



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

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

(Updated Dec. 14, 2020)

The Office of the State Superintendent of Education (OSSE) issued updated guidance on Dec. 14, 2020 for District of Columbia public elementary and secondary schools, including public charter schools, reopening during the recovery period from the COVID-19 public health emergency, available [here](#). The *Health and Safety Guidance for Schools: COVID-19 Recovery Period* includes guidance for schools from the District of Columbia Department of Health, issued [Dec. 8, 2020](#), 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') implementation of the *Health and Safety Guidance for Schools: COVID-19 Recovery Period*. Additional and less common questions are answered during (and in follow-up notes to) our biweekly technical assistance calls. Contact OSSE.HealthandSafety@dc.gov to receive these additional questions and answers.

Effective Date

This document was updated on Dec. 14, 2020. 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, submit your questions [here](#), or contact David Esquith, director of policy, planning and strategic initiatives, Division of Health and Wellness, at OSSE.HealthandSafety@dc.gov.

OSSE, in partnership with DC Health, DC Public Schools (DCPS), and the Public Charter School Board (PCSB), is also hosting biweekly technical assistance calls for LEAs and school leaders on the implementation of health and safety guidance during the reopening period. These biweekly Monday calls take place from 1-2 p.m. The registration link for the Monday weekly calls can be found [here](#).

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General [UPDATED]

1. Does OSSE or DC Health offer technical assistance or opportunities for learning from peers or experts?

OSSE is working closely with DC Health, DC Public Schools (DCPS), and the Public Charter School Board (PCSB) to ensure that LEAs and schools have access to resources, including trainings and technical assistance, to facilitate the implementation of this guidance. To inform those efforts, please submit questions and particular training needs on the guidance or its implementation [here](#) or to David Esquith, director of policy, planning and strategic initiatives, Division of Health and Wellness at OSSE, at David.Esquith@dc.gov.

OSSE hosts biweekly technical assistance calls for LEA and school leaders on the implementation of health and safety guidance during the reopening period. These Monday calls take place biweekly from 1-2 p.m. The registration link for the Monday weekly calls can be found [here](#). Participants only need to register once to attend each of the weekly calls.

PCSB will provide ongoing support to public charter schools throughout the planning and implementation stages, including planning meetings, review of plans, and on-site monitoring to support

schools' reopening protocols and procedures. DCPS schools should work with DCPS' central office teams to address any questions or concerns related to school reopening plans. OSSE, PCSB, DCPS, and DC Health remain committed to providing technical assistance to schools and LEAs with questions.

2. How should provisions with 'must' and 'should' be interpreted?

Required activities for public and public charter schools are noted with "must" and are mandatory for schools to follow in accordance with Mayor's Orders 2020-075, *Phase Two of Washington, DC Reopening*, Section II.3 (June 19, 2020), Mayor's Orders 2020-079, *Extensions of Public Health Emergency and Delegations of Authority During COVID-19*, Section V.3 (July 22, 2020), [Mayor's Order 2020-119](#), *Modified Requirements to Combat Escalation of COVID-19 Pandemic During Phase Two* (Nov. 23, 2020), and any subsequent Mayor's Orders or other legal authority related to school reopening. Provisions noted with "should" or "as feasible" are not required but are strongly recommended and encouraged, as appropriate within a given school setting.

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

LEAs eligible to receive Coronavirus Aid, Relief, and Economic Security (CARES) Elementary and Secondary School Emergency Relief (ESSER) funds may consider the use of these funds to emergency needs related to preventing, preparing for, and responding to coronavirus. CARES-ESSER may support a range of uses including, but not limited to: cleaning supplies, personal protective equipment (PPE), and substitute teachers. On the CARES website, there is a [link to a chart](#) with a listing of allowable uses in categories that would be applicable to LEAs. CARES funds may not fund "major renovation or repair."¹ Questions may be directed to OSSE.CARES@dc.gov.

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. These communications provide additional detail on [COVID-19 federal grant flexibilities](#) and [CARES and recovery funding](#).

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

At this time, the DC Fire and EMS Fire Marshal is allowing the physical evacuation of buildings for drill purposes as required by the fire code to be postponed temporarily without penalty through March 31, 2021. This is to prevent the large gathering of people congregating in an outside assembly point area during a non-emergency situation.

During this postponement period, the Fire Marshal is encouraging the use of other methods by workplace safety coordinators and managers that will reinforce building evacuation awareness for employees. Some examples include: communications on office message boards, video presentations, Microsoft Teams or Webex presentations, emailing procedures and evacuation plans together with the risk-based approach being adopted for employees, and in-person evacuation procedure reviews directly with small groups of employees, while practicing 6 feet physical (social) distancing and wearing a face covering.

¹ This refers to capital assets as defined within 2 CFR Part 200.

No matter the building evacuation awareness method used, documentation and training records must be maintained to verify dates, times, and employee participation. Remember, what is most important is that everyone knows what to do and where to go using the nearest exit.

Vaccines and Health Forms

5. My school is operating in a fully distance learning posture. Do we still need to contact families that are out of compliance with immunizations?

Yes. Given the urgency to increase immunization rates across the District, even those schools that are operating fully in distance learning should contact families who are out of compliance with their immunizations.

Emphasizing the importance of immunization compliance, even for those in a distance learning posture, is critical to support high rates of immunity across the District and to prevent an outbreak of a vaccine-preventable infection. Enforcement of the District's Immunization Policy will begin on the first day of school regardless of whether students are learning in-person or virtually.

