Health and Safety Guidance on Reopening Schools

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Vermont Department of Health

September 10, 2020

VERMONT
DEPARTMENT OF HEALTH

thank you!

**A great many thanks
for all you are doing on behalf of children
and families in these complex
and uncertain times.**

Important note:

The COVID-19 situation continues
to evolve very rapidly – so the information we
are providing today may change quickly

Current Context for Re-Opening Schools

- National news and conflicting messages
- Multiple sources of guidance (CDC, AAP) which continue to be revisited and revised as appropriate.
- Comprehensive and thoughtful process with a multidisciplinary task force to develop Vermont's Safety and Health Guidance which is focused on safety of students and teachers
- Vermont data continues to support the safe opening of schools and we are ready to reassess at any point
- Vermont's pediatric medical community supports re-opening schools

Mission Critical to Re-Open Schools

- Learning

- Social emotional well-being

- Connection

- Access to healthy food

- Supports for children and youth in difficult home situations

- Physical activity

Science, Pediatricians, Infectious Disease Specialists and Vermont

- Children are less likely to become infected;

- Children are less likely to develop severe disease;

- Critically, children, particularly younger children, seem less likely to transmit the virus that causes COVID-19; and

- Countries with low COVID-19 prevalence rates, similar to that seen in Vermont, have successfully opened schools without outbreaks of COVID-19.

Vermont's pediatric infectious disease experts weigh in

PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

COVID-19 Transmission and Children: The Child is Not to Blame
Benjamin Lee and William V. Raszka Jr.
Pediatrics originally published online May 26, 2020;

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://pediatrics.aappublications.org/content/early/2020/05/22/peds.2020-004879.citation

Safe and Healthy Schools Task Force

- VT Superintendents Assoc

- VT Principals Association

- VT Independent Schools Assoc

- VT School Nurses Association

- VT—National Educational Assoc

- VT Council of Special Education Administrators

- VT Child Health Improvement Program (VCHIP)

- UVM Children's Hospital/Infectious Disease

- General Pediatrician, South Royalton

- VT Assoc of School Psychologists

- DMV/Pupil Transportation Services

- Agency of Education

- Vermont Department of Health

Safe and Healthy School Guidance Review

- Parent Representative through School Nurses connections

- Vermont Afterschool 9-26 Coalition youth

- VT RAYS adolescent advisory group

- Teachers through Vermont NEA

- Pediatrician colleagues with geographic diversity

Safety & Health Guidance for Reopening of Schools, Fall 2020

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

Issued: June 16, 2020
Revised: August 11, 2020

VERMONT AGENCY OF EDUCATION DEPARTMENT OF HEALTH

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education.vermont.gov/documents/guidance-strong-healthy-start-health-guidance

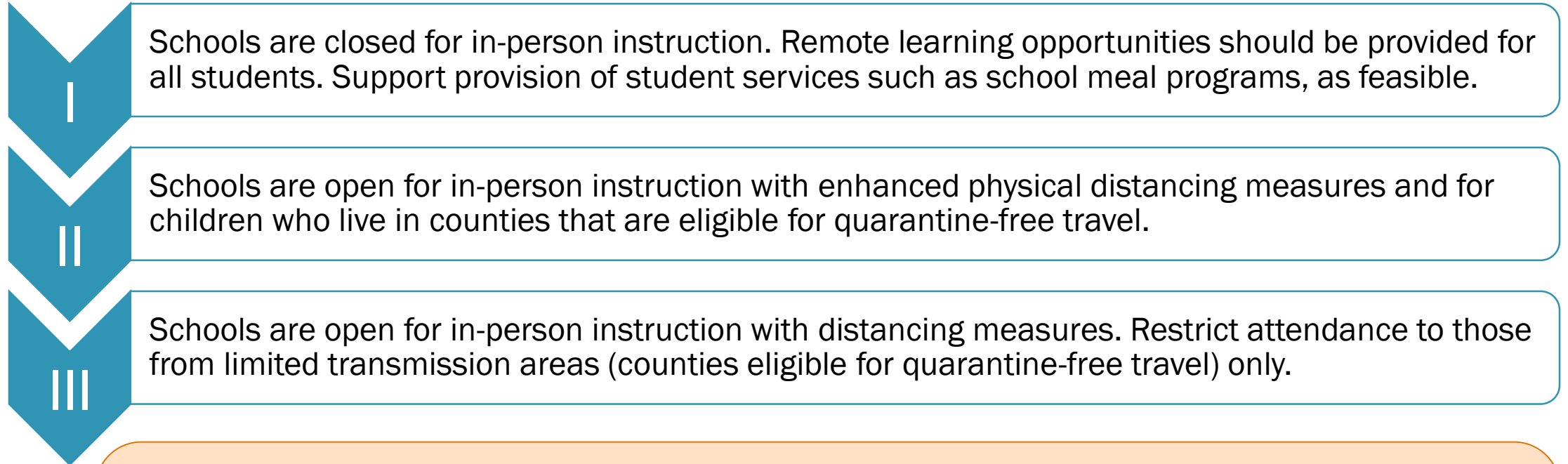# Objectives for School Health in the COVID Era

