DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

Health and Safety Guidance for Schools: Coronavirus (COVID-19) Recovery Period

(Updated March 26, 2021)

The Office of the State Superintendent of Education (OSSE) issues this guidance to District of Columbia public, public charter, private, parochial, and independent elementary and secondary schools, as well as adult education schools, that are operating during the recovery period from the coronavirus (COVID-19) public health emergency. This document is based on guidance from the Centers for Disease Control and Prevention (CDC) and the District of Columbia Department of Health (DC Health).

This guidance is effective as of March 26, 2021 and supersedes any previously released guidance by OSSE on the topic. This document incorporates reopening guidance for schools issued by DC Health on March 25, 2021 and provides additional guidance on select topics. Pursuant to various Mayor's Orders, DC Health guidance must be followed. See, e.g., Mayor's Order 2020-075, *Phase Two of Washington, DC Reopening*, Section II.3 (June 19, 2020), Mayor's Order 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). This guidance may be superseded by any applicable Mayor's order, regulation, or health mandate from DC Health.

Per DC Health guidance and unless otherwise stated in this guidance, individuals who have been vaccinated against COVID-19 should continue following all precautions until DC Health instructs otherwise, including wearing face masks, physical (social) distancing, practicing hand hygiene, and frequently cleaning and disinfecting commonly touched surfaces and items.

For more information on the District of Columbia Government's response to coronavirus (COVID-19), please visit coronavirus.dc.gov. The CDC's most recent, supplemental guidance for schools can be accessed here. This guidance will be updated as additional recommendations from the CDC or DC Health become available.

The information in this guidance is divided into two categories: preventing the spread of COVID-19 and response to exposure of students and staff to the virus. The prevention information addresses the actions that schools either must take or should take to protect students and staff and slow the spread of COVID-19. The response information addresses the actions that schools either must or should take when a student or staff member becomes sick with or exposed to COVID-19.

A layered mitigation strategy is the most effective approach to preventing the spread of COVID-19 in schools. The risk of in-person learning can be lowered depending on the mitigation strategies put in place and the extent to which they are followed. This guidance provides strategies to minimize risk while allowing for in-person learning. Deviation from these guidelines increases the risk of COVID-19 exposure and in-school community transmission.

Schools should institute an auditing program at least every two weeks to ensure practices as described in this guidance document are being followed.

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PREVENTION

A. COMMUNICATION WITH STUDENTS, STAFF AND FAMILIES *[UPDATED]*

[UPDATED] To support clear communication with students, staff, and families, schools should post signs in highly visible locations (e.g., facility entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a face mask).

To support clear communication with students, staff, and families, schools should:

- Include messages about behaviors that prevent the spread of COVID-19 when communicating with staff and families (such as on school websites, in emails, and on school social media accounts).
- Educate staff, students, and families about COVID-19, physical (social) distancing, when they should stay home, and when they can return to school.
- Educate staff on COVID-19 prevention and response protocols.
- Broadcast regular announcements on reducing the spread of COVID-19 on PA systems and/or daily bulletins.

[UPDATED] To ensure a clear and efficient process for communication each school must identify a staff member as the COVID-19 point of contact (POC). This person would act as the POC for families and staff to notify if a student or staff member tests positive for COVID-19; ensure that the LEA/school has contact information for all contract staff, in the event one is confirmed to have or is exposed to COVID-19; and would be responsible for ensuring the appropriate steps are followed in the event of a confirmed case (see Section N: Exposure Reporting, Notifications and Disinfection).

B. VACCINES AND HEALTH FORMS *[UPDATED]*

Routine Pediatric Vaccinations

According to the Centers for Disease Control and Prevention (CDC) and DC Health data, the COVID-19 pandemic has resulted in a significant reduction in childhood immunization administrations across the country including in the District of Columbia and Maryland.

To prevent a vaccine-preventable disease outbreak in a school setting, all students must be **fully vaccinated** according to CDC and DC Health standards.[1]

- Implement the Immunization Policy for In-Person Attendance in full.
- Ensure a procedure is in place for frequently reviewing immunization compliance, identifying and notifying non-compliant families, and removing non-compliant students from in-person instruction after the 20-school day period.
- A list of pediatric immunization locations can be found here. A search tool to find a primary care center in DC can be found here.
- A review of immunization requirements and health forms can be found here.

[1] DC Official Code § 38–501 et seq. and DCMR 5-E § 5300 et seq.