6. Where can families access 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 [OSSE immunization webpage](#).

7. Who is responsible for notifying families whose students are out of compliance with immunizations?

The process for notifying families out of compliance with vaccines rests with the school-based School Health Team, led by the school leader and Immunization Point of Contact. See [OSSE's immunization webpage](#) for more information.

Reopening and Maintaining Buildings [UPDATED]

8. What specific HVAC settings and improvements should schools consider? [NEW]

Schools must ensure ventilation systems operate properly, including inspecting and routinely replacing HVAC filters and ensuring that all HVAC system components and exhaust fans, if applicable, are operable to design.

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.

9. When opening windows and doors to increase the circulation of outdoor air, are there particular restrictions or considerations for how to do safely? [UPDATED]

Upon reopening and while operating, schools must ensure ventilation systems operate properly and increase the circulation of outdoor air as much as possible, for example by opening windows and doors. Increase in air circulation should be continued after reopening where safe and possible. Fans may be used to increase the effectiveness of open windows. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to students and staff using the facility.

Under **no circumstances** may fire-rated doors be propped or otherwise left open.

Physical (Social) Distancing [UPDATED]

10. 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, ***if the below provisions and additional required physical distancing measures are followed:***

- Schools may use partitions to separate groups;
- Partitions must be at least 6 feet tall and of solid material with no holes or gaps (e.g., solid barrier or fire-resistant vinyl blankets);
- Individuals must be at least 6 feet away from the partition on each side;
- To effectively create a barrier, the 6-foot tall partition must extend the length of the area which students and staff are using for activities. No classroom activities should occur outside the barrier of the partition. The open space at each end of the partition *may not* be used to congregate *but* may function as a hallway to be used with appropriate social distancing measures.
- Partitions must align with regulatory safety protocols to ensure they are not fall hazards, allow for proper ventilation, meet fire safety regulations, and meet any other safety regulations. For more information, please refer to the District of Columbia Department of Consumer and Regulatory Affairs (DCRA) website [here](#).

11. Is it allowable for educators and administrators to cross cohorts and groups of students?

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. DC Health's and OSSE's guidance is strict about ensuring no mixing of students and recommends that, to the extent feasible, educators and staff should stay with

only one group of students. This is particularly recommended in early childhood classrooms, in which educators may have more challenges maintaining physical (social) distance with students. However, we acknowledge that this is not practical in many school settings, especially in middle and high schools.

When necessary, crossing of educators across groups, and across rotating schedule cohorts (e.g., A day/ B day), is allowable. If educators do cross groups, such crossing should be minimized to the extent feasible, and educators must ensure physical (social) distance, wear a face covering, and practice hand hygiene.

12. In reference to the additional person in the group (i.e., the 13th person, what is the meaning of briefly?

While there is no set amount of time that the additional person may be in the group, they should only be in the group as long as necessary to complete their prescribed tasks.

13. Are workers, contractors, and inspectors allowed to come into the school building?

Yes. Essential visitors (e.g., maintenance workers, inspectors) are allowable, but must complete the daily health screening, wear a face covering, maintain physical distancing to the extent feasible, and practice proper hygiene. Schools should limit non-essential visitors (e.g., prohibit outside visitors from entering the school unless their presence was requested or if they received permission to enter the school).

14. What can schools do to ensure physical distancing in common areas of the school building?

Hallways and Lobbies

Because hallways and lobby spaces have different dimensions, there is no maximum number of individuals in a given hallway. However, per OSSE's guidance, groups of students must not mix with other in-person groups in hallways, and individuals must continue to maintain a physical (social) distance of 6 feet. Schools are encouraged to create clear space delineations for students in hallways to reduce risk. This could be done by creating and marking line spots in hallways and outdoors and implementing a lane system in hallways, stairwells, and other common areas.

Bathrooms

While acknowledging the need to be flexible to accommodate individual circumstances, schools are encouraged to implement a daily bathroom schedule for all classes. If bathrooms are shared, assign a bathroom to each group of students and staff. If there are fewer bathrooms than the number of classrooms, assign each group to a particular bathroom and ensure that bathrooms are cleaned and disinfected after each group has finished its use. Consider the following to support:

When possible, add physical barriers, such as plastic flexible screens, between bathroom sinks especially when they cannot be at least 6 feet apart.

Station staff to observe and support handwashing and general bathroom use at regular intervals.

Establish a schedule specific to your LEA or school, taking the building design and bathroom locations into consideration.

Shared Staff Spaces

Shared spaces such as break rooms and teacher lounges should be closed where feasible. If it is not feasible to close the space, stagger use, ensure strict physical distance between individuals, ensure face coverings are worn at all times except while eating, drinking, or sleeping, and clean and disinfect between uses. Disinfecting wipes or cleaners should be used between uses of copy machines and other shared office technology, such as microwaves and refrigerators.

15. How does grouping work for students in before-school and after-school programs?

If necessary, it is acceptable for in-person groups in before- and after-care programs to be distinct from those during the school day. However, students participating in before- and after-care programs must remain in a stable group, without mixing with other groups, each day that they participate in the program and must adhere to all physical (social) distancing and other provisions in this guidance.

16. How should students who attend school in-person every day of the week (i.e., I cohort) interface with groups of students who attend school in-person on certain days of the week (i.e., A-F cohorts)?

Students in an “I” cohort, who attend school in-person every day, must not mix in-person with students in rotating cohorts (A-F).

