude students and staff in the affected classrooms/cohorts/pod for a minimum of 24 hours while contact tracing is conducted.
- If students are moving about in multiple classrooms, the Health Department recommendation will *most likely* be to close all potentially impacted classrooms and exclude students and staff in the affected classrooms or the entire school for in-person instruction for a minimum of 24 hours while contact tracing is conducted.

The Health Department will use this time to gather the facts about the situation, including the period of time in which the individual was at school while infectious. The Health Department will convene a rapid response team with the school and will initiate the investigation, including contact tracing. Based on this information, the Health Department will make further recommendations regarding further closure for in-person instruction and other infection control measures.

Students with Special Health and Educational Needs

Please note: AOE issued specific guidance for:

- *Independent Schools with Student Boarding Programs*
- *A Strong and Healthy Start: Social, Emotional and Mental Health Supports During COVID-19*

Ensuring the physical, emotional and psychological safety of every student must be a priority for all reopening plans. That means systematically considering the heightened risks facing our most vulnerable students and the staff who support them, including, but not limited to, those with compromised immune systems, impulse control issues or other behavioral issues or disabilities who cannot follow public health guidelines. As they already do, schools will need to engage in thoughtful planning with families and experts supporting these students.

In these cases, the focus should be on what is reasonable and appropriate in the school building, including the following:

- It may be necessary to plan for transitioning students between options of remote learning, blended learning, virtual learning and/or alternating or parallel waves of each.
- School practices should account for special education regulatory guidance, CDC public health guidance and federal/state guidance, as well as school operations.
- Schools should prioritize mental health and social-emotional supports for vulnerable students.
- Schools should ensure all students regardless of ability have physical access to the facilities required for safeguarding health (i.e. sinks/sanitizing stations).

School nurses will play an essential role related to high risk populations of students, including those with special health needs. In these cases, a team-based approach to care is recommended to assess risk for this population. Teams include the school nurse, the student's health care provider, IEP team members, parents/caregivers, teachers and paraprofessionals as appropriate.

Teams should develop shared goals within and across settings to achieve care that is safe, effective, patient-centered, timely, efficient and equitable. As a health care team member, school nurses connect students and their families to the medical home and can support coordination of care.

UPDATED The current COVID-19 pandemic raises some specific questions when working with youth who may have challenges adhering to basic COVID-19 precautions and who may exhibit behavior that requires more direct contact with staff. **The AOE published guidance for responding to behaviors of students who have difficulty complying with COVID-19-related health and safety expectations.**

School Day Considerations

Buses and Transportation

General Guidance

- Sick students should not get on the bus. See Stay Home When Sick for more detail.

UPDATED
- Windows in the bus should be kept open except in unusual circumstances. Students should wear appropriate clothing in the event of cold or drizzly weather. **See winter weather considerations below.**
- 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 (and monitors) are required to wear facial coverings while transporting students.
- All students are required to wear facial coverings on the bus (with noted exceptions in Facial Coverings and Personal Protective Equipment section below).
- Group students by age on the school bus (younger students in the front, middle-age students in the middle, older students in the back). Students who live in the same household may sit together if needed.

UPDATED
- 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.
- Alternatives to bussing to reduce the number of students riding the bus include:
    - Encourage parents/caregivers or other designated adults to transport their children, whenever possible, to minimize the number of students on the bus.
    - Encourage students to walk or bike to school, if it is safe to do so.
- Schools that utilize public transportation for a large percentage of their student body, should work with public transit companies to best assure for the health and safety of their students. These students will likely need to be screened upon arrival at school and not prior to boarding the bus.

Winter Weather Considerations

NEW   **As the colder weather begins to approach, 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:**

NEW   • **Regardless of weather conditions, maintain constant airflow through the interior of the bus by:**
  - **Having at least 4 windows open**
    - **2 windows in the front of the bus (each of the front passenger seats)**
    - **2 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, weather permitting. Hatches should be opened on the rearward side.**

NEW   • **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 wash hands regularly with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer containing at least 60% alcohol.
- All buses must have an adequate supply of hand sanitizer.
- If there is a known or suspected case of COVID-19 that has been transported, please follow CDC Guidance.

UPDATED   If Vermont is at Step III at the beginning of the school year, schools and districts may elect to follow Step III recommendations for bussing should they so choose, even though Step II guidance will be recommended for all other operations initially. **As of September 26, 2020, all Vermont schools are in Step III. Schools will operate in Step III unless the Health Department determines otherwise, as provided for above.**

Step II Guidance

- Create physical distance between students and on school buses (for example, seating students one child per seat, every other row).
- Stagger drop-off and pick-up processes to minimize gathering of large numbers of students at any one time.

- Create more bus stops to minimize the number of students waiting together.

Step III Guidance
- Students should be spaced out for the number of riders.
- Promote physical distance between students at bus stops.

Drop-Off and Pick-up / Arrival and Departure

The following procedures must be in place:

- Signs must be posted at all entrances clearly indicating that no one may enter if they have symptoms of respiratory illness or fever.
- Hand sanitizing stations must be set up at the entrance of the facility or the entrance process could be rerouted through a different entrance nearest the sink, so that students can sanitize/wash their hands before they enter, or immediately upon entry into the facility.
- Assign students to use different entrances at arrival and departure times.
- Stagger arrival and drop off times.
- Students should go directly to their assigned classroom once they have completed all required screening.
- Parents/caregivers should not be allowed to enter the building with the student. Parents/caregivers should drop off their child outside and leave as soon as their child has safely entered the building to avoid congregating.
  - Preschool classrooms may need to identify a separate entrance and exit given the age of the student so the parent/caregiver may briefly walk the child into the classroom and leave.
  - In the first few days of return to school, the parents/caregivers of younger students and students with anxiety may escort their children to the classroom in coordination with the school.
  - If a parent/caregiver needs to talk with school personnel, they should make arrangements to do so in advance.
  - All parents/caregivers who enter the school building must wear a facial covering, be screened upon entry (screening questions and temperature check) and must leave immediately upon completing drop-off.
- **NEW** • **Individuals who show symptoms of COVID-19, are quarantining due to close contact with a COVID-19 positive individual, are quarantining due to recent out of state travel, or are in isolation due to testing positive for COVID-19 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. Schools must put the following procedures into practice to ensure effective hand hygiene:

