



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

School Health and Safety Frequently Asked Questions: Coronavirus (COVID-19) Recovery Period

(Updated July 2, 2021)

The Office of the State Superintendent of Education (OSSE) issued updated guidance on June 25, 2021, for District of Columbia public, public charter, private, parochial, and independent elementary and secondary schools, as well as adult education schools, reopening during the recovery period from the COVID-19 public health emergency, available [here](#). OSSE’s Health and Safety Guidance for Schools: COVID-19 Recovery Period includes guidance for schools from the District of Columbia Department of Health, issued May 19, 2021, and recommendations from the Centers for Disease Control and Prevention (CDC).

Scope

This document is intended to address frequently asked questions related to local education agencies’ (LEAs’) and schools’ implementation of the *Health and Safety Guidance for Schools: COVID-19 Recovery Period*.

Effective Date

This document was updated on July 2, 2021. OSSE will continue to add to and update this document over time.

For information and resources on the District of Columbia Government’s COVID-19 response and recovery effort, please visit coronavirus.dc.gov. The CDC’s most recent, supplemental guidance for schools can be accessed [here](#).

If you have questions relating to this guidance, contact the Division of Health and Wellness at OSSE.HealthandSafety@dc.gov.

Throughout the 2020-21 school year OSSE, in partnership with DC Health, DC Public Schools (DCPS), and the Public Charter School Board (PCSB), hosted biweekly technical assistance calls for LEAs and school leaders on the implementation of health and safety guidance during the reopening period. These biweekly calls will resume in August 2021.

Table of Contents

General [UPDATED]	2
Vaccines and Health Forms [UPDATED]	3

Reopening and Maintaining Buildings	4
Physical (Social) Distancing [UPDATED]	4
Daily Health Screening [UPDATED]	7
Face Masks [UPDATED]	8
Hygiene	9
Cleaning and Disinfection [UPDATED]	9
High-Risk Individuals	10
Exclusion, Dismissal, and Return to School Criteria and Protocols [UPDATED]	11
Exposure Reporting, Notifications, and Disinfection [UPDATED]	13
PPE Best Practices for School Staff [UPDATED]	14
COVID-19 Testing [UPDATED]	14

General [UPDATED]

1. For which schools is DC Health’s and OSSE’s guidance issued? [NEW]

DC Health and OSSE guidance is issued for public, public charter, private, parochial, and independent elementary and secondary schools, as well as adult education schools, in the District of Columbia.

2. How should provisions with “must” and “should” be interpreted? [UPDATED]

OSSE guidance incorporates reopening guidance for schools issued by DC Health on May 19, 2021 and provides additional guidance on select topics. Where activities for schools are noted with “must,” the activities are mandatory. Provisions noted with “should” or “as feasible” are not required but are recommended to reduce the risk of COVID-19, as appropriate within a given school setting.

3. Is there funding for COVID-19-related expenses? [UPDATED]

Title I-A eligible LEAs have received recovery funding from Coronavirus Aid, Relief, and Economic Security Elementary and Secondary School Emergency Relief (ESSER I-CARES) and will be receiving additional relief funding Coronavirus Response and Relief Supplemental Appropriations Act, and Elementary and Secondary School Emergency Relief (ESSER II-CRRSA) and the America Rescue Plan (ESSER III-ARP). Title I-A eligible LEAs may consider using these funds to support emergency needs related to responding to coronavirus and planning for recovery. The period of availability on all three grants begins on March 13, 2020 so LEAs may have already begun to incur COVID-19 related expenses.

On the [Recovery Funding website](#), there are resources that show [allowable uses](#), allocations for [ESSER I-CARES](#), [ESSER II-CRRSA](#) and [ESSER III-ARP](#), and other resources.

OSSE understands the impact of the public health emergency on all schools and is also providing [equivalent funding](#) to LEAs that are not eligible to receive ESSER recovery funding grants.

LEAs may also consider other available federal funds to meet these needs, including any Title, Individuals with Disabilities Education Act (IDEA), and Scholarships for Opportunity and Results (SOAR) grants.

More information is available on OSSE's [website](#) and questions may be directed to OSSE.ESSER@dc.gov.

