

COVID-19

Guidance for School Re-opening During the COVID-19 Pandemic



Updated: July 28, 2020

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The decision to resume in-person schooling during the COVID-19 pandemic should be made by the local school and school system in conjunction with the local health department. The decision should consider local re-opening regulations, community transmission rates, and available testing and contact tracing resources.

Tandem remote learning options should be made available, regardless of in-person schooling, to accommodate high-risk staff and students, children in isolation and quarantine, and those families who may choose to not pursue in-person schooling at this time. Teachers, children, and families should not be penalized for pursuing one option over the other, and both options should be readily available. For schools pursuing in-person learning, every effort must be made to mitigate the risks of the spread of COVID-19 and protect children and staff. For schools pursuing remote learning, every effort must be made to provide all students with adequate technology and internet connectivity and support students' socioemotional wellbeing and nutrition needs.¹

Each school should develop a risk mitigation plan that addresses isolation and containment. In addition, schools should identify a COVID-19 Team that includes representation from administrators, educators, nurses, and custodial staff. The team should meet regularly to review plans and protocols and make changes as new guidance becomes available. In addition, each school should identify one person to serve as the liaison with the local health department.

This document serves as guidance to mitigate the risk and provide COVID-19 containment strategies for schools making the decision to pursue in-person learning. The document is based on current guidelines and the latest scientific information available and will be updated as appropriate.

¹ Guidance for remote learning and application of technology should be provided by experts in those fields.

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Mitigation Strategies

1. Screening

Staff, parents/caregivers and/or students should perform a general assessment for symptoms daily prior to arrival to school. See **Appendix A** for symptoms associated with COVID-19. The assessment should also include a history of exposure to persons with known or suspected COVID-19. Staff and students with evidence of an acute illness or contact with a person with COVID-19 should not report to school. For additional guidance on management of positive screens, see **Appendix B**.

Staff Screening

- Schools may consider implementing a formal daily screening process with record keeping for all staff before reporting to work.
- Temperature checks can be considered upon arrival to school.
- If a staff member screens positive, the staff member should not report to work and should contact a designated person at the school.

Student Screening

- The Centers for Disease Control and Prevention does not currently recommend universal symptom screenings for students to be conducted by schools.
- Parents/caregivers should be strongly encouraged to monitor their child for signs and symptoms of infectious illness and not attend in-person school if ill. This should be performed before getting on the bus or arriving at school.
- The school may choose to implement daily screening with record keeping for students, particularly if children with signs and symptoms of acute illness are coming to school.
- Recognize the limitation of temperature checks at school for children. Data suggest that fever occurs in only 50% of children with COVID-19. Avoid crowding of students if temperature screening is performed at school.
- Each school should develop a written protocol, shared with parents/caregivers as to the management of children with COVID-19 symptoms. See **Appendix B** for sample guidance on management of COVID-19 symptoms in children. Other strategies for management of children with COVID-19 symptoms can be found [here](#).
- School staff should recognize that non-infectious conditions (e.g. asthma) and acute infections (e.g. influenza) can mimic COVID-19 in children. These conditions do not warrant isolation for the length of time as COVID-19. In cases where COVID-19 testing cannot be performed in a student with acute illness, the decision to return to school should be made by the school nurse and/or COVID-19 team in conjunction with the student's medical provider, if able .
- If a student has evidence of acute illness, the student should not go to school and the parent/caregiver should contact a pre-designated person at the school.

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Visitor Screening

- Visitors are discouraged from entering the school. Meetings with families and teachers should occur virtually whenever possible.
- If visitor entry is required, screening for COVID-19 symptoms and exposure should be performed. A temperature check can be considered. If a visitor has any symptoms of COVID-19 or contact with a COVID-19 positive person, they should not enter the building.
- Visitors should sign in and sign out, recording times of entry and exit. Locations visited should be documented. This information will facilitate contact tracing.