- All students, staff and contracted service providers should engage in hand hygiene at the following times:
    - Arrival to the facility
    - After staff breaks
    - Before and after preparing food or drinks
    - Before and after eating, handling food or feeding students
    - Before and after administering medication or medical ointment
    - After using the toilet or helping a child use the bathroom
    - After coming in contact with bodily fluid
    - Before and after handling facial coverings/face shields/goggles
    - After handling animals or cleaning up animal waste
    - After playing outdoors
    - Before and after playing with sand and sensory play
    - After handling garbage
    - Before and after cleaning
    - Prior to switching rooms or locations
- Provide plenty of hand lotion to support healthy skin for students and staff.
- 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.
- After assisting students with handwashing, staff should also wash their hands.
- Place posters describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

Facial Coverings and Personal Protective Equipment

UPDATED **All staff and students (of all ages) 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) cannot be maintained.** CDC recommends facial coverings in settings where other physical distancing measures are difficult to maintain, especially in areas of significant community-based transmission. Adults doing drop-off and pick-up **must** wear facial coverings. Teach about and reinforce the use of cloth facial coverings among staff and students. Instructions for making, wearing and washing facial coverings can be found on the Health Department website and CDC website. PreK students require special consideration regarding age and child development.

The following stipulations are for students, as well as staff, where applicable:

- Facial coverings are developmentally appropriate when children can properly put on, take off, and not touch or suck on the covering.
- UPDATED 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. From the Health Department, University**

of Vermont Children's Hospital, Vermont Child Health Improvement Program and Vermont Chapter American Association of Pediatrics.

- Students/staff should not wear facial coverings while sleeping, eating or swimming (or when they would get wet)—reinforce physical distancing during these times.
- Facial coverings with ties are not recommended for young children as they pose a risk of choking or strangulation.
- In some situations, teachers and staff may prefer to use clear face coverings that cover the nose and wrap securely around the face. 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
  - Teachers of young students learning to read
  - Teachers of students in English as a second language classes
  - Teachers of students with disabilities

UPDATED
- **Face shields are primarily meant for eye protection.** The use of clear facial shields for <u>adults</u> 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.

UPDATED
- 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 and eye protection (either goggles or a face shield) for added protection. If surgical masks are not available, staff may use a KN95 mask if available.

Additional considerations regarding facial coverings:

- Stigma, discrimination, or bullying may arise due to wearing or not wearing a facial covering. Schools should have a plan to prevent and 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 that may arise and refer parents, caregivers and guardians to Health Department guidance on facial coverings.
- Include cloth face coverings on school supply lists and provide cloth 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.
- When not in use, facial coverings should be stored in individually labeled containers or paper bags.
- Face coverings should be washed after every day of use and/or before being used again, or if visibly soiled.

- The CDC website on [Guidance for K-12 School Administrators on the Use of Cloth Face Coverings in Schools](#) has helpful tips and tools to support the use of facial coverings in school.

NEW • **Information on KN95s supplied to schools can be found on the [AOE website](#). Please note: KN95 masks are not intended to replace fitted N95 respirators when performing high-risk health care procedures such as airway suctioning or CPR.**

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](#). School nurses will need to determine appropriate PPE based on the care and tasks required.

NEW **For more specific information on facial coverings in the school environment, see [Safety and Health Guidance FAQ 5: Cloth Face Masks and PPE](#).**

Operational and Facilities Considerations

Cleaning and Disinfecting

NEW **Schools must ensure adequate cleaning each day. All staff should be trained in proper cleaning and disinfecting. "Cleaning" physically removes germs, dirt, and impurities from surfaces or objects by using soap (or detergent) and water. "Disinfecting" works by using chemicals to kill germs on surfaces or objects. Always clean surfaces before disinfecting.**

NEW **At a minimum, surfaces frequently touched by different individuals should be cleaned and disinfected at the beginning (before students arrive), middle and end of each day (after students leave).** **Schools shall continue to follow regulations regarding cleaning and disinfecting.**

NEW **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. Special considerations should be made for staff and students with asthma as cleaning and disinfecting can trigger asthma exacerbations. Considerations should including not being in the room during cleaning protocols.**

NEW **Discourage sharing of items that are difficult to clean or disinfect. Soft and porous materials, such as area rugs and seating may be removed to reduce the challenges of cleaning and disinfecting.**

General Guidance

NEW • **Following product directions, clean and disinfect objects and surfaces that are frequently touched by different individuals, including:**
  - **High-touched surfaces in bathrooms, such as handles, toilets, faucets**
  - **Shared computer keyboards and mice**
  - **Door handles and handrails**
  - **Faucet and drinking fountain handles**

- o **Items students place in their mouths, including toys**
  - o *Please note: It is no longer required to clean metal and plastic playground equipment*
- Specifically, regarding shared bathrooms, bathroom use should be kept to the groups that are already in cohorts together. Schedule restroom breaks to avoid overcrowding.
- Toys that cannot be cleaned and sanitized should not be used, including items such as soft toys, dress-up clothes and puppets.
- **UPDATED** • Unnecessary cloth furniture **(or furniture that is difficult to clean)** should be removed from the classroom and other spaces.
- Students' books, art supplies and other paper-based materials such as mail or envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfection procedures.
- **NEW** • **Desks that the same student sits at do not need to be disinfected multiple times a day.**
- **NEW** • **Desks that students eat at should be cleaned with routine cleaner or soap and water following snack/mealtime.**
- Develop a protocol to ensure safe and correct use and storage of cleaners and disinfectants, including storing products securely away from students.
- **NEW** • **Given regular cleaning and disinfecting, additional deep cleaning is not needed on a weekly basis.**
- **NEW** • **When managing accidental large volume spills or body fluids such as vomit or urine from non-porous surfaces that require cleaning fluids, mopping equipment, and or prolonged drying times the risk of generating potentially pathogenic microorganisms can be reduced by:**
  - o **Removing as much of the material before cleaning and disinfecting,**
  - o **Thoroughly disinfecting the remaining material and surfaces.**
  - o **Following manufacture's guidance on vacuum filters (like a HEPA filter) to capture ultrafine particles like viruses.**
  - o **Properly removing soiled items.**
  - o **Closing the space for use until items are clean and dry if mechanical cleaning equipment is used or fans are required for drying.**
  - o **Discouraging the use of machines that aerosolize particles, e.g. steam cleaners or some carpet cleaners.**
  - o **Wearing of appropriate PPE by cleaning personnel as recommended by product or equipment manufacturers.**