17. Are there activities that require additional physical distancing or that must be canceled? *[UPDATED]*

Activities in which voices are projected, such as choir, theater, or band, present a greater risk of spread of respiratory droplets even with physical distance of 6 feet. Such activities must be canceled even if group size and 6-foot distance can be maintained. Schools must also cancel activities and events such as field trips, student assemblies, special performances, and school-wide parent meetings.

Schools must also abide by [Mayor’s Order 2020-123, Modified Requirements Relating to Physical Activity to Combat Escalation of COVID-19 Pandemic During Phase Two](#). High school extracurricular sports activities and competitions must be canceled. Students who are middle school-aged and younger may continue to participate in organized drills and clinics for high-contact sports,² provided that the athletes are cohorted in groups of no more than 12, the cohorts do not mix, players within the cohorts maintain social distance from each other and the coaches or trainers, and the activities do not involve any actual physical contact. Physical education classes shall not involve activities in which students might come within 6 feet of one another.

² DC Health defines high-contact sports as basketball, boxing, football, hockey, lacrosse, martial arts, rugby, soccer, and wrestling.

18. What is or is not allowed during physical education classes and recess?

Non-contact exercise, physical education, and recess should be held outdoors when feasible, but are acceptable to be held indoors as long as following physical (social) distancing and group size guidelines. If held outdoors, multiple groups are allowable in a given space (e.g., field or playground), but the groups must not mix, must maintain greater than 6 feet of distance between groups, and must maintain 6 feet of distance between individuals within a group. Physical education classes shall not involve activities in which students might come within six feet of one another.

19. What can schools do to ensure the safe use of lockers?

Because lockers are typically positioned side-by-side, schools should eliminate locker use *or* strictly regulate their use. Schools that choose to eliminate locker use should consider the implications of students needing to carry heavy books and materials throughout the day and to and from school. Should schools decide to permit locker use, options exist for doing so safely, but physical (social) distance and cleaning protocols must be followed. Lockers in use should be measured to ensure at least 6 feet of distance between them and identified clearly. Designated space markers, or colors, may be placed on the lockers to ensure safe physical distance is maintained during use. Different colors may be used to identify different sets of lockers for students in different schedule cohorts (e.g., A vs. B cohorts). If lockers are shared between students, they must be cleaned and disinfected between uses.

20. How can schools conduct arrival and dismissal safely?

Clear instructions for staff, students, and parents/guardians to follow can be a useful strategy to support physical (social) distancing during arrival and dismissal.

Strategies to support physical (social) distance when entering/exiting school may include:

- Staggering arrival and/or dismissal times.
- Opening additional doors for entry and exit to avoid funneling all students through a single point of entry.
- Directing students to the door closest to their classroom or homeroom when necessary to avoid congestion and crowding. In instances where the closest door to the classroom or homeroom is inaccessible for students with disabilities, schools should consider individualized planning for entry.
- Creating clear space delineations for student lines as students enter and exit school as well as inside the school building (e.g., create and mark line spots in hallways and outdoors, mark one-way flow of hallways, implement a lane system in hallways, stairwells, and other common areas).

Specifics to dismissal will be unique to every LEA and, in some instances, to every school building. Dismissal processes must take into account staff capacity, daily attendance, age and developmental status of students, school layout, and physical (social) distance guidelines.

Examples of considerations in operationalizing a physically (socially) distant dismissal may include:

- Implementing curbside drop-off and pick-up to limit traffic and congestion inside and near entrances to building;

- Dismissing different groups of students at different times; and
- Use of multiple entrances/exits, including assigning classes to those exits closest to their classroom.

Daily Health Screening [UPDATED]

21. What are some examples of the applications and technologies that schools are using to implement the daily health screening? [NEW]

LEAs are using a variety of methods to conduct daily health screenings of all staff, students and visitors, including: having staff and/or students do screenings at home and bring a completed written copy or verify their answers on a sign-in sheet; having staff and/or students can fully complete and transmit results of their daily health screening via an app from home; and screening every person upon entry to the building. Regardless of the mechanism that LEAs use to capture the daily health screening, LEAs and schools must ensure that privacy is maintained and that any individual screening positively does not participate in in-person activities and is instructed to seek healthcare attention.

- Creative Minds International Public Charter School has developed its own app—CMI Screener—which is available on app stores.
- Other apps that LEAs have identified include: MyHealthyWork.com, Ascend, SchoolPass, WeProtectWell, Ruvna, School Checkin, Raptor, Visit U, Rivet, AUX, Magnus Health, Remind.com.
- An example of an online screening tool used in New York City’s public schools is available [here](#).

This list does not reflect an OSSE endorsement, and OSSE has not vetted the apps listed.

LEAs considering using apps may designate grade-specific entrances for pre-screened individuals and separate entrances for all who have not pre-screened. Schools must conduct an in-person screening for all who have not pre-screened. It’s important to be organized and have a predictable and consistent system that members of the school community can learn to do every day.

22. Do schools need to keep records of the results of the daily health screenings? [NEW]

Yes, records of the daily health screening are strongly recommended to be stored for 30 days. DC Health may use these results to inform contact tracing and other analysis in the event of a positive case of COVID-19 in the building.

23. Is there a sample set of questions for the daily health screening?

Yes. DC Health released a [sample screening tool](#) as part of its Phase Two guidance.