2. Transportation

Bus transportation is necessary for children to get to and from school safely. Risks for both students and drivers should be mitigated. Parents/caregivers should prioritize a safe alternative mode of transportation, when available, to optimize physical distancing on the bus.

Staff

- Drivers and bus staff should always wear a mask.
- Drivers and bus staff can consider wearing a face shield if it does not inhibit driving.
- Installing of a physical barrier (e.g. plexiglass) between the driver's seat and students can be considered.

Students

- Buses should be loaded from back to front.
- Seats should be assigned.
- Family units should sit together.
- All children should wear a mask.
- Windows should be opened (weather permitting) to allow for airflow.
- Hand hygiene upon bus entry.

3. Masks/Face Coverings

Masking has proven to be an effective way to decrease the spread of COVID-19. Instruction on appropriate mask wearing should be discussed at the beginning of the school year and repeated frequently. In this document, the term "mask" is used to include a cloth face covering or medical grade mask. For instances where a medical grade mask is required, this will be specified.

- All school staff and visitors should be required to wear a mask.
- Wearing a face shield in addition to a mask can be considered, but is not a substitute for a mask.
- Students K-12th grade should be required to wear a mask.
 - Universal masking may decrease the number of children in quarantine based on the local health department definition of exposure.

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Masks/Face Coverings *(cont.)*

- Masks should be worn at all times EXCEPT while: eating; drinking; and during active outdoor recess, outdoor physical education activities and indoor physical education while maintaining physical distancing of 6 feet.
- Exceptions may be considered for young children in grade K-3rd where masking may be difficult due to inappropriate mask hygiene (e.g. frequently touching mask and/or pulling the mask down so it does not cover the mouth and nose), or in children with difficulty with speech or language. Children in this age group appear to be less likely to spread the novel coronavirus. Other exceptions may include students with special healthcare and educational needs and those who are unable to take off a mask by themselves. Clear masks may be a substitute in some cases.
- Any mask exceptions should be reviewed by the school's COVID-19 team.
- Staff interacting with children unable to wear a mask, may consider wearing a face shield in addition to, but not substituted for, a mask.
- Decisions related to masking should include grade level, as opposed to age.
- Masks with exhalation valves are not recommended as they can promote the spread of infection.
- Cloth face coverings should be washed daily and when soiled.
- Additional masks should be available for students and staff if mask becomes soiled, wet, or forgotten.
- Staff and students should be reminded regularly as to proper mask wearing, including hand hygiene before putting mask on and taking it off, avoidance of touching mask, and ensuring mask covers mouth and nose.
- Masks should be properly labeled to ensure the masks are not shared between students.

4. School Entry

The formation of large groups and crowding should be avoided at the point of school entry.

- Staggering entry times should be considered.
- Multiple entrances should be used.
- Masked staff members should assist with transition from car to school (as opposed to parent/caregiver).
- Hand hygiene should occur at school/classroom entry.
- Students should be directed to their first class and avoid congregating in hallways.
- Students should be visually screened for signs of illness upon entry to the school/classroom.

5. Hand Hygiene

Hand hygiene is an important step in decreasing spread of the virus that causes COVID-19. Hand hygiene should occur:

- Before, during, and after preparing food
- Before eating food
- Before and after treating a cut or wound
- Before and after touching (e.g. putting on or taking off) a mask
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

Instructions on proper hand hygiene should be posted in multiple areas and reviewed frequently with staff and students.

Hand washing instructions:

- Wet hands with clean, running water (warm or cold), and apply soap.
- Lather hands by rubbing them together with the soap. Lather the backs of hands, between fingers, and under nails.
- Scrub hands for at least 20 seconds. Hum the “Happy Birthday” song from beginning to end twice.
- Rinse hands well under clean, running water.
- Dry hands using a clean towel or air dry them.

An alcohol-based hand sanitizer that contains at least 60% alcohol can be used if soap and water are not available.