The following products may be used for cleaning:

- Products certified as environmentally preferable by an independent third party (e.g. EPA's Safer Choice, Green Seal or ECOLOGO)
- Environmentally preferable cleaning products under state contracts with the Department of Buildings & General Services

The following products may be used for disinfecting:

- **UPDATED** • **A product list from** List N: Disinfectants for Use Against SARS-CoV-2 (Environmental Protection Agency)

NEW o **Products that contain ethanol, isopropanol (isopropyl alcohol), hydrogen peroxide, L-lactic acid or citric acid are preferred because they are safer for health and the environment.**

- Alcohol solutions with at least 70% alcohol
- Diluted household bleach solutions

Schools should ensure adequate supply of the following:

- Soap
- Hand sanitizer (at least 60% alcohol)
- Paper towels
- Tissues
- Cleaning and disinfection supplies
- Cloth face coverings (as feasible)
- No-touch/foot pedal trash cans
- No-touch soap/hand sanitizer dispensers
- Disposable food service items

NEW **See the CDC's website on** [Cleaning, Disinfecting and Hand Hygiene in Schools](#) **– A Toolkit for School Administrators has helpful handouts for teachers and school administrators.**

Group Size, Integrity of Group/Cohort/Pod, Physical Distancing and Modified Layouts

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.

UPDATED An expanding body of **national and international** scientific evidence continues to support the finding that younger children **(often defined as children age 11 and under)** are least likely to acquire COVID-19 and least likely to transmit to others when infected, even in very close-contact scenarios, such as within households. Therefore, the added benefits of strict physical distancing in this age group is likely to be far lower than for other age groups. With these considerations in mind, 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.

UPDATED - Younger students (PreK through **Grade 6**) **must** be spaced at least 3 feet apart. **This is considered a minimum distance.**

UPDATED - Older students (Grade **7** and up) should be spaced 6 feet apart. **This is considered a minimum distance.**

NEW • **Guidance on the use of plexiglass/plastic barriers:**
  - **Younger students may not be distanced less than 3 feet, even with the use of plexiglass/plastic barriers.**
  - **Older students may not be distanced less than 6 feet with use of plexiglass/plastic barriers.**
  - **Barriers should be securely installed on desk surfaces and be high enough to account for students sitting and/or standing behind them depending on their intended use.**
  - **Barriers may have gaps or separation between the desk surface and the bottom of the barrier, but should, at minimum, block the student's natural breathing zone (i.e. front and/or sides depending on room configuration) while sitting and/or standing.**
  - **Barriers should be cleaned and disinfected regularly, using the same protocol as desktops and other surfaces.**
  - **For more information about use of barriers, see the [American College of Occupational and Environmental Medicine](#).**

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).

UPDATED • With regard to materials and sharing:
  - Keep each student's belongings separated from others' and in individually labeled containers, cubbies or areas. Used items should be taken home each day and cleaned.
  - Ensure adequate supplies to minimize sharing of high touch materials.
  - **Library books may be used immediately upon return, without removing from circulation.**
  - *Please note: it is now believed to be safe for students to share electronic devices, toys, books, musical instruments, games or learning aids. These items should be wiped down in between use by each student.*

NEW • **Discourage the use of lockers due to their location in in crowded hallways and tendency to encourage congregating. Consider alternative strategies to minimize the need for students to carry heavy bookbags and text books.**

Step II Guidance

- Whenever feasible, keep classes together to include the same group of students each day, and keep the same teachers and staff with the same group each day. This will need to be addressed differently to meet the education needs of high school (and maybe middle school) students.
- Restrict mixing between groups.
- Space seating/desks and bedding (head-to-toe positioning) to 6 feet apart, 3 to 6 feet is acceptable in younger students (PreK through **Grade 6**).

- Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
- Require students to stay in an assigned section of the school yard as opposed to mingling with other classes.
- Close the staff/teachers' lounge.
- Hold virtual meetings with students, families and staff.
- Rearrange employee workstations to ensure they are separated by six feet.

Step III Guidance

NEW • **Younger students, PreK through Grade 6, should remain in the same cohort group each day, to the best extent possible.**

NEW • **Older students, Grade 7 to 12, may mix classes for educational purposes, as needed; schools should ensure careful attendance records are kept.**

NEW • **Younger students should continue to be spaced out by a minimum of 3 feet.**

NEW • **Older students should continue to be spaced out by a minimum of 6 feet.**

Additional Strategies to Consider

- 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

General guidance (Step II and Step III)

- 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 opened if physical distancing can be achieved (no congregating) and restricted to one consistent cohort of students (pods). If the library cannot be opened or must be closed, schools need to work with librarians and officials to find alternative ways to ensure their students' access to library materials.
- Fire and safety drills must continue to occur according to state regulations. Administrators and school safety teams must develop protocols to do this safely in the context of this guidance and for physical distancing of staff and students.
- Outdoor recess space where students can keep physical distance may be opened.

NEW • **Indoor individual activities with the potential to generate increased respiratory droplets and aerosols (such as solo singing or woodwind performances) should be avoided.**

- o **However, if the student is the only occupant of a well-ventilated room (see section on ventilation), this is permissible. Singers should remain masked for the entire time. Musicians should wear a mask with a slit and mask the instrument for the entire time. Once finished, no other person should enter the room for at least 20 minutes.**
- o **Theater (non-musical) may occur with facial coverings and physical distancing. Any performer contact should be brief and low intensity.**

• School-sponsored/associated events and extracurricular activities (sports, theater, etc.) may occur in accordance with parameters outlined by the Governor.

- o **School-sponsored/supported activities must abide by all expectations set forth in this guidance.**
- o Guidance on scholastic sports can be found on the AOE's website.