4. Should schools continue to conduct fire drills? *[UPDATED]*

Per the DC Fire and EMS Department, the physical evacuation of buildings for drill purposes must have resumed, as per fire code, on June 1, 2021.

Vaccines and Health Forms *[UPDATED]*

5. Is the COVID-19 vaccine required for school staff? *[NEW]*

All staff are strongly encouraged to receive the vaccine as vaccines have proven to be safe for the recipients, and vaccines play a critical role in protecting the safety of those around vaccinated persons.

There is no current requirement from District Government for school staff to receive the COVID-19 vaccine.

6. Will the COVID-19 vaccine be required for students? *[NEW]*

DC Health does not opine at this time on whether the vaccine will or should be required for students.

7. How can school staff, educators and eligible students access the COVID-19 vaccine? *[NEW]*

All District residents age 12 and older are eligible to receive the COVID-19 vaccine in Washington, DC.

The District offers multiple high-capacity, walk-up, no-appointment-needed vaccination sites. Additional opportunities for vaccination also currently exist in certain DCPS high schools, as well as pharmacies and medical provider offices. Additional information, including the list of walk-up site locations, is available on vaccinate.dc.gov and vaccines.gov.

8. Where can families access routine pediatric immunizations in the District of Columbia?

Families are encouraged to contact their primary medical provider to access immunizations. For those who do not have a primary medical home, a list of pediatric immunization locations can be found [here](#), and a list of pediatric immunization community facilities is available [here](#). A search tool to find a primary

care center in DC can be found [here](#). Schools may also access the list of pediatric immunization locations on the DC Health [School Health Services Program webpage](#).

Reopening and Maintaining Buildings

9. What specific HVAC settings and improvements should schools consider? *[UPDATED]*

Schools should verify ventilation systems operate properly, including inspecting and routinely replacing HVAC filters and checking that all HVAC system components and exhaust fans, if applicable, are operable to design. Consultative support for LEAs related to Indoor Air Quality (IAQ) will soon be available, as organized by OSSE. Additional information on how to express interest in this service will be available soon on the [OSSE COVID-19 Guidance and Resources webpage](#).

Schools should consider ventilation system upgrades or improvements and other steps to increase the delivery of outside filtered air and to aid in the dilution of potential contaminants in the school. In consultation with an experienced HVAC professional, schools should review and implement as appropriate additional recommendations from the [CDC](#), the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) [Guidance for Building Operations During the COVID-19 Pandemic](#), and [ASHRAE guidelines for schools and universities](#), which includes further information on ventilation recommendations for different types of buildings.

Physical (Social) Distancing *[UPDATED]*

10. As my school plans for a full return to in-person learning in the 2021-22 school year, we have identified facilities' needs. Whom can we contact? *[NEW]*

The Office of the Deputy Mayor for Education (DME) is providing the following facilities supports to schools:

- Mayor Bowser's fiscal year 2022 budget included an additional \$10 million grant to support charter school reopening. More details will be forthcoming about the award amounts and process.
- The new **Project Manager for Charter Facilities Reopening**, funded by the DC Education Equity Fund, will support charter leaders in ensuring a safe return to in-person school this fall. Jessica Wodatch is available to help schools by providing individual support, connecting schools with experts, and coordinating with the DME and DC government agencies. Schools can contact Jessica by emailing jessica@wodatchcoaching.com or scheduling a [15-minute](#) or [30-minute](#) meeting through Calendly.
 - Schools may also email Jessica for more information about the following District Department of Transportation (DDOT) and Department of Parks and Recreation (DPR) processes:

- The DME has been working with DDOT on **educator parking permits** for campuses who indicated this as a need due to parking lot construction to support reopening.
- Schools working with the Department of Parks and Recreation (DPR) to secure space at a **recreation center or outdoor space** should have completed a simple [Google form space request](#) and received an update on the status of their application. Anyone who may need help should have completed the form by **June 15, 2021**.

11. Is there a limit to the size of a group in schools? *[NEW]*

As of the guidance issued by DC Health on May 19, 2021 and by OSSE on June 25, 2021, there is no limit on the size of cohorts. That said, schools should carefully consider the potential impacts of large cohort sizes. In particular, in the event that an individual tests positive for COVID-19, larger cohorts will result in a greater number of individuals potentially being exposed to COVID-19 and excluded from school.