- Apply hand sanitizer product to the palm of one hand (read the label to determine correct amount).
- Rub hands together.
- Rub the gel over all the surfaces of hands and fingers until hands are dry. This should take around 20 seconds.

6. Classrooms, Physical Distancing and Cohorting

Every effort should be made to physically distance and cohort children to minimize COVID-19 exposure and assist with contact tracing should a child or staff become ill.

- Ideally, desks should be placed 6 feet apart. When 6 feet cannot be achieved, desks should be placed at least 3 feet apart.
- Outdoor classroom space for learning, eating and playing should be used as much as possible weather permitting.
- Large space, such as auditoriums and gymnasiums, should be used as a classroom when able to optimize space and physical distancing.
- When physically distancing cannot be maintained, children should be kept in cohorts. This means that the children learn together, eat together and play together allowing for the rapid identification of those who have been exposed should a positive COVID-19 case occur in the cohort.
- Physical barriers may be considered but should not replace physical distancing and masking.
- Teachers should rotate between classrooms instead of having children move from class to class.
- Student desks should all be facing forward in the same direction.
- Physical distancing cues of 6 feet should be placed in common areas.
- Minimize mixing of students between classes and years.
- For older children who rotate classrooms, consider block scheduling when feasible and assign seating in all classes to allow for contact tracing.

7. Recess and Physical Education

Recess and physical activity are important for the development of children.

- Outdoor activities should be considered whenever possible.
- When participating in physical activity, students should be organized into cohorts where possible.
- Hand hygiene should occur before and after recess and physical education.
- Physical education activities should avoid prolonged, close contact, and focus on individual skills and drills.
- Equipment used during recess and physical education activities should be cleaned and disinfected between use.
- Consider cleaning large outdoor playground equipment daily. High touch surfaces may require more frequent cleaning.

[Recommendations for a Safe Return to Sports](#)

8. Specialty Classes

The Centers for Disease Control and Prevention have designated some activities to be higher risk for spreading the virus that causes COVID-19.

- High-risk activities, including band and choir, should only be undertaken outside where physical distancing of at least 6 feet can occur.
- If physical distancing cannot occur, consider virtual options for these activities.

9. Eating and Drinking

- Schools should continue to provide nutritional, well-balanced meals for students.
- Cafeteria staff should wear gloves and masks during food preparation and service.
- Staff should bring meals to the students at the location where meals will be eaten. If not feasible, cohort groups of students should pick up meals and return to the class.
- If meals are not able to be provided in the classroom, consider large, open spaces, outdoors where children can be physically distanced, staggered or organized in cohorts.
- Water fountains should remain on, but students and staff should refrain from drinking directly from the fountain and instead fill cups and/or bottles.
- Food, water bottles, cutlery, and trays/plates should not be shared. If disposable food service items are not used, items should be handled with gloves and washed with soap and hot water in between uses.

10. Dismissal

- Consider dismissal at staggered times.
- Afterschool programs should continue as able. Cohort groups and school-day risk mitigation strategies should occur.

11. Congregate Areas and Staff Meetings

- All staff meetings should occur virtually. If virtual meetings are not an option, meetings should occur with staff physically distanced, 6 feet apart, and wearing masks.
- If teachers' lounges and break rooms remain open, congregation should be discouraged.
- Buffets and communal food should not be provided. Cutlery should not be shared.

12. Ventilation

The virus that causes COVID-19 appears to spread less in outdoor environments and areas with improved ventilation.

- Activities should be held outside, whenever possible.
- Windows should remain open, weather permitting.
- Best practices to promote good air flow in buildings.
 - o Operate building Heating, Ventilation, and Air Conditioning (HVAC) systems according to manufacturer instructions.
 - o Begin HVAC system operation at least an hour prior to school starting, continuously throughout the day, and then for at least an additional hour after school.
 - o Use HVAC filtration with a Minimum Efficiency Rating Value (MERV) rating of at least 8 and possibly up to MERV 10 or MERV 12 as most existing HVAC systems are not capable of handling more efficient filtration without damaging the fan motor.