24. Is there any guidance available on how to operationalize the daily health screening process?

Each school has discretion to create the screening procedures that work best for the individual school environment, but they must ensure that the procedures closely follow OSSE’s and DC Health’s guidance

and include clear protocols in the event a student, staff member, or essential visitor screens positively for potential symptoms of or exposure to COVID-19. Staff must adhere to procedures and PPE requirements as articulated in Appendices A and B in the OSSE guidance.

Use of apps or simple daily screening forms that families, students, staff, or essential visitors complete prior to arrival may expedite the completion of the daily health screening. Visual inspections may be completed in classrooms. Various additional strategies may be considered to support a more efficient daily health screening process, including: implementing staggered arrival times for certain grades, classrooms, or families; multiple entry points for students, staff, or essential visitors; and use of multiple screeners, each maintaining physical (social) distance, at each entry. OSSE looks forward to partnering with LEAs on additional effective ways to operationalize the daily health screening.

Any student, staff member, or essential visitor identified as sick or "failing" the daily health screening must immediately be isolated. If the sick individual is not able to immediately go home, then the sick individual and any accompany staff member(s) must follow PPE guidance per the "known or suspected COVID-19" section of the Appendix B.

25. How will schools have confidence that self-reported information in the daily health screenings is accurate?

OSSE's guidance recommends that schools' daily health screenings include a "LOOK" step. For this step, school staff should visually inspect each student, staff member, and essential visitor for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. This step may provide the school with supplemental information that was not shared by the individual or serve as a safeguard to validate the information provided on an app. Any student, staff member, or essential visitor who exhibited any of the signs of illness in the "LOOK" step shall not be admitted and shall be instructed to call their healthcare provider to determine next steps.

26. What should a school do if it is uncertain whether a student or staff person's symptoms are COVID-19?

As articulated in OSSE's guidance, students or staff with pre-existing health conditions who present with specific COVID-19 - like symptoms may 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 must 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 is to exclude that student or staff member 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.

27. What PPE must be worn by staff members who are taking students' temperatures? Are there differences if we are using a non-contact thermometer? *[UPDATED]*

Temperature checks as a screening tool at school are not recommended by DC Health. Schools that choose to implement a physical temperature check as part of their daily health screenings should have parents/guardians check students' temperatures at home or upon arrival, where feasible. If this is not feasible, and a staff member must take students' temperatures, they must utilize one of two options as articulated in Appendix A of OSSE's guidance to do so safely, regardless of thermometer type.

1) *Option 1: Partition/Barrier Protection*

Place a barrier (such as a glass or plastic window or partition that can serve to protect the staff member's eyes, nose, and mouth from respiratory droplets) between the staff member and student being tested. The staff member performing the temperature check must use a non-medical (cloth) face covering and gloves.

2) *Option 2: Personal Protective Equipment (PPE)*

If a staff member must take a student's temperature and a partition is not available, the staff member must wear a surgical face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and gloves. A gown should be considered if extensive contact with the individual being screened is anticipated.

28. Who will facilitate the daily health screening? Do they have to go through special training?

Schools may use discretion to assign any staff member (e.g., school security guards) and parent volunteers to conduct the daily health screening. To ensure effectiveness of the daily health screening, schools should train all screeners on the school's procedure for the screening.

Any adult responsible for performing the daily health screenings must closely follow OSSE's guidance, including maintaining physical (social) distance; if performing a physical temperature check, using a barrier/partition or PPE; and closely following procedures to not admit a student, staff member, or essential visitor who screens positively.

To ensure continuity of operations, daily health screenings should be facilitated by school staff, rather than the school nurse. 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.

Non-Medical (Cloth) Face Coverings *[UPDATED]*

29. Are masks with valves acceptable face coverings? *[NEW]*

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

30. At what age, and when, should children and youth wear or not wear face coverings?

Per [Mayor's Order 2020-080](#), issued July 22, 2020, and OSSE's most recent health and safety guidance for schools, students must wear face coverings except when medically or developmentally contraindicated.

If a student is unable to wear a face covering throughout the day, face covering breaks are acceptable at times in which physical (social) distance can be maintained (e.g., during snacks or meals). Families and educators should work with students to practice wearing a face covering safely and consistently. In circumstances in which students have difficulty wearing face coverings, staff should use supportive practices and reinforcement with students to encourage them to wear as much as possible.

Instances when face coverings do not need to or should not be worn:

- By any child younger than 2 years of age;
- By anyone who has trouble breathing, or anyone unconscious or unable to remove the face covering without assistance;
- By children during naptime;
- When engaged in activities in which there is a risk of burn or injury from the use of a face covering—such as chemistry labs with open flame;
- When participating in vigorous physical activity (e.g., recess) outdoors if social distancing of at least 6 feet is feasible. When outdoors but not participating in vigorous physical activity, face coverings must continue to be worn.
- When in the water in a swimming pool;
- When actively drinking or eating a meal;
- When in an enclosed office that no one else is permitted to enter.
- Staff may wear face coverings with clear plastic windows, or briefly remove their face coverings, when interacting with students with disabilities identified as having hearing or vision impairments, who require clear speech or lip-reading to access instruction.

DC Health's video on face coverings can be found [here](#). CDC offers practical tips for schools in supporting students with face coverings [here](#) and [here](#). Tips from the American Academy of Pediatrics related to face coverings and children can be found [here](#).