NEW • **There should be no spectators for any indoor activities. Schools should use virtual methods to broadcast these events.**

NEW • **Physical education may occur with the following parameters:**

- o **Facial coverings must be worn.**
- o **Students should be physically distanced; contact should be limited.**
- o **The use of shared equipment is allowable and should be cleaned according to pre-COVID-19 protocols.**
- o **Students must practice appropriate hand hygiene, especially in between using shared equipment and before and after PE class.**
- o **It is strongly preferred to take students outside whenever possible, where they can be more active in a safer environment; see sections below on the use of gymnasiums.**
- o **Schools should reference Safety and Health Guidance FAQ 7: Physical Education for details on PE curriculum requirements and recommendations for activities that meet these requirements in the context of COVID-19.**

UPDATED • Students may use playground equipment only under the following conditions:

- o **Staff should ensure that children thoroughly wash or sanitize their hands prior to, and after, designated play times such as outside time.**
- o Hand washing/sanitizing stations must be set up on the playground.

NEW • **For guidance on driver education, see Driver Education Instruction During the 2020-21 School Year on the AOE website.**

Step II Guidance

• Communal spaces such as gymnasiums and cafeterias should be closed for their intended use; these spaces, however, may be used as an extension of the classroom to allow for physical distancing.

- Limit school-sponsored/school-associated gatherings, events and extracurricular activities to those that can maintain physical distancing, support proper hand hygiene and restrict attendance of those from higher transmission areas.

Step III Guidance

NEW · **Cafeterias and gymnasiums may be used in Step III with facial coverings and physical distancing requirements in place.**

NEW · **Schools should consider using these spaces for smaller groups of students.**

NEW · **Schools should ensure that groups of students do not come into contact with each other upon entry and exit of communal spaces.** *Please note: schools do not need to wait one hour between use by different groups, as indicated in earlier versions of this guidance.*

Public Use of Schools

- The public may use school grounds. Signs should be posted about wearing facial coverings and physical distancing. Schools should also be aware that they might come back in the morning to find empty sanitizer dispensers.
- Schools should refer to the AOE FAQ on Use of School Facilities and Elections for guidance on using school facilities for local elections and other public purposes such as blood drives and emergency shelter and food distribution.

Volunteers, Visitors, Field Trips

Schools must implement the following requirements for Volunteers, Visitors and Field Trips:

- No outside visitors and volunteers 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.
- Student teachers, interns and other learners from established educational programs are allowed. These individuals must comply with all screening measures and follow all precautions outlined in this guidance. These individuals also count towards group size requirements.

NEW · **Field trips are only allowed under the following conditions:**
  - **The program must be able to maintain all health guidance.**
  - **Outdoor and virtual field trips are strongly preferred to indoor field trips.**
  - **Indoor field trips are not preferred, but allowed only under certain considerations:**
    - **Distancing students on buses and in the facility**
    - **Students must not mix with students from other pods, schools or the general public**
- 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.
- Continue to pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings and spirit nights, if possible.

Building Considerations/Modifications

Guidance for operating and modifying school buildings:

- Hand sanitizing stations must be set up at the entrance of the facility, or the entrance process could be rerouted through a different entrance nearest the sink, so that students can sanitize/wash their hands before they enter, or immediately upon entry into the facility.
- Open additional entrances for drop-off and pick-up.
- Make hallways or entrances one-way, when possible.
- Water fountains and vending machines may be used with frequent cleaning and disinfecting. Touchless water bottle filler stations should be cleaned/disinfected regularly.
- **UPDATED** All buildings must secure two separate areas (Clean and Isolation) to serve the school population.
  - A Health Office should serve as the school's Clean office space to accommodate medication administration, triage students, health screenings, etc.
  - **The school must have a separate Isolation room structured with a door. The isolation space must allow for ventilation to the outside. This space serves as an extension of a Health Office to accommodate symptomatic students and staff.**
    - **Immediately isolate symptomatic people in the designated space at school and send them home as soon as possible.**
    - **If multiple symptomatic people must be placed in the same Isolation room, ensure that the symptomatic people are wearing masks and maintain at least 6 feet of distance between them.**
    - **Develop cleaning processes for the Clean and Isolation spaces between uses for high touch surfaces and as needed.**
    - **The Isolation room should be cleaned and disinfected following each use. This should happen as soon as practical—there is no need for delay.**
    - **Ensure that symptomatic students who are waiting to be picked up remain under the visual supervision of a staff member who is at least 6 feet away.**
    - **The symptomatic student(s) should wear a surgical mask, unless there is a medical or behavioral indication not to do so. If the supervising adult is inside the Isolation room, they should be wearing a minimum of a surgical mask and face shield as PPE.**
  - Where feasible, the school nurse's office/Isolation room should have:
    - Dedicated HVAC system
    - Dedicated restroom (ideal)
    - Exhaust directly outdoors
    - Maintain negative pressure to adjoining spaces

- - Nurse office suite design should follow health care facilities design practices as described in standards such as American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standard 170 and other applicable guidelines and design information.
    - Target 6-10 ACH, MERV 14, and 100% outdoor air in isolation rooms.
  - Add signage to clearly mark all closed areas.
    Place (tape) markings at all entrances so distancing is easy to establish.

With regard to ventilation and HVAC, follow these recommendations:

NEW • **Ensure school ventilation system components are properly cleaned prior to any re-occupancy, for example after a holiday or summer break, (coils, pre- filters, and outdoor air intake grills/ screens/ louvers, free of obstructions) and meets all required operating standards per system design.**

NEW • **Ensure ventilation systems operate properly and test the supply air flow rate by zone to determine ACH and ventilation rate.**

- Prior to re-occupancy, operate HVAC systems in occupied mode for a minimum period of one week while assuring the outside air dampers are open.

NEW • **Consider noise generated by existing, and newly installed, equipment. The Acoustical Society of America recommends maximum background noise exposure levels of 35 dB for unoccupied core-learning spaces in permanent school buildings, as well as a maximum reverberation time of 0.6–0.7 seconds (depending on classroom volume).**

NEW • **Regularly check indoor air quality using monitors for temperature, relative humidity, fine particulate matter (PM 2.5) and carbon dioxide.**

NEW • **Encourage staff to provide additional outside time. Windows can be open when the outdoor air temperatures will not adversely affect the operation of the HVAC system or indoor space set points.**

NEW • **Prior to re-occupancy modify control sequences to meet target performance recommendations[3] and confirm sensor calibration. Verify controls are operating to achieve target metrics[4].**

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[3] The primary performance targets for a school's HVAC system are:
  1. Four to Six air changes per hour (ACH)
  2. Capture a minimum of 75% of airborne viruses in one filter pass (MERV 13 or higher filtration)
  3. Minimum ventilation air as specified in the current ASHRAE Standard 62.1 adopted by the State of Vermont
HVAC performance targets are higher for the recommended isolation area of a school.
The CDC acknowledges that making these changes on such a short timeline will be challenging for most schools and advises that "implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs of each community."