12. Are there different recommendations for physical distancing and cohorting depending on whether the activity is taking place indoors or outdoors? *[NEW]*

Physical distancing and cohorting should be maintained in both indoor and outdoor settings. For some outdoor activities, including physical education class and athletics, increased physical distancing of 6 feet is recommended.

13. Does the 3 feet physical distancing recommendation apply in all circumstances in schools? *[NEW]*

No. In some settings, additional physical distancing is recommended.

Three feet of physical distancing is recommended for the following groups:

- Between students in elementary school **while in classrooms**.
- Between students **in classrooms** in middle and high schools. If DC is experiencing a daily case OR positivity rate indicating substantial community spread, 3 feet of physical distancing should not be implemented without cohorting in this age group.
- Daily case and positivity rates of COVID-19 in DC can be found at coronavirus.dc.gov/page/reopening-metrics. A metric in substantial community spread is indicated as being red on the chart.

Six feet of physical distancing is recommended for the following scenarios:

- Between adults (teachers, staff, and essential visitors) at all times during school and school-related activities.
- Between adults (teachers, staff, and essential visitors) and students (including those above age 18) at all times during school and school-related activities.
- In middle and high schools when DC is experiencing substantial community spread and cohorting is not able to be implemented.

- During activities when face masks cannot be worn, such as eating. If schools allow students to eat in classrooms, strategies should be implemented to allow increased spacing between students during meal and snack times. Physical barriers do not replace the recommendations of physical distancing.
- During physical education class and while participating in athletics.
- Between cohorts.
- In any school common areas outside the classroom.

Activities in which voices are projected, such as choir or theater, or where wind instruments are used, present greater risk of spread of respiratory droplets, and should be cancelled or modified to be outdoors and/or allow for 10 feet of physical distancing.

14. What physical distancing is recommended during meals, and what strategies should schools consider to maximize distancing during meals? *[NEW]*

Schools should space students further apart while they are eating and their masks are removed, with a goal of 6 feet when feasible; physical barriers do not replace for physical distancing. Schools may consider rearranging classrooms to maximize spacing during meals; e.g., removing furniture or equipment to allow students additional space. OSSE also encourages schools to consider alternate locations that allow for maximized spacing for students to eat meals. Schools may consider having students eat outside, weather permitting. OSSE has released the [Tip Sheet for Outdoor Learning](#), which provides guidelines and recommendations for educational, safe and engaging outdoor learning practices, including outdoor meal service. Another strategy that schools are considering is splitting cohorts for lunch, with half of the cohort remaining in the classroom to eat, while the other half goes to recess or another activity outside the classroom.

15. Which physical distancing recommendations should adult education schools follow? *[NEW]*

Any student—including those above age 18—should follow the physical distancing protocols for students. In the section on physical distancing, “adults” refers to teachers, staff, and visitors.

Ultimately, schools should set their physical distancing policies and procedures based on the needs of their individual school community, noting the public health recommendations and risks articulated in DC Health’s and OSSE’s guidance.

16. Can schools divide cohorts into smaller groups throughout the day? *[NEW]*

Cohorting of students is recommended to the greatest extent possible to minimize exposure across the school environment. Cohorts should have minimal to no interaction with other cohorts and remain distinct to the greatest extent possible, as mixing cohorts poses an avoidable risk of exposure if an individual tests positive for COVID-19.

It is acceptable for schools to make smaller groups within cohorts. Physical distancing should be maintained within cohorts and within smaller groups to the maximum extent feasible.

17. Can more than one group of individuals occupy large indoor spaces such as gymnasiums and cafeterias? *[UPDATED]*

Yes. More than one group may occupy a large room, such as a gymnasium or cafeteria, however, groups should not mix and there should be additional physical distance between the groups, to the extent feasible.