- Decrease risk of individuals infected with COVID-19 from entering the school

- Decrease transmission of COVID-19 among staff and students

- Quickly identify individuals with COVID-19 and put containment procedures in place

- Ensure that the special needs of students with physical, emotional and behavioral concerns are thoroughly addressed in a fair and equitable manner

- Communicate regularly with staff, students, families and the community

- Ensure that COVID-19 health guidance safeguards an equitable educational experience for all students

COVID Coordination

Each school or SU/SD or independent school should establish 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

- A workgroup should be established to review and implement health and safety protocols

- Administrators, teachers, paraeducators, custodians and other critical school staff

Steps: A measured approach to school reopening

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.

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.

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.

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.

School Planning

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 is actively developing tools to support this planning for when there is a positive case, including communication plans for staff, families, and the community.

Health Screening

NEW

All students/their families and staff should **conduct daily monitor for COVID-19 exposure and symptoms.**

School Districts will develop plans for screening students and staff daily **at first point of contact:**

- Health Screening at home **OR**

- Getting on Bus **OR**

- Entering the school building

Schools should conduct temperature screening of students.

Health Screening

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

Exposure is defined as: close contact with a person who has COVID-19 within the last 14 days.

Close contact is someone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated.

School Staff and Contractors

NEW

- Some individuals are at higher risk of developing severe COVID-19.

- Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at higher risk.

- Older adults in the school and those with specific underlying medical conditions should be **encouraged to talk to their healthcare provider to assess their risk** and to determine if they should avoid in-person contact in which physical distancing cannot be maintained.

Stay Home When Sick: Exclusion/Inclusion Policies

Sick individuals MUST NOT enter the school bus or school building.

Students

Coordinate with pediatric healthcare provider & school nurse.

Exclusions:
- Close contact with someone with COVID-19 in the last 14 days
- Showing symptoms of COVID-19

Inclusions:
- Allergy symptoms (with no fever) with medical diagnosis
- Well-controlled asthma

Sick at School

If any 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.

Students with Special Health and Education Needs

- Plan for transitioning students between options of remote learning, blended learning, virtual learning

- Account for special education regulatory guidance, CDC public health guidance, and federal/state guidance & school operations.

- Ensure all students regardless of ability have physical access to the facilities

- School nurses and medical homes will play an essential role related to high risk populations

- Team-Based Care
  - Parents, school nurses, special educators, medical homes make decisions together about face-to-face instruction

- **Most students with asthma are able to attend school with good medical management**

- **Summer Workgroup Led by Agency of Education and Maternal and Child Health** to develop supplemental guidance and supports
  - Pediatricians, subspecialists, special educators, mental health professionals, parents, youth, school nurses and more

Social Emotional Health of Staff & Students

- Implement universal social and emotional screenings to identify students who need support

- Establish a process, including community, social services and mental health partners

- Include school nurses in implementing universal social and emotional screenings to identify students who need support

- Develop a referral system for individuals who need targeted supports and/or community services

- Teach students how to screen themselves, take care of themselves and protect themselves

- Provide activities to help families feel comfortable sending their children back to school

- Work with families to identify who may need assistance with food, clothing & other basic needs