***[NEW]* COVID-19 Vaccination**

- Teachers, school staff and students age 16 years and older should be vaccinated as soon as vaccine supply allows.
- Access to COVID-19 vaccination should not be considered a prerequisite to reopening schools for in-person instruction.

***[UPDATED]* Health Forms**

Generally, students in the District must provide their school a certificate of health and evidence of an oral health examination on an annual basis.[2] For the 2020-21 school year, students who have a health form on file from the prior school year (i.e., those who are re-enrolling at the same school as the 2019-20 school year *and* those who were enrolled in any District public or public charter school that participated in the School Health Services Program in the 2019-20 school year) were granted an extension to submit their Universal Health Certificate (UHC) and Medication and Treatment Authorization Forms by Nov. 2, 2020, to meet this annual requirement. Oral Health Assessments (OHAs) must have been submitted by Jan. 31, 2021. All students must now be caught up on necessary health forms and immunizations as required by District law.

Both the old and new versions of the health forms shall be accepted. Partial UHCs completed via telehealth visits shall be accepted. Submission of completed UHCs and OHAs is not a prerequisite for attendance; as such, students should not be excluded from in-person activities for failure to submit the UHC or OHA.[3]

C. REOPENING AND MAINTAINING BUILDINGS *[UPDATED]*

Schools that are reopening after a prolonged shutdown must ensure all ventilation and water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use, and are adequately maintained throughout the operating period.

[UPDATED] Schools should 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 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. Schools should 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.

Schools should consider ventilation system upgrades or improvements and other steps to increase the delivery of outside filtered air 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

[2] DC Official Code § 38–601 et seq.
[3] DC Official Code § 38–604(a).

Pandemic, and ASHRAE guidelines for schools and universities, which includes further information on ventilation recommendations for different types of buildings**.**

[UPDATED] Schools should flush water systems to clear out stagnant water and replace it with fresh water. This will remove any metals (e.g., lead) that may have leached into the water and minimize the risk of Legionnaires' disease and other diseases associated with water. Steps for this process can be found on the CDC website and are articulated below:

- Flush hot and cold water through all points of use (e.g., showers, sink faucets).
    - Flushing may need to occur by floor or individual room due to facility size and water pressure. The purpose of building flushing is to replace all water inside building piping with fresh water.
    - Make sure that your water heater is set to at least 140 degrees Fahrenheit.
- Flush until the hot water reaches its maximum temperature.
- Care should be taken to minimize splashing and aerosol generation during flushing.
- Other water-using devices, such as ice machines, may require additional cleaning steps in addition to flushing, such as discarding old ice. Follow water-using device manufacturers' instructions.

It may be necessary to conduct ongoing regular flushing after reopening. For additional resources, refer to EPA's Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use.

D. PHYSICAL (SOCIAL) DISTANCING *[UPDATED]*

[NEW] Recent data released by CDC has indicated that to allow more students back into school, there are times when 3 feet of physical distancing can be implemented. School leaders should review the guidelines below carefully to ensure they are operationalized in the best way to ensure teacher and student safety, while allowing increased access to in-person schooling. As certain preventive measures are being relaxed, it is critical to remember the importance of layered mitigation strategies to prevent the spread of COVID-19 between teachers, staff, and students to help keep schools open, even when a case occurs in a school.

[UPDATED] Schools should ensure appropriate physical distancing by maintaining the following physical distancing, to the maximum extent feasible, in both indoor and outdoor settings.

- **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 and students at all times during school and school-related activities.

- In middle and high schools when DC is experiencing a daily case OR positivity rate indicating substantial community spread (red), 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 need for physical distancing.
- During physical education class and while participating in athletics.
- Between cohorts.
- In any school common areas outside the classroom.

***[NEW]* Maintaining Cohorts**

[NEW] Cohorting consists of dividing students and teachers into distinct groups that stay together throughout the entire school day. As physical distancing recommendations have decreased, cohorting is an important part of maintaining school operations if and when a case occurs in a school. Minimizing mixing between cohorts will decrease the number of students and staff that need to be quarantined if a case occurs in a teacher, staff member, or student.