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Ventilation *(cont.)*

- o Experts recommend quarterly filter changes, typically school districts change filters three times per year, which fits nicely with the school year schedule. More frequent filter changes may be required depending on filter dirtiness.
 - o Consider closing doors to separate classroom cohorts from one another.
 - o Ensure staff do not obstruct any supply, return, and exhaust vents in their respective spaces.
 - o Operate exhaust fans in those areas where such fans are present (kitchens, restrooms, etc.)
 - o Routinely service and make repairs, if necessary, to existing HVAC equipment.
- **Window Air Conditioning (AC) unit use in classrooms**
 - o Window AC units can be used to cool rooms during warmer weather.
 - o Window ACs typically do not have the best filtration and may not be able to handle highly efficient filtration. If there are concerns about filter efficiency and higher efficiency filters are not available for the units, more frequent filter changes are recommended.
 - **Space Heater use in classrooms**
 - o A heater may be required in a space if the existing HVAC system is unable to maintain temperatures at 65° F during the occupied periods of the school day. Heaters alter existing air flow patterns in the facility, which may increase exposure potential to airborne COVID-19.
 - o Space heaters should have a Tilt Safety Shut-Off switch.

13. Cleaning Procedures

- Regular classroom and school cleaning and disinfecting should occur.
 - o Focus cleaning/disinfecting efforts on common areas (classrooms, music room, gym, etc.) and those surfaces and items that are touched routinely and frequently throughout the day.
 - o All custodial cleaning activities should be performed daily, while highly touched surfaces will require more often throughout the day.
 - o Outdoor equipment can be cleaned daily.
- Toys and equipment available in classrooms and throughout the school should be able to be cleaned and disinfected.
- Thorough cleaning should follow the top-down cleaning methodology, which essentially allows gravity to settle dust and other contaminants down to the floor, with vacuuming or damp sweeping being the last step to take place.
- Surfaces should always be cleaned of dirt, oils, and other contaminants prior to using any disinfectants or sanitizers.

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Cleaning Procedures *(cont.)*

- Once surfaces have been cleaned, apply disinfectant to surface and allow product application to sit on surfaces for manufacturer's recommended dwell time. The dwell time for most products will be in the range of 5 to 15 minutes. If the disinfectant is not allowed to sit on the surfaces for the recommended dwell time, it will NOT BE EFFECTIVE at disinfecting surfaces as advertised.
- All dusting should be done using microfiber cloths, if possible, as they are much more effective at collecting and capturing surface dusts and contaminants. Be sure to follow laundering directions of microfiber cloths, because if they are not followed, the cloths may not be as effective at capturing dusts after laundering.
- All floor cleaning should be performed using damp mopping or vacuuming with a HEPA filtered vacuum, which captures 99.97% of particulates down to 0.3 um in size range. This will help minimize dust from the floor to get into the air during the vacuuming process.
- See **Appendix C** for recommended products to disinfect against COVID-19.
- If students are tasked with cleaning procedures, ensure student safety.

14. Personal Protective Equipment

Although cloth face coverings should be worn by all staff, some staff require personal protective equipment (PPE) due to the nature of their role in the school.

- All school nurses should have access to appropriate PPE to care for an ill student or staff member. Appropriate PPE includes gown, gloves, medical grade mask, and eye shield.
- A fit-tested N95 respirator should be used if nebulizer treatments are being administered. If possible, nebulized treatments should be administered outside. Every effort should be made to use metered dose inhalers over nebulizers. Schools should work with the child's primary care provider to find alternatives to nebulizers.
- For children who are technology dependent, schools should work to develop a plan with the child's multidisciplinary care team, which may include but is not limited to the primary care provider and therapists. For children with tracheotomies, involvement of otolaryngologists, pulmonologists, home nursing, respiratory therapists, and/or home ventilator teams is critical to mitigate the risks associated with suctioning.
- If the school does not have a school nurse, a designated staff member should be provided appropriate PPE when medical care is needed.
- Eye shields can be used by staff members, if desired, but should not be a substitute for masks.
- Gloves should be used when handling food, caring for an ill student or staff member, or when bodily fluid contamination may occur. Otherwise, gloves are generally not necessary.