[4] The goal for indoor air quality in occupied spaces is defined as maintaining the following:
  1. CO_2 levels below 800 ppm
  2. Temperature range of 68-78°F dry bulb
  3. Relative humidity of 40-60%
The CDC and ASHRAE guidelines provide general guidance as well as specific HVAC performance targets to maintain indoor air quality.

- Natural ventilation through windows can be effective but is dependent on factors that drive pressure differentials between outdoors and indoors, like wind pressure and stack (or buoyancy) effects. Therefore, airflow into the building, even with open windows, is not guaranteed. To help address this, schools can consider using window fans or box fans positioned in open windows to blow fresh outdoor air into the classroom via one window and indoor air out of the classroom via another window. Note that devices that simply recirculate the same indoor air without filtering it or replacing it with fresh air are not helpful in reducing any airborne virus present in the room (including most window air conditioning units, fans used in rooms with closed windows, and fan coils and radiators).

UPDATED
- The following modifications to building HVAC system operation should be considered, as recommended by ASHRAE:
  - **Increase outdoor air ventilation to the maximum possible, while still maintaining indoor space set points for 2 hours before and after occupancy. During normal occupied hours, the goal is to provide a minimum volume of ventilation air as specified in the current ASHRAE Standard 62.1 adopted by the State of Vermont. For classrooms this is 10 CFM per occupant plus 0.12 CFM per square foot of area.**
  - **Target 6 air changes (return plus outside air) per hour (ACH) during occupancy.**
  - **Improve return air filtration to MERV-13 (ASHRAE 2017b) or the highest level achievable. Change filters every 3-4 months, or as needed to avoid a reduction in air flow.**
  - **Keep bathroom exhaust fans operating 24/5 on school days (or 24/7 if there is weekend occupancy), as long as this does not adversely affect the space temperature.**
  - Ensure staff understand the importance of ventilation fans – the fans must run all day.
  - **Portable units should only be considered after the existing HVAC system and equipment is evaluated for the potential to ventilate properly, provide adequate air changes, and increase the return air filtration. Portable air cleaners in classrooms should provide at least 2 ACH. Use ENERGY STAR certified HEPA or MERV 13 or higher filters with due consideration to the clean air delivery rate (AHAM 2015).**
  - Maintain temperature and humidity as applicable to the infectious aerosol of concern. Typically, temperature should be maintained between 68-78°F and humidity between 40-60%[5].

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[5] Relative Humidity (RH) is a measurement of the air's ability to hold water. As you raise the temperature of the air in a space, the RH will fall, and conversely as you lower the temperature of the air, the RH rise. Take a fall day when the outside air temperature is 50°F and it's raining the RH is close to 100%, in a well-ventilated building when you raise that air temperature up to 70°F, the RH will only be 50%. The same can occur in winter. If the room is at 75°F and 40%humidity, lowering the thermostat will raise the RH to about 55%.

- Take appropriate precautions when servicing HVAC Systems and replacing filters (wear appropriate PPE, bag and dispose of filters in regular trash, immediately wash hands with soap and water or use an alcohol-based hand sanitizer).

NEW • **For more information see** [ASHRAE Epidemic Taskforce Schools & Universities](#)

NEW • **For more information see the** [Safety and Health Guidance FAQ 8: HVAC](#).

Food Services Guidance

Because of the lifelong impacts on health and learning caused by malnutrition, it is important to ensure that students have uninterrupted access to adequate nutrition through the food service program, no matter whether the school is in Step I, II or III. This is particularly important because the ongoing economic impacts of COVID-19 may mean that many more children are currently facing food insecurity at home. Current information suggests that food and food packaging are not known sources of SARS-CoV-2 transmission. School Food Service staff receive regular food safety training and are already knowledgeable about preventing foodborne illness. Ask for their input when designing food service models.

UPDATED Communicate to households that school meals programs are a safe and nutritious source of food. **Using recent USDA waivers extending the Summer Food Service Program, meals are free to all children whether they are at school or at home through June 30, 2020. Make sure that households are aware of the availability of free meals.** Because households are especially likely to be facing food insecurity this year, consider [referring households to additional forms of food assistance](#), such as 3SquaresVT and WIC.

General Guidance (Steps I, II and III)

UPDATED • Continue to follow all food safety requirements in the [Vermont Food Code](#). Have food service staff conduct frequent self-audits to ensure that these practices are being followed. Key areas to check include:
  - **Allergen awareness and safety including, cleaning <u>and</u> sanitizing of food prep and eating surfaces to remove any oils and residue from allergy prone foods such as nuts and seafood.**
  - Correct dishwasher temperatures for sanitization.
  - [Employee handwashing.](#)
  - [Cleaning and sanitizing surfaces.](#)
  - Procedures for employees to call in sick or doing non-food related duties **at home when experiencing minor symptoms or in quarantine.**
- HACCP plans may need to be adjusted to include new procedures.
- Consider how the kitchen receives deliveries of food and supplies. Often, delivery drivers enter the school through the kitchen entrance, so may not be subject to normal visitor procedures. In some cases, it may be usual practice for the delivery driver to bring food directly into the walk-in refrigerator or freezer. These are small spaces frequently entered by kitchen staff. Work with kitchen staff and vendors to determine the safest way to handle deliveries. If the vendor will now deposit deliveries outside of the entrance, consider investing in dollies or having other staff members assist kitchen staff with moving deliveries into the kitchen to avoid workplace injuries.