31. What should we do if staff or parents do not comply with face covering requirements?

All staff and essential visitors must wear face coverings. Per the [Mayor's Order 2020-080](#), parents/guardians also must wear face coverings for drop-off and pick-up. Schools should communicate health and safety policies for staff, parents/guardians, and essential visitors entering the building. Face covering requirements should be clearly communicated and posted in areas with high visibility.

In the event staff, essential visitors, or parents/guardians do not comply with face covering requirements, we encourage schools to follow their existing protocols, including reinforcing protocols and, if necessary, for removal of individuals from the premises.

32. Is it safe and acceptable to wear a face covering multiple times?

When feasible, staff and students wearing face coverings should bring multiple clean coverings each day. If face coverings are [put on, worn, and removed safely](#), they are safe to be worn multiple times. A covering may be worn again, as long as when taken off, it is carefully folded, stored in a sealable paper bag or breathable container, stored separately from others', and clearly identified with the individual's name or initials. They can also be placed next to student on a napkin or directly on a desk/table, with the surface cleaned afterward. It is important to practice good hand hygiene when donning (putting on) and removing face coverings. Coverings that are visibly dirty should not be worn again until washed.

33. What videos can be provided about proper use of face coverings?

The following resources will help ensure face coverings are used properly and safely:

- [CDC Video on How to Properly Put on PPE](#)
- [CDC How to Properly Wear a Cloth Face Covering](#)
- [DC Health Video on How to Properly Wear a Face Covering](#)
- [CDC on How to Properly Wash Hands](#)

34. Are face shields an appropriate alternative to face coverings?

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

35. If educators are separated from their students via a plastic barrier, must they still wear face coverings?

Yes. While partitions such as Plexiglas barriers do provide an added level of protection from the spreading of respiratory droplets, educators must wear a face covering at all times, including when behind such a barrier.

Hygiene

36. Is hand sanitizer an effective substitute for hand washing during the school day when soap and water are not available?

If soap and water are not available and hands are not visibly dirty, staff and students may use an alcohol-based hand sanitizer that contains at least 60 percent alcohol. It is critical younger students be closely monitored if using hand sanitizer, as ingestion can be harmful.

37. Should there be special protocols for shared supplies, such as library books and in-classroom books?

Generally, use of shared objects such as equipment, learning materials, supplies, toys, and games should be limited when possible, and cleaned, disinfected, and in certain cases sanitized (especially for items in

the mouth or near surfaces with food) between use. On library books specifically, DC Health recommends cleaning the cover and spine of shared books between uses.

Schools may choose to establish special protocols for any shared objects, including, but not limited to, library books. Please see the CDC's [Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#) for more information.

Cleaning, Disinfection, and Sanitization [UPDATED]

38. What cleaning, disinfection, and sanitization products does OSSE recommend? [NEW]

Schools must use [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 ensure adequate ventilation when using these products. Students must not participate in disinfection.

39. How should schools plan for space and personnel when administering nebulized medication or performing other aerosol-generating procedures? [NEW]

In the event a space in the school is used for an aerosol-generating procedure (e.g., tracheostomy suctioning or nebulized medication administration), that room should only be occupied by the student and staff member engaged in the treatment. Students who receive nebulized treatments should be **strongly encouraged** to replace the nebulizer with oral inhalers whenever possible. Schools are encouraged to work with families and the school nurse to identify opportunities to transition the schedule for tracheostomy suctioning and the administration of nebulized medication to before or after school, if medically appropriate.

If tracheostomy suctioning or nebulized medication is needed during the school day, schools should have well-ventilated rooms dedicated for this purpose, ideally each assigned for exclusive use by a given student, and if possible with windows open. If assignment of a particular room to a particular student is not feasible, the room must be closed for 24 hours after the treatment to allow respiratory droplets to settle, then cleaned and disinfected prior to use by another individual. Schools are strongly encouraged to provide nebulized treatments outside, if feasible and weather permitting.

Nurses and staff performing tracheostomy suctioning, nebulized medication administration or other aerosol-generating procedures must adhere to the following PPE requirements:

- N95 mask (with access to Respirator Fit Testing program)*
- Eye protection (face shield or goggles)
- Gown/coverall
- Gloves

*Note: Any individual using an N95 mask must have access to a comprehensive Respirator Fit Testing program. An individual who has not completed a Respirator Fit Testing program should NOT wear an N95 nor participate in higher-risk scenarios, including administering nebulized medication. For additional information, see the [Occupational Safety and Health Administration's Occupation Safety and](#)

[Health Standards for respiratory protection](#). For more information about Respirator Fit Testing programs, see question 62 below.

40. To prevent the spread of COVID-19, how often and what should we prioritize cleaning?

All schools must regularly clean, disinfect, and sanitize surfaces, toys, and materials per OSSE's guidance and the CDC's [Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#) and [Guidance for Safe and Correct Application of Disinfectants](#).

- Schools must routinely clean and disinfect surfaces and objects that are frequently touched. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, classroom sink handles, countertops).
- Schools should develop and implement a schedule for increased, routine cleaning, disinfection, and sanitization.
- At a minimum, such a schedule should include cleaning and disinfection of high-touch surfaces at least daily, and as often as possible. To the extent feasible, shared objects or equipment should be cleaned, disinfected, and when appropriate sanitized between uses; particular attention must be paid to cleaning and sanitizing toys and objects that may be placed in children's mouths. Surfaces in which food is prepared and tables and chairs used for meals must be cleaned and sanitized before and after each use. All surfaces must undergo enhanced cleaning and disinfection between groups of students.
- Schools must closely review and follow OSSE's guidance, which includes specific considerations for shared objects and equipment, toys, mats/cots/cribs, playground structures, and bathrooms.