15. Health Maintenance

- All staff and students should be encouraged to receive appropriate health maintenance checks (well child visits), as recommended.
- All staff and students should be encouraged to receive all appropriate immunizations, including seasonal influenza. Immunizations decrease the incidence of many infectious diseases, which may mimic COVID-19 and cause unnecessary absences.

16. Mental and Behavioral Health Support

- There are many tools that can be used for screening and assessing students. Examples:
 - o The UCLA Brief COVID-19 Screen for Child/Adolescent PTSD is in the public domain
 - o Evidence-Based Assessment Tools for Common Mental Health Problems: A Practical Guide for School Settings by Andrews et al. (2020)
 - o [The National Association of School Psychologists](#)
- It is recommended to collaborate with your school/school district mental health team to determine the best tools and interventions for the school community.

Providing school-based mental health services:

- o Identify spaces to provide services that are large enough space to physically distance.
- o Group therapy for children would be best in a space where you can appropriately distance (e.g., classroom).
- o Be considerate of student confidentiality when considering group therapy.
- o Avoid group therapy for individual issues such as a child who experienced a traumatic event.
- o Consider using telehealth at your school to provide services from different rooms without having to wear a mask.
- o A returning to school adjustment group may be helpful for students to process their feelings and practice coping strategies.
- o Consider basic intervention for all students to normalize the challenges of the pandemic and ensure you are not missing a student in need.

Consider potential mental health implications if masks are optional:

- Optional mask wearing may send mixed messages to students and can single students out, which could potentially lead to teasing and other negative social implications.
- It may be more challenging to get optional mask wearers to comply if they see others not wearing a mask. If school staff explain that a student wearing a mask is protecting the health of others, then the non-mask wearing students could feel badly.
- If mask wearing is required, it will be normalized, which will help students adjust to this change.
- It is important to consider that some students may have problems complying with wearing a mask. Mental health implications can be argued with any decision.

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Mental and Behavioral Health Support *(cont.)*

- The mental health risk seems lowest where there is a consistent message of student masking or not masking (with exceptions as needed for students with special needs).

Supporting students' mental and socio-emotional needs with online teaching and learning

- Schedule time to connect with each student individually and in virtual peer groups outside of academic time.
- Encourage students to ask questions and report challenges about online learning in this forum and others.
- Students will be less likely to reach out to staff virtually compared to the classroom but be responsive when they do!
- Play "Get to know you" games and engage students in icebreaker activities to develop trust. You can show and tell each other about your learning settings (home and school).
- There will likely be more opportunities to connect with parents, which can give you more insight to student's socio-emotional needs.
- Establish school counselor virtual check-ins with students if needed.
- Create consistent teaching schedules and daily check-ins.
- Praise students for their participation and engagement in learning.
- Use reward programs as you would in your classroom to encourage positive behaviors and build student confidence in their "classroom" academic performance and behavior.
- Work with parents to distribute special rewards/privileges at home when students meet their goals.

Creating an equity mindset as center of work

- Schools/districts are encouraged to proactively determine how equity will be assessed and addressed.
- [Implement trauma-informed practices.](#)
- Require diversity training for all staff.
- Create a channel for teachers and parents to advocate for student needs (e.g., connecting a student with supplies, technology access, mental health support).
- Inquire about individual student needs and resources from their parents/caregivers.

Staying calm in the midst of pandemic

- Think carefully about available expertise and how best to utilize it.
- Focus on what your school/districts is uniquely qualified to offer and offload other tasks. This may require some basic training of support staff. For example, consider providing the front office staff with questions and decision trees to help triage parent calls.
- Self-care is also essential! Support your staff.
- Connect with professionals from other schools through district or school organizations for support and ideas.
- Continue to advocate for needs-you've got this!