Buses and Transportation
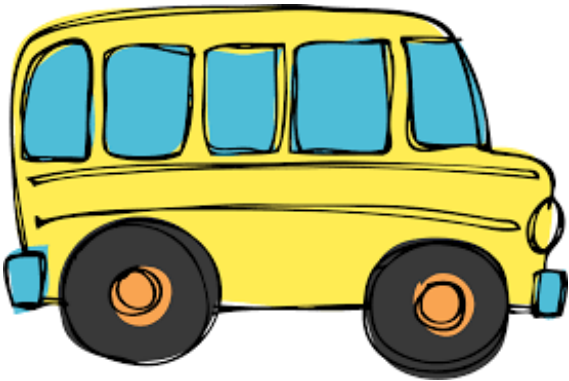
- Drivers, bus monitors, students must wear facial coverings
- Cohort students by age on the school bus
- Assign seats for students
- Frequent cleaning/disinfecting
- Access to hand sanitizer for driver
- Students should be spaced out for number of riders.
- Promote physical distance at bus stops
- Promote alternatives to bussing (walk/bike to school, parent/caregiver drop-off)

Drop-Off and Pick-up / Arrival and Departure

- Signs must be posted at all entrances
- Hand sanitizing stations must be set up at the entrance of the facility or the entrance rerouted through a different entrance nearest the sink

- 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

- Parents/caregivers should not be allowed to enter the building with the student (with exceptions)

- Individuals who are self-quarantining due to close contact with a COVID-19 positive individual should not do drop-off or pick-up

Cloth Facial Coverings: REQUIRED for staff, students and all others

- Facial coverings are developmentally appropriate when children can properly put on, take off, and not touch or suck on the covering. PreK students require special consideration regarding age and child development.

- No cloth facial coverings while sleeping, eating or swimming.

- Help children to understand the importance of wearing cloth facial coverings to prevent the spread of germs.

- Facial coverings may be removed during outdoor activities where students and staff can maintain physical distancing and have ready access to put them back as needed when activity stops.

- 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.

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

Students must be kept in groups, not to exceed the maximum number allowed by state guidance, including teachers and staff

Install physical barriers in reception areas and employee workspaces

Students standing in line should be spaced apart

Limit sharing of materials

Physical Distancing NEW

An expanding body of scientific evidence continues to support the finding that younger children less than 10 years are least likely to acquire COVID-19 and least likely to transmit to others when infected.

- **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 are expected and permitted.

- **Younger students** (PreK through Grade 5) should be **spaced at least 3 feet apart**.

- **Older students** (Grade 6 and up) should be **spaced 6 feet apart**.

- When physical distancing is not possible, it is even more important for students and staff to **adhere to the facial covering requirement**.

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

Step II

- Keep classes together to include same group of students & teachers each day (middle and high school may need to be addressed differently)

- Restrict mixing of groups

- Turn desks to face same direction

- Require students to stay in an assigned section of the school yard

- Hold virtual meetings with students, families and staff

Step III

- Consider keeping classes together to include the same group of students each day

- Continue to space out seating and bedding, to the extent possible

Additional Tips

- Move classes outdoors

- Minimize traveling to different buildings

- Broadcast in-class instruction to multiple rooms

- Implement homeroom stay where teachers rotate

- Discourage use of attendance awards/incentives

- Rearrange furniture to avoid clustering in common areas

Communal Spaces, Large Group Activities and Public Use of Schools

Large group activities must conform to the maximum number allowed by current state guidance. Public use of school limited to school ground (not buildings).

Libraries	• Libraries can be opened if physical distancing can be achieved • If closed, must ensure access to library materials
Extra-curricular	• Guidance on organized sports can be found on the ACCD's Restart website • Avoid activities with increased risk for viral spread (choir, theater, woodwind/brass)
Gyms & Cafeterias	• Keep closed (or use for extension of the classroom) (Step II, Step III if possible) • If necessary to open, must adhere to strict cleaning/disinfecting routines
Fire/safety drills	• Fire and safety drills must continue to occur according to state regulations • Must develop protocols to do this safely in the context of guidance
Playgrounds & Recess	• Ensure physical distance • Frequent cleaning/disinfecting and access to hand sanitizer on playground