41. What types of objects/toys/manipulatives are most at-risk for contamination?

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

42. Should we remove classroom carpets? How about drapes from bathrooms?

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

Students with Disabilities

43. Is there guidance on having a related service provider or special education teacher who needs to work with multiple groups per day?

To the maximum extent feasible: LEAs should maintain a single set of related service providers designated to each student group, including for the delivery of services inside and outside of the general education setting; and when performing push-in or pull-out services, physical (social) distance from

other individuals should be maintained. It is critical that staff who rotate across groups adhere to face covering, physical distancing, and hand hygiene requirements, and take additional precautions if they may be in close contact with another individual's secretions, per OSSE and DC Health guidance. For more details regarding PPE requirements for educators and service providers who may work in close contact with students, see Appendix B of the OSSE guidance.

44. Is there any guidance around children transitioning for special education services throughout the day? Is it allowable for students to transition from their classroom group to another location for a related service?

OSSE acknowledges that there may be particular challenges to operationalizing the health and safety guidance, including the physical (social) distancing provisions, when working with students with disabilities. OSSE's health and safety guidance includes specific provisions when serving these students. While mixing of groups must generally be avoided, push-in or pull-out services for an individual or small group of students with disabilities is acceptable when necessary. To the maximum extent feasible: LEAs should maintain a single set of related service providers designated to each student group, including for the delivery of services inside and outside of the general education setting; and when performing push-in or pull-out services, physical (social) distance from other individuals should be maintained.

High-Risk Individuals

45. 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.

46. Should students who are high-risk attend school in-person? How about their siblings?

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.

The siblings of a high-risk individual, even if not high-risk themselves, may have concern about exposing the high-risk individual, should they become infected. Again, the risks and benefits to the student and their high-risk family member are nuanced and case-specific. Such families are also encouraged to consult with their healthcare provider(s) for an individualized assessment of risk and benefit.

Meals [UPDATED]

47. What are the plans for meals for students in the 2020-21 school year? [UPDATED]

As articulated in OSSE's [Guiding Principles for Continuing Education](#), LEAs should ensure continuous access to nutritious food for all qualifying students regardless of their learning environment, either through meal service managed by the school and/or through referral to community resources.

Per updated US Department of Agriculture (USDA) guidelines, all DC youth ages 18 and younger may receive free grab-and-go meals at DCPS and Department of Parks and Recreation (DPR) meal site locations through June 30, 2021. During this period, DC youth are not required to be enrolled DC Public Schools students to receive meals. Youth (or parents/guardians on their behalf) may receive up to three breakfast and three lunch meals daily. For the list of meal site locations, visit coronavirus.dc.gov/food.

There are also a number of flexibilities for meal service in place for the 2020-21 school year, allowing meals to be provided in bulk, for multiple days at a time, and via grab-and-go distribution. OSSE's Policy Guidance for School Food Authorities (SFAs) to Serve Meals in the 2020-21 School Year is available on our [COVID-19 guidance webpage](#). This document summarizes the flexibilities and other considerations regarding meal service and reimbursement during the 2020-21 school year.

48. Are students allowed to bring lunches from home?

Yes. Students may bring lunches from home. Keep each student's belongings, such as lunches, separated from others' and in individually labeled containers, cubbies, or areas. Communication with families about cleaning items brought from home is recommended.

Schools must ensure adherence to students' 504 Plans and Anaphylaxis Action Plans, including ensuring that students are not exposed to foods to which they are allergic.

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

49. With the colder weather, sometimes students have a runny nose when they come indoors. Do we need to isolate and remove a student with a runny nose due to the cold weather? [NEW]

A congested or runny nose is one of several symptoms of COVID-19 that may lead to dismissal. If the runny nose is circumstantial (e.g., after playing outdoors in cold weather) and temporary (subsides within 30 minutes), and the individual is not experiencing other COVID-19 symptoms nor other criteria for exclusion, then the individual does not need to be excluded. In all other cases of nasal congestion or runny nose, unless the family has submitted medical documentation that articulates that the specific symptom that is not due to COVID-19, the student must be excluded and meet return-to-school criteria per OSSE's guidance before returning to school. The school nurse may support a determination of whether the runny nose meets criteria for exclusion, if necessary.

50. If an individual travels to any place other than Maryland, Virginia, or a low-risk state, country, or territory and receives a negative COVID-19 test upon their return to the District, can they return to school before the end of the 14-day quarantine period? *[NEW]*

Per [Mayor's Order 2020-110, Modified Requirements Regarding Self-Quarantines, Testing, and Travel During the COVID-19 Public Health Emergency](#), individuals who have traveled to any place other than Maryland, Virginia, or a low-risk state (or country or territory) are required to either (1) self-monitor and limit daily activities—including not attending school—for 14 days, or (2) self-monitor and limit daily activities—including not attending school—for three to five days and then receive a negative COVID-19 PCR COVID-19 test. See DC Health's [Guidance for Travel for more information](#).

51. If an individual has a family member or guest visiting their home from a high-risk state, country, or territory, does the entire household need to quarantine? *[NEW]*

No. Only the family member/guest visiting (or otherwise traveling) from the high-risk state, country, or territory needs to quarantine. In the event that the individual who is visiting or traveling from a high-risk state, country or territory is confirmed to have COVID-19, then other members of the household must quarantine per OSSE's and DC Health's guidance.