18. Is it allowable for educators and administrators to cross cohorts and groups of students? *[UPDATED]*

Yes. The rationale for limiting mixing of groups is to minimize the likelihood that an individual with COVID-19 may expose other individuals in the building. When necessary, crossing of educators across groups is allowable. If educators do cross groups, such crossing should be minimized to the extent feasible, and educators must wear a face mask and should practice physical (social) distancing and hand hygiene.

The CDC recommends that itinerant staff consider keeping detailed contact tracing logs of their interactions in order to support the contact tracing process in the event of a confirmed case of COVID-19.

19. Are workers, contractors, and inspectors allowed to come into the school building? *[UPDATED]*

Yes. Essential visitors (e.g., maintenance workers, inspectors) are allowable, but must wear a face mask and should complete the daily health screening, maintain physical distancing to the extent feasible, and practice proper hygiene.

Due to the risk of COVID-19, in-person parental presence, and that of other volunteers or non-essential personnel, should be discouraged (e.g., prohibit outside visitors from entering the school unless their presence was requested or if they received permission to enter the school).

20. What is or is not allowed during physical education classes and recess? *[UPDATED]*

Schools should implement the same layered mitigation strategies used for classroom activities for physical activity in schools. Schools should implement physical distancing of at least 6 feet between students during physical education classes and recess. Masks must be worn at all times while participating in physical education and recess.

Daily Health Screening *[UPDATED]*

21. Why is an on-site daily health screening not recommended for students? *[NEW]*

Neither DC Health nor the CDC recommend an onsite daily health screening for students, as the effectiveness of COVID-19 symptom screening in schools is not well known. Symptom screening will not

identify asymptomatic individuals and will only identify that an individual might be sick, not that they necessarily have COVID-19.

Parents are strongly encouraged to monitor and screen children for symptoms of COVID-19 every day. Schools should educate parents on monitoring students' health at home and emphasize the importance of not sending children who are sick to school.

22. Why is the daily health screening still recommended for staff and visitors? *[NEW]*

DC Health's recommendations are based on local epidemiological data. Those data have indicated that daily health screenings are effective at preventing adults with COVID-19 from entering school buildings. Additionally, international and national evidence suggests that staff-to-staff transmission is more common than transmission from students to staff, staff to student, or student to student. Based on the greater risk of severe illness from COVID-19 among adults, additional protective measures, including the daily health screening and physical distancing of 6 feet, are recommended for all school staff and visitors.

23. Is there a sample set of questions for the daily health screening? *[UPDATED]*

Yes. DC Health released [Screening Tool Guidance](#) as part of its health guidance.

24. What should a school do if it is uncertain whether a student or staff person's symptoms are COVID-19? *[UPDATED]*

As articulated in OSSE's guidance, students or staff with pre-existing health conditions who present with specific COVID-19 - like symptoms must not be excluded from entering the school building on the basis of those specific symptoms, if a healthcare provider has provided written or verbal documentation that those specific symptoms are not due to COVID-19.

School staff *should not* be independently determining what symptoms are or are not COVID-19. Schools should rely on documentation from the healthcare provider. If the school does not have documentation from the healthcare provider clearly articulating the symptom for which there is an alternate diagnosis, the default for a sick individual should be to exclude that individual and instruct them to seek medical attention.

If there is a question about whether a symptom is or is not related to a chronic condition upon arrival or during the day, the school nurse can support with an assessment of the student and decision-making on next steps.

Face Masks *[UPDATED]*

25. Are face masks required for fully vaccinated individuals? *[NEW]*

Yes. Face masks are required for fully vaccinated individuals at all times while on school grounds, on school buses and while participated in any school-related activities.

26. Are face masks required during athletics and when participating in vigorous physical activity? *[NEW]*

Yes. Masks must be worn at all times while participating in physical education and sports.

27. Should schools require double masking? *[NEW]*

DC Health recommends “universal and correct use of masks” as a key mitigation strategy in schools. Masks should be 2-3 layers of tightly woven fabric, cover the nose and mouth, and fit snugly against the sides of the face. While not prohibited, use of double masking is not recommended as necessary by DC Health if face masks otherwise meet the criteria above.

28. Are face masks with valves acceptable? *[UPDATED]*

No. Face masks with exhalation valves or vents should NOT be worn in schools. This type of face mask does not prevent the person wearing the mask from transmitting COVID-19 to others (source control).