- Cohorting of students is recommended to the greatest extent possible to minimize exposure across the school environment.
- Physical distancing recommendations should be followed within cohorts.
- 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.
- Schools should take special steps to prevent mixing between cohorts at these times: during entry and exit of the building, at mealtimes, in the restroom, on the playground, in the hallway, and in other shared spaces.
- Cohorts should be maintained for all activities including lunch and recess.
- Please note: If there are daily case OR positivity rates indicating substantial levels of community spread in DC and cohorting is not possible for middle and high school students, 6 feet of physical distancing between students is strongly recommended.

Traveling to and from School

- *[UPDATED]* Students and staff should be encouraged to maintain physical distance, to wear a face mask when traveling, and to avoid congregating in large groups at intersections and transit stops.

Entering and Exiting School

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.
    - Direct 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 and exit from the school building.

- 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).

During the School Day

Grouping

- If all students cannot be accommodated in a school facility, schools should consider alternating schedules (e.g., A/B days) for cohorts to be in-person while others learn via a virtual platform.
- *[UPDATED] Students:*
    - *[NEW]* Schools should ensure small groups for activities and ensure students can maintain required physical distance.
    - *[NEW]* When creating cohorts, schools must not group students by perceived ability or in ways that perpetuate tracking.
    - When necessary in order to provide push-in or pull-out services for an individual or small group of students with disabilities individuals from groups may mix, but they must follow face mask provisions and should follow physical (social) distance provisions.
    - *[UPDATED]* 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, to the greatest extent possible, students participating in before- and after-care programs should remain in a stable group, without mixing with other groups, each day that they participate in the program and should adhere to all physical (social) distancing and other provisions in this guidance.
    - When grouping students, LEAs should make determinations in consideration of students' individualized education programs (IEPs) and least restrictive environment (LRE). LEAs should consider the IEPs and 504 Plans of each student to determine how the LEA will implement the accommodations and modifications required in the IEP or 504 Plan necessary to implement service delivery within the health and safety guidelines. Service considerations may be conducted using the OSSE Service Consideration Tool, modified to reflect questions related to service delivery in a hybrid service-delivery model.
    - For students with disabilities who receive related services through a group methodology, LEAs should consider alternative service delivery methodologies consistent with the service needs prescribed in the IEP or 504 Plan when designing student grouping.
- *[UPDATED] Educators and staff:* In grades where students traditionally transition between classes, when feasible, schools are encouraged to rotate teachers and staff between classrooms, rather than students. Such rotation of teachers and staff should be limited to the extent feasible.
    - *[NEW]* To the maximum extent feasible, limit the use of floating staff to only when necessary as the use of floating staff poses an avoidable increased risk of exposure if staff test positive for COVID-19.
    - To the maximum extent appropriate, LEAs should maintain consistency of dedicated aide and behavioral support staff when grouping students.

- To the maximum extent appropriate, 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.
- *[UPDATED]* To the maximum extent feasible, transition in-person staff meetings to virtual. If staff meetings must be held in-person, ensure strict adherence to physical distance and face mask provisions.

Use of Indoor Space

[UPDATED] To support physical (social) distance in indoor spaces, schools should:

- Maximize spacing between individuals in a classroom, including while at tables and in group and individual activities.
- *[NEW]* Remove nonessential furniture from classrooms.
- *[UPDATED]* Arrange desks and furniture so that individuals are separated to maintain physical distance.
- *[UPDATED]* During nap times in early education classrooms, place students head to toe, with physical distance between students head to head.
- Designate an area for students or staff who exhibit symptoms and keep separate from the area used for routine healthcare (see below Section N. Exposure Reporting, Notifications, and Disinfection).
- LEAs must consider the accessibility of sinks to students with disabilities using assistive devices.
- Turn desks to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
- *[UPDATED]* Install physical barriers, such as sneeze guards and partitions, and add reminders about physical distancing (e.g., signage, tape markings on the floor) in health offices and areas in which it may be difficult for individuals to maintain physical distance (e.g., reception areas, main office, between bathroom sinks).
- Close communal-use space such as breakrooms and lounges. If not feasible to close the space, stagger use, ensure strict physical distance between individuals, ensure face masks are worn at all times except while eating or sleeping, and clean and disinfect between uses.
- Implement a lane system in hallways, stairwells, and other common areas.
- *[UPDATED]* Allow students to eat lunch and breakfast in their classrooms rather than mixing in the cafeteria. If not possible, stagger lunch by class and/or divide eating area by class, cleaning and sanitizing between groups, or consider outdoor options.