52. Does our school need to have more than one isolation area? *[NEW]*

Yes. Schools must 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.

53. DC Health's and OSSE's guidance previously required schools to exclude an individual if they or a close contact were awaiting a test result. The exclusionary criterion of a close contact awaiting a test result was then removed, and now is added back in. Why? *[NEW]*

Throughout the COVID-19 response and recovery period, we have continually learned more about the virus, how it spreads, and how best to prevent its further spread. The updated guidance again requires that any individual who has a close contact awaiting a COVID-19 test result be excluded from school. Through DC Health's contact tracing investigations, they have found that some cases of COVID-19 may have been prevented had this measure been in place. Our goal remains ensuring schools are healthy and safe places for all students and staff. Thus, changes such as this may occur over time as the data of disease transmission evolve locally, nationally, and internationally.

54. What should we do if an individual has symptoms of COVID-19, receives a negative PCR test result and returns to school after symptoms resolve, but then develops symptoms again? [NEW]

Schools should always follow the guidance in Section M on exclusion, dismissal, and return-to-school criteria and protocols. Regardless of whether the individual has previously tested negative, they now have new symptoms of COVID-19 and must be excluded from school based on that criterion. They may return to school after again meeting the return-to-school criteria for an individual with symptoms of COVID-19.

55. If we identify a student with COVID-19 symptoms, and they do not have a medical home or health insurance, where should we refer them for consultation with a healthcare provider and/or for COVID-19 testing?

For information regarding access to insurance or Medicaid for families in the District, schools may consult [DC Health Link](#).

For individuals who need or wish to pursue COVID-19 testing, there are several different options to do so, including through the city's testing sites as well as at one's health care provider. Presently, anyone who is a District of Columbia resident, age 3 or older, or who works at a school in the District of Columbia and presents for a test, symptomatic or not, can get a free test at one of the city's testing sites.

- You do not need a doctor's note for any of the walk-in sites.
- Testing sites and additional information can be found [here](#).

56. If a student or staff member is sent home with symptoms of COVID-19, but is not confirmed to have COVID-19, should others in the classroom quarantine until test results come back?

If a student or staff member is sent home because they present with symptoms of COVID-19, others in the classroom do not need to quarantine, until/unless the ill individual is confirmed to have COVID-19 and the others in the classroom are identified by DC Health as close contacts requiring quarantine. 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, do not attend school and immediately seek medical attention.

57. What is the protocol if a staff member who comes into contact with a great number of students and staff (such as an operations or front office staff member) is diagnosed with COVID-19? Should everyone be instructed to quarantine? [UPDATED]

As articulated in the OSSE Guidance, schools must notify DC Health if any student, staff member, or essential visitor tests positive for COVID-19 and has been on the school grounds or participated in school activities during their infectious period. Schools must 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)

[requirements](#)) under the section “Non-Healthcare Facility Establishment Reporting.” Select “Non-healthcare facility establishment seeking guidance about an employee, patron, or visitor that reported testing positive for COVID-19 (epidemiology consult/guidance).”

An investigator from DC Health will follow-up within 24 hours to all appropriately submitted notifications. Please note this time may increase if cases of COVID-19 increase in the District. DC Health’s investigator will make a determination on a case-by-case basis of any other individuals who need to quarantine. Schools are not expected to make this determination independently.

Note: While schools await a response from DC Health, plans should be made as soon as practical to close, clean, and disinfect any areas or equipment that the COVID-19 positive individual may have used in the last seven days (see Section N: Exposure Reporting, Notifications and Disinfection; Step 3). If it is during the day when the COVID-19 case is confirmed AND the COVID-19 positive individual was appropriately excluded from in-person activities while awaiting test results, it is acceptable to close, clean, and disinfect the spaces used by the positive individual after the students and staff in those spaces leave for the day.

58. Can a student, staff member, or essential visitor with a close contact awaiting a COVID-19 test result enter the building? [UPDATED]

No. Per OSSE’s guidance, a student, staff member, or essential visitor may not enter the building if they have a close contact who is awaiting COVID-19 test results. If the close contact tests negative, then the student, staff member, or essential visitor may return to the school building. If the close contact tests positive, then the student, staff member, or essential visitor must quarantine and follow the guidance for close contact with an individual with confirmed COVID-19.

Exposure Reporting, Notifications, and Disinfection [UPDATED]

59. 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?

In the event a student or staff member is confirmed to have COVID-19, schools must follow all steps articulated in DC Health’s and OSSE’s latest guidance, including as a first step notifying 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 establishment seeking guidance about an employee, patron, or visitor that reported testing positive for COVID-19 (epidemiology consult/guidance).”

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. Schools should not automatically dismiss a classroom or an entire building until or unless instructed to do so by DC Health.

60. How does the school receive COVID-19 test results?

Individuals who work or attend in-person activities at school should be instructed to notify the school in the event they test positive for COVID-19. Additionally, as part of their routine contact tracing, DC Health will capture school enrollment and employment and may contact the school directly in the event close contact or other exposure is identified in the school setting.

61. Who should a school contact at DC Health if a student or staff member tests positive for COVID-19? *[UPDATED]*

In the event a school that is providing in-person learning identifies a student or staff member who has tested COVID-19 positive, and that individual have been on school grounds or participated in school activities during their infectious period, schools must 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.”