29. Are face shields an appropriate alternative to face masks?

No. Face shields may be used in *addition* to face masks, but they cannot be used as an *alternative* to face masks. Face masks with clear plastic windows may be useful in circumstances in which students benefit from seeing educators’ lips (e.g., phonics instruction).

Hygiene

30. Should there be special protocols for shared supplies, such as library books and in-classroom books? *[UPDATED]*

Generally, use of shared objects such as equipment, learning materials, supplies, toys, and games should be limited when possible, and cleaned at least once a day in accordance with [DC Health’s Guidance on Routine Cleaning and Disinfection for Community Facilities](#). Per the CDC, paperback books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional procedures for cleaning or disinfection.

Schools may choose to establish special protocols for any shared objects. Please see the CDC’s [Cleaning and Disinfecting Your Facility](#) for more information.

Cleaning and Disinfection *[UPDATED]*

31. What cleaning and disinfection products does OSSE recommend? *[UPDATED]*

If a school determines that disinfection is needed, schools should use [US Environmental Protection Agency \(EPA\)-approved disinfectants effective against SARS-COV2 \(COVID-19\)](#). When feasible, preference should be given to products with [asthma-safer ingredients](#) (e.g., citric acid or lactic acid).

As a reminder, schools should avoid using cleaning products near students and facilitate adequate ventilation when using these products. Students should not participate in disinfection.

32. To prevent the spread of COVID-19, how often and what should we prioritize cleaning? *[UPDATED]*

All schools should follow [DC Health's Guidance on Cleaning and Disinfection for Community Facilities](#). In most situations, routine cleaning of surfaces once a day is adequate to prevent the spread of COVID-19 from surfaces.

- Schools should prioritize cleaning high-touch surfaces. At a minimum, high-touch surfaces should be cleaned at least once a day. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., chairs, tables, countertops, sink handles, faucets, computers, handrails, door handles, light switches).
- Schools should develop and implement a schedule for increased, routine cleaning.
- Schools should closely review and follow OSSE's guidance, which includes specific considerations for shared objects and equipment, toys, mats/cots/cribs, playground structures, and bathrooms.

33. What types of objects/toys/manipulatives are most at-risk for contamination? *[UPDATED]*

Those objects/toys/manipulatives that are most at-risk for contamination are those that are handled most frequently. All such objects should be cleaned regularly. In early childhood classrooms, particular attention should be paid to cleaning and sanitization between uses of any objects that may be placed in or near a child's mouth.

34. Should we remove classroom carpets? How about drapes from bathrooms? *[UPDATED]*

Carpets, drapes, and furniture should be regularly cleaned and laundered. Schools should also maintain routine vacuuming. Any carpets, drapes, furniture, or soft porous materials that cannot be regularly cleaned and laundered should be removed. More information from the CDC may be found [here](#).

High-Risk Individuals

35. What do high-risk individuals need to do before attending in-person activities at school?

DC Health recommends that any individual at increased risk for experiencing severe illness due to COVID-19 should consult with their healthcare provider before attending in-person activities at school. Schools are not required to secure written clearance from high-risk individuals prior to participating in in-person activities at school.

36. Should students who are at high-risk for severe illness due to COVID-19 attend school in-person? *[UPDATED]*

Students who are at increased risk for experiencing severe illness due to COVID-19 are recommended to consult with their healthcare provider before attending in-person activities at school. Every case is unique, and a healthcare provider can support a detailed assessment with the family of the risks and benefits of in-person activities, including consideration of risks of exposure to COVID-19 as well as the availability of in-person and virtual settings of instructional and related services that the student may receive at school.

For the 2021-22 school year, any student registering for distance learning due to COVID-19 must submit a COVID-19 Medical Consent and Certification for Distance Learning form. This form documents a student's physical or mental health condition that requires the student to participate in distance learning due to COVID-19.