- Evaluate kitchen workstations and modify them to allow for physical distancing.
  - If the kitchen is small, move workstations into the cafeteria/gym if the cafeteria/gym is not in use.
  - Face workstations away from each other, such as towards the wall instead of toward the center of the room.
- If there is a large food service staff, consider having the staff work in shifts during the day to reduce transmission opportunity. In Step I, consider two-week rotations with one shift working for two weeks, and the other shift staying at home.
- Consider methods for ensuring food service continuity if food service staff become sick or need to quarantine.
  - This could include setting up coverage from other schools within the SU/SD, or even setting up a reciprocal agreement with a neighboring SU/SD to provide meals.
  - The school could look into purchasing a supply of shelf-stable meals to be available in the event that food service staff need to stay home.
- Ensure that food service substitutes have food safety training. Free web-based food safety training is available at any time from the Institute for Child Nutrition. Child Nutrition Programs also recommends these very basic training videos on hygiene, temperature control and sanitization from Iowa State University Cooperative Extension.

Step I

- Continue providing access to meals to students when the school building is closed, using the Summer Food Service Program during an unanticipated school closure. The AOE has received USDA waivers to allow meal service to continue as it did in Spring 2020. These methods included:
  - Sending meals home with students on the last day of school for days when school is not in session (short-term closures).
  - Delivering meals to residences or bus stops.
  - Providing meals for pickup.
- The AOE has issued extensive health and safety guidance on providing meals using these distribution methods.
- School food service staff are already very familiar with how to handle this situation. Discuss with them what additional resources they will need to be able to continue providing meals under this scenario.

Step II

- With cafeterias closed, students should be offered school meals in their classrooms.
- If it is not feasible to provide service directly to classrooms, grab-and-go meal carts could be placed in dispersed locations for students from nearby classrooms to collect their meals in small groups. Or, students may go to the cafeteria, one classroom at a time to collect their meals and return to their classroom to eat. If that method is used, sanitize all high touch surfaces in between groups. If students are receiving meals in the cafeteria

and bringing them back to the classroom, meals do not need to be covered on their way to the classroom.

- Food safety practices should be followed when serving perishable meals in the classroom. The best option is to serve meals immediately. However, if the meals will not be served immediately, hot holders and coolers should be used to keep hot foods hot and cold foods cold.
- Plan for sanitization of eating areas, including desks or tables.
  - Desks that the same student sits at do not need to be disinfected multiple times a day.
  - Desks that students eat at should be cleaned with routine cleaner or soap and water following snack/mealtime.
- Classroom teachers may need to be provided with appropriate supplies for sanitizing desks and tables.
- Additional trash and janitorial services may be necessary when serving meals in the classroom.
- Meals should not be self-serve.
- Meals should be unitized, or an advance ordering system can be used to allow student choice about meal components. Advance ordering could be done through a paper pre-order system in a smaller school, or web-based ordering systems are available from some food service software vendors.
- Food Service Programs may need to purchase additional equipment to package meals efficiently for delivery to classrooms. Many types of packaging systems are available. Speak to other food service programs, particularly those that have experience offering breakfast in the classroom or summer meals, about which equipment works best for them.
- Ideally, a designated staff member or student should place meals on students' desks, to avoid students congregating to collect their meals from one location.

Step III

UPDATED While students may return to eating in the cafeteria, consider maintaining meals in the classroom if it is working well. **If moving meal service to the cafeteria, take the following measures:**

Cafeteria Capacity, Seating and Spacing

NEW
- **Cafeteria capacity should be limited to ensure that minimum physical distancing is achieved (A minimum of 3 feet for PreK through Grade 6; 6 feet for Grades 7 through 12).**

NEW
- **Schools should ensure that groups of students do not come into contact with each other upon entry and exit the cafeteria; classrooms should be staggered going through the line. The total capacity should not exceed the current state or local limits on indoor gathering size, as indicated on the ACCD website.**

NEW • Because students will be removing their masks to eat, it is critical to maintain a minimum of 3 feet of distance for PreK to Grade 6; 6 feet of distance for Grade 7 to Grade 12.

NEW • Assign seating so students eat with their classmates and do not mingle with other classes. If the building has multiple cafeterias or common areas where students may eat, consider consistently assigning classrooms to one area or the other to reduce interaction between cohorts.

NEW • Seating should be set up so that children are not facing each other.

NEW • If long cafeteria tables with built-in stools are used, children should be seated only on one side of the table, with seats blocked off in between each student to allow for appropriate spacing.

NEW • Individual desks may be a better alternative to tables in the cafeteria, as these will allow for seating to be spaced more appropriately.

NEW • Take steps to ensure physical distancing when students are waiting to receive their meals and at the end of the meal when disposing of compost/trash and returning trays. This could involve placing markers on the floor and using crowd control stanchions to direct lines.

NEW • Students should not remain in the cafeteria any longer than is necessary for their class/ pod/cohort to finish eating. Take steps to prevent students from lingering to socialize.

Meal Service

NEW • Meals should not be self-serve. Staff members can serve students, or pre-portioned items could be provided for students to choose from.

NEW • Salad bars may only be used if items are pre-portioned and packaged, or when an adult is doing all serving and plastic barriers are installed.

NEW • If pin numbers are used, have a staff member enter the pin number on behalf of students.

• Engineering controls such as sneeze guards should be installed in the cafeteria.

NEW
NEW • No-touch beverage dispensers may be used; however students should be reminded through signage to use a new cup each time they use the dispenser.

• Consider eliminating beverage dispensers that require buttons to be pressed or having an adult serve the beverages from the dispenser instead. If this is not possible, the buttons should be frequently sanitized between groups of students.

NEW

Sanitization Measures in the Cafeteria

Because of the additional sanitizing requirements in the cafeteria, administrators should work with food service and janitorial staff to identify who will be responsible for each of these steps. Additional staff members may need to be identified for these tasks if existing food service and janitorial staff do not have time to conduct these sanitization tasks with the necessary frequency.

NEW • Tables, seats and plastic barriers should be cleaned in between each student using that spot.