In the event a school that is NOT providing in-person learning identifies two or more staff members or essential visitors who have tested COVID-19 positive, and those individuals were on school grounds or participated in school activities during their infectious period, schools must 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 establishment seeking guidance about an employee, patron, or visitor that reported testing positive for COVID-19 (epidemiology consult/guidance).”

An investigator from DC Health will follow-up within 24 hours to all appropriately submitted notifications. Please note this time may increase if cases of COVID-19 increase in the District. DC Health’s investigator will make a determination on a case-by-case basis of any other individuals who need to quarantine. Schools must not make this determination.

In the event a school has a question about how to proceed with a suspected but unconfirmed case, or any other questions related to the implementation of health and safety guidance, they should contact OSSE via the [Google Form](#) or email to David.Esquith@dc.gov.

PPE Requirements for School Staff *[NEW]*

62. What resources are available for school nurses and staff to be fit tested for N95 masks? *[NEW]*

School nurses or staff who are administering nebulized medication, performing tracheostomy suctioning or any other aerosol-generating procedure must 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 to be fit tested may engage with private vendors, including the [Inova Occupational Health Program](#) and [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 \[NEW\]](#)

[63. What testing protocols do OSSE and DC Health recommend for schools? \[NEW\]](#)

The CDC and DC Health recommend prioritizing testing for individuals with symptoms of COVID-19. DC Health does not recommend screening or surveillance testing. DC Health is implementing testing for symptomatic students in school health suites for schools that participate in the School Health Services Program. More information is available from DC Health at SHS.Program@dc.gov.

A convenience testing pilot program is available for asymptomatic students and staff participating in in-person learning and CARE classrooms in DCPS and public charter schools. Additional information will be shared soon.

Additionally, testing is available through one’s healthcare provider, home test kits available from DC Health, and the city’s public testing sites. More information is available at coronavirus.dc.gov/testing. At the present time, anyone who is a District of Columbia resident, age 3 or older, or who works at a school in the District of Columbia who presents for a test, symptomatic or not, can get a free test at one of the city’s testing sites.

- You do not need a doctor's note for any of the walk-in sites.
- Testing sites and additional information can be found at coronavirus.dc.gov/testing.
- School staff may access priority testing at the public testing sites by identifying to testing site staff that they are an educator or school staff.
 - Note: Priority does not affect the turnaround time for receiving test results.

[64. Is asymptomatic testing allowed in schools? How do schools seek approval of a plan for their own asymptomatic testing plan? Do folks awaiting test results need to quarantine? \[NEW\]](#)

Earlier in December, Mayor Bowser announced an asymptomatic convenience testing pilot program for DCPS and public charter schools where in-person learning is occurring. The pilot is an expansion of the District’s already robust COVID-19 testing infrastructure. The pilot includes in-school testing for students and mailed testing kits for school staff. With this regular asymptomatic testing protocol, students and staff will continue to participate in their in-person programming while test results are pending. Further detail will be provided to eligible schools in the coming weeks.

We also know that some schools have expressed interest in standing up their own formal screening or surveillance testing programs, recognizing that staff and families cite it as an important factor in feeling confident to return to buildings. We are pleased to be able to provide a path for schools to safely implement such programs.

Schools wishing to implement a formal screening or surveillance program in consultation with their health services provider must develop a testing plan and share that plan with the Deputy Mayor for Education and OSSE teams. Additional details will be forthcoming.

Individuals who are asymptomatic and receive a test through either the convenience testing pilot or through a formal screening or surveillance testing program that meets the standards set by DC Health will not be required to quarantine while awaiting test results. Quarantine will still be required for tests administered in all other circumstances, such as after symptoms of or exposure to COVID-19.

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 and quarantine requirements of their umbrella organization.

65. Does DC Health or OSSE recommend (or require) that all teachers/staff or students be tested for COVID-19 prior to school? [UPDATED]

Staff and students with symptoms of COVID-19 or known exposure to a close contact with COVID-19 must be tested for COVID-19 or meet other criteria outlined in DC Health’s and OSSE’s guidance prior to returning to the building.

Neither DC Health nor the [CDC](#) recommend or require that all teachers, staff, or students be tested for COVID-19 prior to school, as such testing represents only one point in time and may give a false sense of security to the school community. However, a school that wishes to implement such a requirement has the authority to do so, per the US Equal Employment Opportunities Commission (EEOC). The EEOC updated its COVID-19 guidance stating that employers can require employees to have a COVID-19 test before they are allowed to enter the workplace, even if they do not exhibit symptoms. (That information is under section A, question A.6 linked [here](#).) For additional information, consult the [CDC’s Interim Considerations for Testing for K-12 School Administrators and Public Health Officials](#).

For those individuals who need or wish to pursue COVID-19 testing, there are several different options to do so, including through one’s healthcare provider, home test kits available from DC health, and the city’s public testing sites.

- Presently, anyone who is a District of Columbia resident, age 3 or older, or who works at a school in the District of Columbia who presents for a test, whether symptomatic or not, can get a test at one of the city’s testing sites.
 - You do not need a doctor’s note for any of the walk-in sites.
 - Testing sites and additional information can be found [here](#).

Recall, all schools must administer a daily health screening to all staff and students. Any staff member or student with symptoms or signs of illness, or known close COVID-19 exposure, must not enter the

building, and should be instructed to contact their healthcare provider prior to attending in-person activities.

Further Questions

If you have questions relating to this guidance, submit your questions [here](#), or contact David Esquith, director of policy, planning and strategic initiatives, 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.