Exclusion, Dismissal, and Return to School Criteria and Protocols *[UPDATED]*

37. Do individuals who are fully vaccinated need to follow the exclusion, dismissal, and return to school criteria and protocols? *[NEW]*

Provided that they do not currently have any symptoms consistent with COVID-19, an individual who is fully vaccinated against COVID-19 may return to school immediately in the following circumstances:

- After close contact with someone with confirmed COVID-19;
- While awaiting COVID-19 test results;
- When a household contact is awaiting COVID-19 test results; and
- After travel.

A person is considered fully vaccinated 14 days after completion of a COVID-19 vaccination series (after the second dose of a two-dose series, or after one dose of a single-dose vaccine).

Any individual with symptoms consistent with COVID-19 must follow the existing protocols.

38. Many students have allergies that cause them to have runny noses. Should we isolate and remove a student with a runny nose due to allergies?

As articulated in OSSE's guidance, students or staff with pre-existing health conditions, such as seasonal allergies, who present with specific COVID-19-like symptoms must not be excluded from entering the school building on the basis of those specific symptoms, if a healthcare provider has provided written or verbal documentation that those specific symptoms are not due to COVID-19. If the student with allergies has submitted documentation from their healthcare provider that their runny nose is not due to COVID-19, then they must not be removed from school on the basis of that symptom.

39. If an individual travels to any place other than Maryland or Virginia and receives a negative COVID-19 test upon their return to the District, can they return to school? [UPDATED]

Per [DC Health's Guidance for Travel](#), unvaccinated or partially vaccinated individuals who have traveled **domestically** to any place other than Maryland or Virginia must either (1) not attend school for 10 days after returning, or (2) not attend school until tested for COVID-19 three to five days after returning AND receive a negative COVID-19 viral test.

Unvaccinated or partially vaccinated individuals who have traveled **internationally** must either (1) not attend school for 10 days after returning, or (2) not attend school for seven days after returning, get tested for COVID-19 three to five days after returning, AND receive a negative COVID-19 viral test. Even if the test is negative, the individual must still not attend school for seven days.

Provided that they do not currently have any symptoms consistent with COVID-19, an individual who has tested positive for COVID-19 within the last 90 days or is fully vaccinated may be admitted immediately after domestic or international travel. A person is considered fully vaccinated 14 days after completion of a COVID-19 vaccination series (after the second dose of a two-dose series, or after one dose of a single-dose vaccine). They should get a COVID-19 test three to five days after international travel. Any individual with symptoms consistent with COVID-19 must not enter the school building.

For more detailed guidance related to returning from domestic and international travel, see [DC Health's Guidance for Travel](#). Private institutions, including charter, private, parochial and independent schools, may implement more stringent restrictions after travel. Schools may choose to incorporate questions about recent travel into their daily health screenings.

40. Should our school have more than one isolation area? [UPDATED]

Yes. Schools should isolate only one sick individual in the isolation area at a time. Thus, schools should identify multiple rooms that may be used as isolation areas in the event more than one individual becomes sick at the same time.

41. If a student or staff member is sent home with symptoms of COVID-19, but is not confirmed to have COVID-19, must others in the classroom be excluded from school until test results come back? [UPDATED]

No. If a student or staff member is sent home because they present with symptoms of COVID-19, others in the classroom may continue to attend school, until/unless the ill individual is confirmed to have COVID-19. As always, it is critical that all students and staff, especially those who may have been exposed to a sick individual, closely monitor for symptoms, and if symptoms develop, should not attend school and should immediately seek medical attention.

Exposure Reporting, Notifications, and Disinfection [UPDATED]

42. If an individual has been out sick for a couple days and then notifies the school that they have tested positive for COVID-19, does their cohort need to be immediately dismissed? [NEW]

If an individual is confirmed to have COVID-19 and the COVID-19 positive individual has not been in the facility that day, then it is acceptable for the cohort to remain in the room until the end of the day.

- If it has been more than 24 hours but less than three days since the COVID-19 positive individual was in the school building, the school should clean any areas where the individual has been. Disinfection is not necessary.
- If it has been more than three days since the COVID-19 positive individual was in the building, no special cleaning and disinfection procedures are necessary, and the school should follow routine cleaning and disinfection procedures.

If the COVID-19 positive individual participated in in-person activities during their infectious period, then the cohort must not attend school while DC Health completes its contact tracing investigation. The infectious period starts two days before symptom onset date (or positive test date for people who do not have symptoms) and typically ends 10 days after symptom onset date (or positive test date for people who do not have symptoms).