Volunteers, Visitors, Field Trips
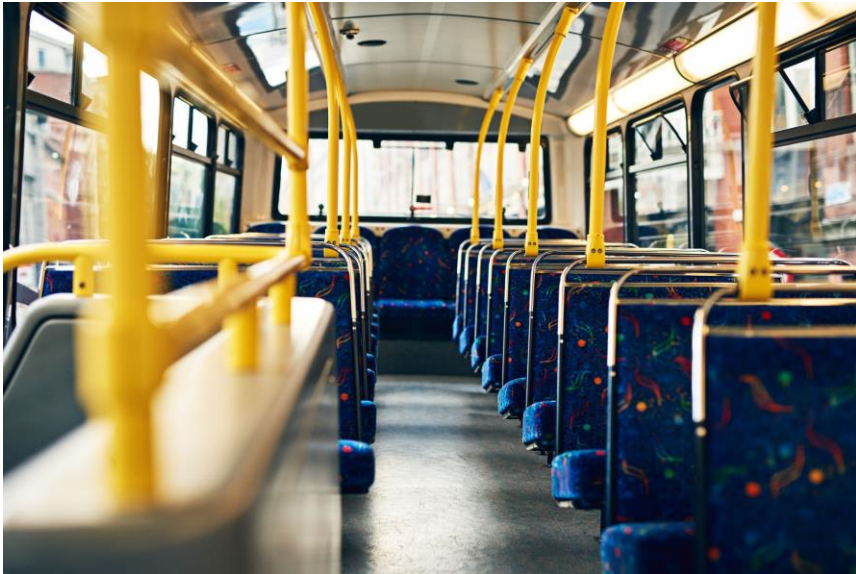
- **No outside visitors and volunteers** except for employees or contracted service providers, individuals who ensure the health and safety of the school, and student teachers, interns, and other learners.

- **Field trips are only allowed if** the program follows all health guidance, as well as guidance from the Agency of Commerce and Community Development, as it relates to public outdoor spaces and pools.

- **Minimize parent/family visits** and require them to occur only in the school office.

Cleaning/Disinfecting & Building Considerations/Modifications

- Schools must engage in frequent thorough cleaning each day.
    - Common spaces and frequently touched surfaces and doors should be cleaned and disinfected at the beginning, middle and end of each day

- Hand sanitizing/washing stations must be set up at all entrances

- Open additional entrances for drop-off and pick-up

- Make hallways or entrances one-way, when possible

- Water fountains may be used with frequent cleaning

- All buildings must secure two separate areas (clean and isolation)

- Add signage to clearly mark all closed areas

- See guidance for specifics on ventilation and HVAC

Food Services Guidance: A few highlights

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. Consider offering free meals to all students ("Universal Meals").

- Continue to follow all food safety requirements in the Vermont Food Code
- Consider how the kitchen receives deliveries of food and supplies
- Evaluate kitchen workstations and modify them to allow for physical distancing
- Students should be offered school meals in their classrooms (Step II, and Step III, where possible)
- Meals should not be self-serve
- Meals should be unitized, or an advance ordering system can be used
- Stagger the classrooms going through the line or cafeteria to reduce interactions (Step III)
- Napkins and silverware should be provided directly by staff
- Allow time for students to wash their hands prior to and after eating
- Prohibit or limit food-sharing activities

Communication

Keep germs from spreading, wash your hands often and well.

Proper handwashing:
1. Use warm water.
2. Moisten hands/apply soap.
3. Rub hands together for 20 seconds.
4. Rinse thoroughly.
5. Dry hands.

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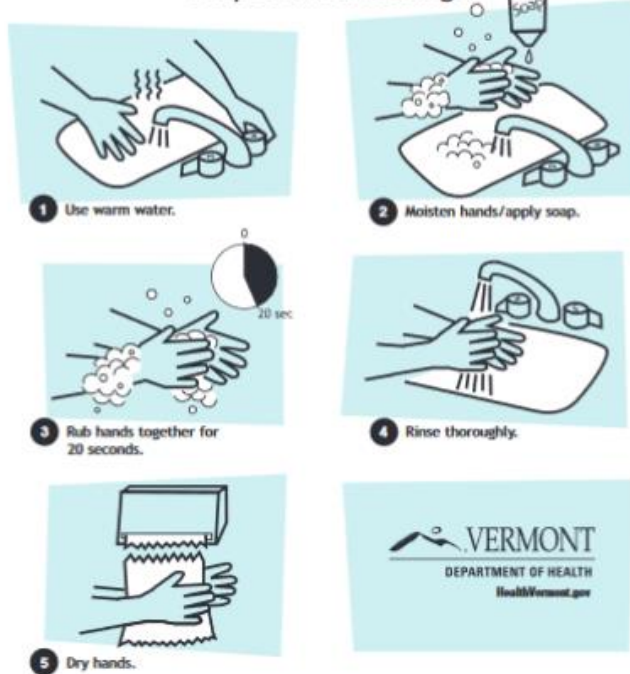
- Post signs on how to stop the spread of COVID-19: hand washing, facial coverings, physical distancing