Use of Outdoor Space

- Schools are encouraged to use outdoor spaces for instruction and activities, as feasible and as weather permits.
- *[UPDATED]* Playgrounds and other outdoor spaces may be used for more than one group. To the greatest extent possible, each group of individuals should interact only with their own group and not mix between other groups. Each group should have extra physical (social) distance between them and the next group.
- To the extent feasible, playgrounds and outdoor spaces should be cleaned between groups, particularly focusing on high-touch surfaces (e.g., handlebars).

- *[UPDATED]* When feasible, hold physical education classes outside while maintaining appropriate distance between students. Use visual cues (e.g., use chalk to indicate where a student should stand) to maintain physical distance.

[UPDATED] Canceling, Eliminating or Modifying Activities

[NEW] Schools should ensure the same layered mitigation strategies used for classroom activities are followed for physical activity in schools as well as student athletics.

- Schools should ensure at least 6 feet between students during physical education classes.
- Masks must be worn at all times while participating in physical education and sports.
- **Low-contact games** are permitted for all grade levels. Games should be conducted outdoors. Six feet of physical distancing should be maintained as much as possible during low-contact games.
- For **moderate and high-contact sports**, games are prohibited. Students at all grade levels may participate in organized drills and individual skill-building sessions for moderate and high-contact sports. These activities may not involve any actual physical contact with each other.
- Students should be grouped into cohorts for sports practices. The cohorts should not mix, and participants within the cohorts should maintain physical distance from one another and the coaches or trainers.

For the definitions of low, moderate and high contact sports in DC see *Guidance for Playing Sports* at coronavirus.dc.gov/healthguidance.

To the extent feasible, schools should:

- *[UPDATED]* Of note, 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 allow for 10 feet of physical distancing.
- *[UPDATED]* Consider virtual activities and events instead of field trips, student assemblies, special performances, school-wide parent meetings.
- Eliminate non-essential travel for staff and teachers (e.g., conferences). If staff must travel, they must abide by DC Health's Guidance for Travel.
- Revise the process for receiving mail and packages. Only have necessary items delivered and combine orders so fewer deliveries are made. Routinely clean and disinfect packages.
- Minimize 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).
- Allow parents and advocates of students with disabilities seeking to observe student's receipt of services in and outside of the classroom setting. Schools may condition entrance into the school on compliance with applicable health and safety standards.

E. DAILY HEALTH SCREENING *[UPDATED]*

[UPDATED] DC Health recommends that schools perform a daily health screening for all staff and essential visitors entering the building. This includes any contractual staff (e.g., security, custodial). Screening can be performed before (via phone or app) or upon arrival. For Screening Tool Guidance, visit coronavirus.dc.gov/phasetwo. If screening is performed, it should be reviewed after submission.

[UPDATED] Parents are strongly encouraged to monitor and screen children daily for symptoms of COVID-19. As many children with COVID-19 do not have signs and symptoms, and symptoms may be confused with other common illnesses, it is not recommended that schools consider performing an onsite daily health screen for all students entering the building. Schools should educate parents on monitoring students' health at home and should emphasize the importance of not sending children who are sick to school. Home-based screening strategies can be considered.

[UPDATED] An individual who has symptoms of COVID-19 should not enter the school. Symptoms of COVID-19 include the following:

- Fever (subjective or 100.4 degrees Fahrenheit) or chills
- Cough
- Congestion or runny nose[4]
- Sore throat
- Shortness of breath or difficulty breathing
- Diarrhea
- Nausea or vomiting
- Fatigue
- Headache
- Muscle or body aches
- New loss of taste or smell

[UPDATED] Any student, staff member, or essential visitor with any of the above symptoms should not be admitted. If they are not immediately able to leave the school premises, the student, staff member, or essential visitor should be isolated from other individuals and wear a face mask; any accompanying staff member(s) should follow PPE guidance per the "suspected or confirmed COVID-19" section of Appendix B. Such students, families, staff, or essential visitors should be instructed to call their healthcare provider to determine next steps.

Note: Students or staff with pre-existing health conditions that 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 the specific symptoms are not due to COVID-19.

[UPDATED] If a school chooses to implement a daily health screening for students and/or for staff and essential visitors, the screening procedure should be conducted using appropriate physical distancing and should adhere to the procedures and PPE best practices, as articulated in Appendices A and B.

A screening procedure could include the following steps (conducted using appropriate physical distancing and using face masks as outlined in this guide). Symptoms can be evaluated before arrival (e.g., via phone or app) or upon arrival and can be based on a report from caregivers. Visual inspections may take place in classrooms.