If the COVID-19 positive individual did not participate in in-person activities during their infectious period, then the cohort may continue attending school. As always, DC Health's contact tracing investigation will provide the definitive determination on who meets criteria as close contact.

43. If a staff member or student tests positive for COVID-19, how should we notify the school community and especially those who may have been in close contact? Must we close the school? [UPDATED]

In the event a student or staff member is confirmed to have COVID-19, schools should follow all steps articulated in DC Health's and OSSE's latest guidance, including the requirement to notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website (dchealth.dc.gov/page/covid-19-reporting-requirements) under the section "Non-Healthcare Facility Establishment Reporting." Select "Non-Healthcare Facility COVID-19 Consult Form."

An investigator will follow-up within 24 hours, and will provide specific guidance on dismissals, other safety steps, and communication. Please note this time may increase if cases of COVID-19 increase in the District.

DC Health will instruct schools on dismissals and other safety precautions in the event a known COVID-19 individual came in close contact with others at school. DC Health will determine which individuals are close contacts who must not attend school for at least 10 days, but schools do not need to wait to hear from DC Health before informing school communities of a known positive case.

PPE Best Practices for School Staff [UPDATED]

44. What resources are available for school nurses and staff to be fit tested for N95 masks? [UPDATED]

School nurses or staff who are administering nebulized medication or performing tracheostomy suctioning or any other aerosol-generating procedure should wear an N95 mask and complete a comprehensive Respirator Fit Testing program. Only those individuals who have completed a comprehensive Respiratory Fit Testing program may use N95 masks.

For schools that participate in the DC Health School Health Services Program, school nurses are fit tested through Children’s National. Schools seeking to have their staff fit tested may engage with private vendors, such as [Concentra](#). Neither OSSE nor DC Health endorses or vets any particular Respirator Fit Testing Program.

As articulated in OSSE’s guidance, students who receive nebulized treatments should be strongly encouraged to replace the nebulizer with oral inhalers whenever possible. Schools should work with their school nurse to engage such families and their health care providers, as needed.

COVID-19 Testing [UPDATED]

45. Will DC Health or OSSE be offering COVID-19 testing to public and public charter schools during the 2021-22 school year? [NEW]

OSSE is working closely with DC Health to discuss COVID-19 testing options for the 2021-22 school year and will communicate updates to public and public charter schools as soon as more details are available.

46. Should fully vaccinated individuals continue to participate in routine screening testing at school? [NEW]

Per DC Health, fully vaccinated individuals who do not have any symptoms consistent with COVID-19 are not recommended to participate in routine screening testing.

47. What steps do schools need to take if they are implementing their own asymptomatic testing program? [UPDATED]

Schools implementing their own asymptomatic testing program should develop and share a testing plan with the Deputy Mayor for Education and OSSE teams at EdSupport@dc.gov. Schools wishing to learn more about implementing asymptomatic testing programs in schools may also inquire at EdSupport@dc.gov.

Per DC Health, schools that are participating in a formal screening or surveillance testing program as part of the broader policy of an umbrella organization—such as that of a university—should adhere to the testing policy of their umbrella organization.

In all instances, testing programs must comply with DC Health reporting requirements for COVID-19 (dchealth.dc.gov/page/covid-19-reportingrequirements).

48. Does DC Health recommend that all teachers/staff or students be tested for COVID-19 prior to returning in-person to school? [UPDATED]

No. DC Health does not recommend universal testing of all students and staff as a prerequisite to school attendance, as such testing represents only one point in time and may give a false sense of security to the school community. Staff and students with symptoms of COVID-19 or known exposure to a close contact with COVID-19 should meet the criteria outlined in DC Health’s and OSSE’s guidance prior to returning to the building.

Further Questions

If you have questions relating to this guidance, submit your questions [here](#), or contact the Division of Health and Wellness at OSSE.HealthandSafety@dc.gov.

For resources and information about the District of Columbia Government’s coronavirus (COVID-19) response and recovery efforts, please visit coronavirus.dc.gov.