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Mental and Behavioral Health Support *(cont.)*

Addressing family support and adherence to school policies

- Provide families with education on school policies in multiple formats.
 - Provide simple, clear visual representations of policies in handout format, email, on the school website, and on school grounds.
 - Short video demonstrations will help families engage and learn the new policies.
 - If your policies include students bringing items to school each day (e.g., masks, hand sanitizer), create a backpack checklist for the family to use before children leave the home.
 - Create opportunities for staff or family volunteers dedicated to support the school community in monitoring adherence, inquiring about nonadherence, re-educating, and connecting families in need to appropriate resources.
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Quarantine, Isolation and Containment

Schools and staff should have a written plan for isolation and containment when a student or staff member is ill. Prior to the start of in-person schooling, parents/caregivers should be provided with pertinent information, including symptoms for which a student will be sent home, the time interval in which a student must be picked up by a parent/caregiver, and the criteria for return to school. All schools should identify a designated isolation area where exposed and/or ill students can be safely placed until picked up by a parent/caregiver. Students should not be left unattended. The school nurse or a designated staff member should monitor the student and ensure their safety until care is transitioned. Schools should consider having pre-printed templates for communication regarding positive cases and exposures to facilitate rapid communication. The following terminology should be used:

1. Exposure

Contact within 6 feet for ≥ 15 minutes within the 48 hours prior to the onset of symptoms in a person with COVID-19 OR a positive COVID-19 test in an asymptomatic person. This definition is based on the Centers for Disease Control and Prevention but may vary based on recommendations by local health departments.

2. Quarantine

Keeps someone who might have been exposed to the virus away from others.

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Quarantine *(cont.)*

- **COVID-19 Quarantine:**

Quarantine for 14 days from last contact with a person with confirmed or suspected COVID-19. This could be >14 days depending if the person with COVID-19 was unable to isolate from the exposed person (e.g. caregiver and child) or if additional exposure with COVID-19 positive persons occurred (e.g. multiple household members). Further information can be found [here](#).

3. Isolation

Isolation separates people who are infected with the virus away from people who are not infected.

- **COVID-19 Symptomatic Isolation:**

Isolation for:

- a) At least 24 hours since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms AND
- b) At least 10 days have passed since symptoms first appeared.

- **COVID-19 Asymptomatic Isolation:**

- a) Isolation for at least 10 days from a positive test.

Any student or staff member with COVID-19 symptoms should not go to school. If a student is identified to have or develops COVID-19 symptoms once the student is already at school, they should be isolated, and the parent/ caregiver should be called for prompt pick up. If a staff member is identified to have COVID-19 symptoms, and they are already at school, they should be sent home immediately. School should designate a contact to determine when staff and students can return to school. See Appendix B for further recommendations regarding return to school.

4. Identification of a COVID-19 positive case

The school and/or school staff may be notified of a COVID-19 positive case prior to the local health department. In this case, the school liaison to the health department should promptly notify the health department where the staff member or student resides to report the case.

- The liaison should confirm what, if any, additional information is needed and to whom it should be provided. In some cases, multiple health departments may be involved in a contact investigation.

5. School Case Investigation

Schools should familiarize themselves with the principles of contact tracing in order to rapidly facilitate identification of exposed students and staff and assist local health departments.

- Schools should designate at least one staff member to pursue training in contact tracing.