- Handbooks should include information on how to recognize the signs of infection and directives not to come to school if sick

- Importance of mandatory immunizations

- Availability of community resources

- Use all communication channels available to you

- Ensure all communications are culturally and linguistically appropriate

- Intentionally and persistently combat stigma

COVID Cases in School

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

- Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting; **wait 24 hours after the infected individual was last in the building before cleaning or as long as practical**

- Open outside doors and windows and use ventilating fans to **increase air circulation**

- **Clean and disinfect all areas** such as offices, bathrooms, common areas and shared equipment including **frequently touched surfaces**

- **Communicate with staff and parents/caregivers** with general information about the situation

- Participate in **contact tracing** as requested by the Health Department

Closing Schools for In-Person Instruction

Other decision to close schools or certain classrooms for in-person instruction will be **made by the superintendent or head of school after consulting with the Department of Health**. Decisions to close for in-person instruction will be determined on a case-by-case basis.

- If the school is cohorting students 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. 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.

How does contact tracing work?
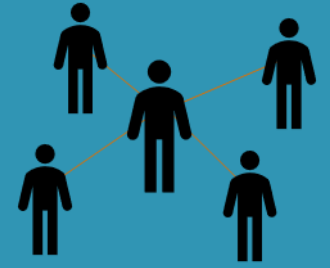
1. **The Health Department learns of a new case of COVID-19 from a laboratory or health care provider.**

2. **Health Department Contact Tracers call the person with COVID-19.**
   Contact tracers ask a standard set of questions about the person's activities to help them remember who they were in close contact with while they were contagious. They share information about what to do to prevent the disease from spreading further.

3. **Contact tracers reach out to each close contact.**
   Contact tracers share important information about what close contacts need to do, including quarantining and watching for symptoms for 14 days. If they have no symptoms during the first 7 days of their quarantine, close contacts can get a COVID-19 test. If their test is negative, they can end their quarantine, but should still watch for symptoms for the full 14 days.

Contact Tracing
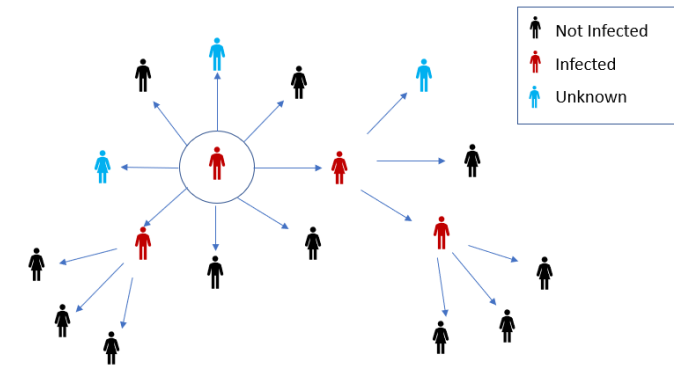
Role of the Health Department

- When there is a confirmed case of COVID-19 in the school, a member of the contact tracing team will reach out to the case to identify close contacts
- Contacting tracing team will also reach out to school administration to determine next steps
- If there is a cluster of cases in the school, the Health Department will work with school administrators to address and mitigate the situation

Role of Schools

- Use assigned seating for each class
- 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
- Staff should be encouraged to keep a daily list of other people they are in close contact with

Health Resource for COVID Coordinators/School Leadership

Schools should reach out to their school district school nurse leadership or COVID-Coordinator/Workgroup with any questions. The Department of Health has **public health nurses available** to answer health related school questions.

8:00 AM to 3:00 PM Monday through Friday

Call: **802-863-7240**

Select the option for "**School, Childcare, and Summer Programs**"

After hours there will be a mailbox to leave a message and VDH staff will return your call the following business day.

Health Department Resources & Tools:
healthvermont.gov/covid

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Thank you!

Let's stay in touch.

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