NEW • **Any frequently touched locations in the serving line or at trash stations should be sanitized between each group of students. Refrigerator handles, vending machines, door handles, beverage dispensers are all likely high-touch areas.**

NEW • **Observe students waiting in line to see whether there are additional high touch locations (walls, railings, etc.).**

NEW • **Microwaves made available for student use should have their keypads sanitized between groups of students.**

NEW • **Coffee stations available for adult use should be frequently sanitized.**

For Both Step II and Step III:

NEW • **Masks should be worn during mealtimes anytime that a student is not actually eating/drinking. Masks should be on when the student is receiving their meal and when they are disposing of their trash and trays. Masks should only be removed when the student is about to start eating/drinking, and they should be replaced as soon as the student is done eating/drinking.**

• If staggered student schedules are used to reduce the number of students in the building at any one time, ensure that schedules allow students access to both breakfast and lunch. This may mean following Step I options for providing meals to students at home.

NEW • **Napkins and silverware should be provided directly by staff, dispensed using one-at-a-time dispensers, or wrapped in napkins. Unwrapped silverware should not be provided in a communal container for individuals to grab.**

• Pre-portion condiments and remove bulk condiment dispensers.

• Trays, utensils and dishes/cups that are washed and sanitized between uses can be used. Transportation of food should happen, as usual, on clean equipment, with proper handwashing before handling.

• To avoid the use of plastic bottles, setting up a water cooler with dispensing spigot in the classroom may assist with reducing handling and can be cleaned and sanitized daily or as used. Additionally, if there is a water filling station near the classroom that might be an option for reducing handling.

• Allow time for students to wash their hands prior to and after eating.

• Adults assisting students with their food should wash their hands before handling the student's plate or lunch box, and wash or use hand sanitizer between the handling of the next student's lunch box. This includes staff helping students open milk cartons or peel fruit.

NEW • **"Share tables" may be used for unwanted food items that are wrapped, have peels, or can be re-washed before serving. Follow all regular share table guidance. During the 2020-21 school year, wrapped items or fruits with peels do not need to be sanitized between being placed on the share table and being taken by students. However, items with edible peels such as apples and pears should be returned to the kitchen for washing before being offered for consumption. Items that are not wrapped, peelable or washable should not be placed on the share tables at all.**

• Vending machines, drinking fountains and water bottle fillers should be frequently sanitized. Determine which staff members in the school will be responsible for this,

particularly for vending machines and drinking fountains that are not operated by the food service program.

- Additional COVID-19 guidance for food service programs can be found on the [Agency of Education's COVID-19 webpage](). The School Nutrition Association's [Thought Starters in Reopening Schools for SY2020-21]() is another good tool for thinking through all aspects of school food service during COVID-19.

Additional Considerations

Social-Emotional Health of Staff and Students

NEW *Please note, the AOE has released supplemental guidance: [A Strong and Healthy Start: Social, Emotional and Mental Health Supports During COVID-19]().*

General Guidance

Schools will coordinate with families, school staff, and community and State resources to assess and assist in the ongoing emotional health of staff and students:

- In partnership with mental health professionals, develop a process for staff and student re-entry check-ins, weekly well-being checks and, if staff can be appropriately trained, universal social and emotional screenings to identify students and staff who need support.
- Promote the following among all staff and students:
  - Encourage staff members and students to talk with people they trust about their concerns and how they are feeling.
  - Support students and staff to establish healthy routines during uncertain times, including:
    - Eating healthy, exercising, getting sleep and finding time to unwind.
    - Taking breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed.
  - Consider posting signages to local resources and the Employee Assistance Program (EAP) for individuals in distress.
- Recognize that all students have had different experiences from COVID-19 and not everyone in the school will be in the same place. Be prepared to validate that some students are disappointed, some had fun, some are grieving, some are exhausted from added responsibilities at home, some have experienced trauma and some preferred remote learning and are reluctant to return.
- Establish a process, including community, social services and mental health partners, to help identify and provide support to students or staff at potentially higher risk for significant stress or trauma from COVID-19. This should involve triage to see who needs crisis intervention and support. Consider:
  - Those who have experienced a death

- o Those with significant disruptions to their lifestyle (food insecurity, financial insecurity)
  - o Those with a history of trauma and chronic stress or pre-existing mental health problems
  - o Those with exposure to abuse and neglect
  - o Those who have experienced significant anxiety, depression and/or suicidal ideation
- Develop a referral system for individuals who need targeted supports and/or community services.
- Develop strategies and supports for students, families and staff members for each phase of recovery (before reopening, immediately after reopening and long-term support).
- Develop social emotional supports for the potential of schools re-closing and/or a need to stay home and isolate due to exposure to the virus or becoming infected with the virus.
- Teach students how to screen themselves, take care of themselves and protect themselves during COVID-19.
- Explain to students, in a developmentally appropriate way, why school looks different and how changes are linked to individual, family and community safety.

Addressing Staff Needs

Schools recognize that the social emotional health and well-being of staff is important to the social emotional health and well-being of the students and their families:

- Identify community resources available to support school staff.
- Increase communication efforts to ensure school staff are aware of the district's employee wellness benefits (e.g., employee assistance programs, mental health and wellness insurance coverage, FMLA).
- Work with human resources to determine procedures for staff to take sick leave due to COVID-19 concerns for themselves and/or their family.
- Establish system-wide approaches to address secondary traumatic stress and compassion fatigue (e.g., tap in, tap out; buddy classrooms; boundary setting; self-care).

Addressing Family Needs

Schools understand that families will need support to feel comfortable sending their children back to school and to help implement the new guidelines during COVID-19:

- Ensure that all efforts to engage and communicate with families are culturally sensitive. Ensure all written and oral communications are available in easily accessible formats, with multiple languages and translation services upon request.
- Engage families to get a better understanding of their concerns regarding student needs and ways to collaborate to support a successful re-entry plan.
- Work with families to identify those who may need assistance with food, clothing and other basic needs.
- Determine and communicate procedures for schools conducting home visits.