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School Case Investigation *(cont.)*

- Online, free training can be found at the [Johns Hopkins Coronavirus Resource Center](#)
- Once a staff member or student has been diagnosed with COVID-19, the designated staff member in charge of contact tracing will identify any staff members or students that should be considered exposed based on classroom layouts, schedules, etc.
- The school liaison to the local health department will work with the health department to identify any exposed persons.
- Schools should be prepared to notify any exposed persons, so they can be immediately dismissed from school or informed to not return to school until their quarantine is complete. All school privacy requirements should be maintained. [See more.](#)
- Schools may choose, but are not required, to notify other staff and students that a person in the school was diagnosed with COVID-19. If schools choose to do this, they should highlight that staff and students were not exposed unless otherwise notified.
- Every effort should be made to keep the identity of the COVID-19 positive person private from other staff and students.
- The decision to close a classroom and/or school should be made in conjunction with the local health department.

6. Cleaning after a COVID-19 Positive Case

Schools should establish a plan for cleaning after a COVID-19 positive case has been identified.

- Close off the affected area where the COVID-19 positive staff or student was located.
- Open outside doors or windows.
- Wait 24 hours prior to cleaning. If 24 hours is not feasible without disruption of the school schedule, wait as long as possible.
- Cleaning staff should be provided with the appropriate protective equipment, including gowns and gloves.
- Clean and disinfect the area.
- Recommendations regarding appropriate cleaning and disinfecting agents can be found [here](#).
- If > 7 days have passed since the sick person was at school, additional cleaning and disinfecting is not necessary.
- If a school has been closed for a prolonged period, additional considerations for cleaning and disinfecting prior to reopening may be needed. Learn more [here](#).

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Appendix A:

Symptoms Associated with COVID-19

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Note: This list is subject to change and can be found on the [CDC website](#).

Appendix B:

What to do if a student has symptoms of COVID-19

SAMPLE COVID-19 SYMPTOM GUIDANCE

Exposure	High-Risk Symptoms	Moderate-Risk Symptoms
To a person with COVID-19	<ul style="list-style-type: none">• New cough• Difficulty breathing• Loss of taste/smell	<ul style="list-style-type: none">• Fever ($\geq 100.4^\circ$) or chills• Congestion/runny nose• Nausea/vomiting/diarrhea• Sore throat• Headache• Muscle or body aches

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Appendix B: (cont.)

Scenario 1: What to do if a student has symptoms of COVID-19?

Screening Results	Does the Child Require a COVID-19 Test?	When Can the Child Return to School?
<p>1 moderate-risk symptom AND No COVID-19 exposure</p>	NO	<p>Return to school 24 hours after fever resolution and symptom improvement OR If the provider believes that an alternate diagnosis is the cause of signs and symptoms, return precautions should be specific to diagnosis</p>

Scenario 2: What to do if a student has symptoms of COVID-19?

Screening Results	Does the Child Require a COVID-19 Test?	When Can the Child Return to School?
<p>1 high-risk symptom OR ≥2 moderate-risk symptoms AND No COVID-19 exposure</p>	YES	<p>Negative COVID-19 Test: Return to school 24 hours after fever resolution and symptom improvement OR If the provider believes that an alternate diagnosis is the cause of signs and symptoms, return precautions should be specific to diagnosis</p> <p>Positive COVID-19 Test or NO* Test: Return to school at least 24 hours since resolution of fever without the use of fever-reducing medications AND improvement in symptoms AND At least 10 days have passed since symptoms first appeared</p>

* In cases where COVID-19 testing cannot be performed in a student with COVID-19 symptoms, the decision to return to school sooner can be made by the school nurse and/or COVID-19 team in conjunction with the student's medical provider.

Scenario 3: What to do if a student has a COVID-19 EXPOSURE?