Communication Systems

Schools should have 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:

- Post signs on how to stop the spread of SARS-CoV-2, properly wash hands, promote everyday protective measures and properly wear a face covering in visible areas for students and staff to view, including: entrances, dining areas, restrooms, classrooms, administrative offices, cafeteria, auditorium, custodial staff areas, etc.
- Employee handbooks and student handbooks should include information on how to recognize the signs of infection and directives not to come to school if sick.
- Basic information on COVID-19 and measures families can take to stay safe when not at school.
- **NEW** **Routine reminders to families <u>and</u> staff regarding out-of-state travel and quarantine guidance, especially in the context of school breaks.**
- Clear direction in student handbooks on when to keep a student home and the process for notifying the school.
- **NEW** **Guidance around contact tracing and strong encouragement that families/students and staff respond to calls from the Health Department contact tracers.**
- Expectations for modeling respiratory etiquette, physical distancing, wearing facial coverings, refraining from touching their face, staying home when sick and supporting employees who need to take care of sick family members.
- The importance of mandatory immunizations and locations where they can be obtained, as well as the importance of flu vaccinations.
- Information on trauma-informed practices and helping students cope with stress and tragedies (see section on social emotional health).
- Availability of community resources, including:
  - Mental health resources
  - Food security
  - Medical/dental providers
  - Health insurance
  - Economic aid
  - Housing assistance
- Prepare communications to the public sharing the practices that the school is implementing to keep staff, students and community members healthy.
- Identify a school nurse leader for the SU/SD or independent school who is or works closely with the COVID-19 Coordinator. That nurse can develop consistent health forms for enrollment, illness, COVID-19 notices and return to school consistent across all schools in the SU/SD or independent school.
- Use all communication channels available to you, including direct communications (face-to-face, letters), electronic communications (your program's or school's website or social media pages), and remote parent meetings to share updates.

- Ensure all communications are culturally and linguistically appropriate as well as accessible for individuals with disabilities.
- Intentionally and persistently combat stigma. Misinformation about SARS-CoV-2 and COVID-19 can create fear and hostility that hurts people and makes it harder to keep everyone healthy. We are stronger as a community when we stand together against discrimination. Take advantage of these resources from the CDC to prevent, interrupt and respond to stigma.

Contact Tracing

NEW **Please note that while this Strong and Healthy Schools guidance allows younger students to be spaced 3 feet apart, contact tracing questions are different. During contact tracing by the Health Department, the goal is to identify and exclude individuals from school if there is <u>any</u> risk that they might develop COVID-19, which, out of an abundance of caution, includes staff and students who have been within 6 feet of the person with COVID-19 for a total of 15 minutes or more over a 24-hour period. Public health leaders work closely with educational leaders to align principles of science, public health and child development.**

Role of the Health Department

Contact tracing is a strategy used to identify people who have been in close contact with a person who has tested positive for COVID-19 during their infectious period. <u>Close contact</u> is defined as being within 6 feet for a total of 15 minutes or more over a 24-hour period with a person with COVID-19 while they were contagious. Close contacts are at higher risk of becoming infected, so it is recommended that they quarantine to help prevent spread of the virus.

A contact tracing team from the Vermont Department of Health calls anyone who has tested positive for COVID-19. They ask the person questions about their activities and people they have been in contact with while they were contagious. This helps identify the people who were in close contact with the person diagnosed with COVID-19. These might include family members, classmates and coworkers.

When there is a confirmed case of COVID-19 identified in a school, a member of the contact tracing team will reach out to the person with COVID-19 to identify who had close contact with them. The contact tracing team will also reach out to school administration who will work with the health team to determine next steps. The contact tracing team will work with the school to notify the students and staff who were possibly exposed to the virus that causes COVID-19. The Health Department will work with school administrators or school nurses to address and mitigate the situation if more than one case is identified in the school.

NEW **Detailed information on contact tracing can be found at the Health Department's website.**

Role of Schools

School administration should develop a proactive plan for when a student or staff member tests positive for COVID-19. The Health Department is actively developing materials to support

schools in making these plans. Take measures so that persons potentially exposed to the virus can be more easily identified:

UPDATED
- Use assigned seating for each class **and the school bus**.
- Take attendance for every class and include all staff/contractors who were in the classroom.
- Use sign-in sheets for in-person meetings to document attendees.
- Keep accurate records of any persons other than students and staff that enter the building, their reason for being there, names of the people they interacted with (if within 6 feet for >15 minutes total over 24 hours) and the locations in the building they visit.
- Provide a name and contact number for the COVID-19 Coordinator or school or SU/SD leadership to any family with a positive COVID-19 case so they can notify the coordinator during off hours and this can be shared with the contact tracing team.
- Staff should be encouraged to keep a daily list of other people they are in close contact with. As the state reopens, Vermonters should consider keeping a contact journal. If you do get sick, this will make it easier to get in touch with those people, so they can take proper precautions to prevent further spreading of SARS-CoV-2.

NEW
- **School administrators will likely be asked to complete a** line list **of people who had close contact with the individual. This could include classmates, teachers, other staff, paraeducators, specialty class instructors, contractors, etc.**
  - **This list can be built by using any of the following:**
    - **Seating charts**
    - **Class schedules**
    - **Staff movement, including teachers, paraeducators, custodial staff, contractors and others**
    - **Bus seating charts**
    - **Attendance records**
    - **Activity participation records, etc.**
  - **Schools will also be asked:**
    - **What is the contact information for the close contacts?**
    - **Have any of the close contacts had symptoms?**
  - **This line list may change over the course of contact tracing, as new information is learned from contacts and school administrators.**

Health Resource for Schools

Schools should reach out to their school district's school nurse leadership or COVID-19 Coordinator/Workgroup with any questions. Additionally, the Vermont Department of Health has public health nurses available to schools and child care programs to answer health related questions from 8 a.m. to 3 p.m. Monday through Friday. Call: (**802) 863-7240**, select the option for "**Schools and Childcare Providers.**" After hours there will be a mailbox to leave a message and Health staff will return your call the following business day.

Resources

General questions about COVID-19? **Dial 2-1-1**

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

- [Schools, Colleges and Child Care Programs page](#)
- [Child Safety Fact Sheet](#)
- [Coping with Family Stress During COVID-19](#)
- **NEW** [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 people who are close contacts with someone who has tested positive](#)

[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](#)

[CDC Guidance for Schools and Day Camps](#)

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

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

[Vermont Health Connect](#)

[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)

NEW [CDC COVID-19 Parental Resources Kit](#) **(Ensuring Children and Young People's Social, Emotional, and Mental Well-being)**

NEW **Parent and Caretaker guide for helping families cope with COVID 19**

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

[Talking to Children About COVID-19 (Coronavirus) - A Parent Resource](#) ([English Resource](#))

[Talking to Children About COVID-19 (Coronavirus) - A Parent Resource (Spanish Resource)](#)

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