Screening Results	Does the Child Require a COVID-19 Test?	When Can the Child Return to School?
<p>Exposure to a person with COVID-19</p>	Can be considered based on local resources	<p>Quarantine for 14 days from last exposure to a person with confirmed or suspected COVID-19. This could be >14 days depending on the last point of contact. If child develops high-risk or moderate-risk symptoms during quarantine, they need to be evaluated for COVID-19.</p>

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Appendix C:

Recommended products to disinfect against COVID-19

- **Safe products for disinfecting:**

- o Clorox Commercial Solutions Disinfecting Bio Stain & Odor Remover
- o Clorox Pet Solutions Advanced Disinfecting Stain & Odor Remover
- o Lysol Hydrogen Peroxide Action Multi-Purpose Cleaner, Oxygen Splash
- o Lysol Hydrogen Peroxide Bathroom Cleaner, Cool Spring Breeze
- o Lysol Hydrogen Peroxide Multi-Purpose Cleaner, Citrus Sparkle Zest
- o Lysol Hydrogen Peroxide Multi-Purpose Cleaning Wipes, Oxygen Splash
- o Lysol Power Bathroom Cleaner, Island Breeze
- o Purell Multi Surface Disinfectant, Fragrance Free
- o Seventh Generation Disinfectant Spray, Eucalyptus, Spearmint & Thyme
- o Seventh Generation Disinfectant Spray, Fresh Citrus & Thyme
- o Seventh Generation Disinfectant Spray, Lavender Vanilla & Thyme
- o Seventh Generation Disinfecting Bathroom Cleaner, Lemongrass Citrus Scent
- o Seventh Generation Disinfecting Multi-Surface Cleaner, Lemongrass Citrus Scent
- o Seventh Generation Disinfecting Wipes, Lemongrass Citrus Scent
- o Windex Multi Surface Disinfectant Cleaner
- o Windex Multi Surface Disinfectant Cleaner, Glade Rainshower

- **Safer active ingredients: If you cannot find any of the products listed above, EWG recommends checking the labels of EPA-registered products for the following active ingredients, which are safer and lower in toxicity compared to others:**

- o Hydrogen peroxide
- o Ethyl alcohol (ethanol)
- o Citric acid
- o L-lactic acid
- o Caprylic acid (octanoic acid)
- o Thymol

- **Active ingredients to avoid: When considering a product, read the labels and be on the lookout for these ingredients that may be best to avoid.**

- o Sodium hypochlorite: Found in chlorine bleach. EWG notes that this is "linked to harm to the skin and respiratory system and the environment. When improperly mixed with other cleaners or acids, sodium hypochlorite can be fatally poisonous."
- o Quaternary ammonium compounds: Also known as quats, which, according to EWG, are linked to asthma and suspected of causing reproductive toxicity and birth defects in humans. They also take an environmental toll.
- o Hydrogen peroxide and vinegar mixed together: The combination forms caustic peracetic acid.

Note: This list is a general information resource and should not be treated as medical advice. These ideas are meant to supplement considerations by your state and local governing bodies and Health Department, NOT meant to replace them. Rely on information at your own risk, consult the most up-to-date recommendations and your own state and local public health officials.

Appendix D:

Creating Isolation Rooms

- Schools may need to think creatively to find and utilize spaces that at first glance may not appear to be likely candidates for an isolation room. The schools may consider modifying existing spaces that are likely to contain exhaust ventilation, such as staff workrooms, science rooms or science storerooms.
- If no locations can be found with existing exhaust ventilation and the district does not have resources to make significant and costly modifications to the existing HVAC system, the districts should consider placing a room HEPA Air Cleaner that has a Clean Air Delivery (CAD) rate for the size of the space the device will be placed in. Without the ability to create a sick room that is under negative pressure, placement of a room HEPA Air Cleaner will help reduce airborne contaminants and minimize transmission of COVID-19 in sick rooms and perhaps even the clinic.
- Other considerations when determining what spaces to utilize should include the following:
 - o Can physical distancing effectively be practiced in the space?
 - o Does the space have an outside entrance/exit?
 - o How close to the existing clinic or front office should the sick room be?
 - o How often should the sick room be cleaned and disinfected?
- If negative pressure cannot be maintained in clinics or sick rooms, consider installing portable HEPA filtration devices in these areas to help control airborne contaminants OR operate clinic restroom exhaust fans continuously during the day, which may help create negative pressure in the clinic.