[4] 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. The school nurse may support a determination of whether the runny nose meets criteria for exclusion, if necessary.

- **ASK:** Students/parents/guardians, staff, and essential visitors should be asked about whether the student, staff member, or essential visitor has experienced any of the above listed symptoms consistent with COVID-19 in the last 24 hours.
- **ASK:** Students/parents/guardians, staff, and essential visitors should be asked whether the student, staff member, or essential visitor has been in close contact within the past 10 days with someone confirmed to have COVID-19.[5,6]
- **LOOK:** 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.

[UPDATED] Individuals who have traveled to any place other than Maryland, Virginia or a low-risk state, or country, or territory should either (1) self-monitor and limit daily activities—including not attending school—for 10 days, or (2) self-monitor and limit daily activities–including not attending school—for at least three to five days and then receive a negative COVID-19 PCR test, per DC Health's Guidance for Travel. The low-risk states will be posted by DC Health on coronavirus.dc.gov/phasetwo. The CDC website contains Travel Health Notices by Destination. Individuals who have traveled to or from countries or territories with Level 2, 3, or 4 risk are subject to the travel restrictions after return to the District, as above. 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.

- *[NEW]* Provided that they do not currently have any symptoms consistent with COVID-19, an individual who has **had COVID-19 within the last 90 days** and has completed their isolation period may be admitted immediately after travel to a high-risk state, country, or territory. Any individual with symptoms consistent with COVID-19 should not enter the school building.
- *[NEW]* Similarly, provided that they do not currently have any symptoms consistent with COVID-19, an individual who is **fully vaccinated** against COVID-19 may be admitted immediately after travel to a high-risk state, country, or territory. 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 should not enter the school building.

Temperature checks at school as a screening tool are not recommended by DC Health. Schools that choose to implement a physical temperature check should adhere to the following guidance:

- Confirm that the student, staff member, or essential visitor had their temperature checked at home two hours or less before their arrival and the temperature was less than 100.4 degrees Fahrenheit.

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[5] The 10-day quarantine recommendation is intended to minimize the risk of transmission of the virus while also minimizing the burden of quarantine. Recent DC Health guidance allows for schools to continue to implement the more stringent 14-day quarantine requirement if they choose to. Fourteen days of quarantine remains the most effective strategy for decreasing the transmission of COVID-19. DC Health strongly recommends that individuals who live or work with someone at higher-risk for COVID-19 (see Section I) quarantine for 14 days.

[6] Individuals may return immediately after close contact with an individual with confirmed COVID-19 if they do not have any symptoms consistent with COVID-19 and either they have tested positive for COVID-19 and completed their isolation period within the last 90 days or they are fully vaccinated against COVID-19. 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).

- Upon arrival, the student/parent/guardian, staff member, or essential visitor should show a photograph of the thermometer or verbally confirm that the temperature was less than 100.4 degrees Fahrenheit.
- This option eliminates the need for supplies, risk to screeners, and congregation of individuals while waiting to complete the temperature check upon arrival.

OR

- Physically check the student's, staff member's, or essential visitor's temperature upon their arrival at school.
    - The student/parent/guardian, staff member, or essential visitor uses a thermometer provided by the school and should follow the below protocol:
        - Maintain a distance of 6 feet from the person conducting the temperature check.
        - A non-contact thermometer is recommended. Forehead, tympanic (ear), or axillary (armpit) thermometers are also acceptable. Oral and rectal temperature checks should be avoided.
        - Thermometers should be cleaned per manufacturer instructions, including between uses.
        - *Student/family:* The student/parent/guardian should then check the student's temperature, after washing hands and wearing disposable gloves.
        - *Staff member or essential visitor*: The staff member or essential visitor should check their own temperature, after washing hands and wearing disposable gloves.
        - Any student, staff member, or essential visitor with a temperature of 100.4 degrees Fahrenheit or higher should not be admitted and should be instructed to call their healthcare provider to determine next steps. If the student, staff member, or essential visitor is not immediately able to leave the premises, they should be isolated from other individuals and wear a face mask; any accompanying staff member(s) should follow PPE guidance per the "suspected or confirmed COVID-19" section of Appendix B.
    - *If a Staff Member Must Take Another Individual's Temperature:*
        - If a school staff member takes another individual's temperature at any point, they should follow CDC guidelines to do so safely, including with the use of barrier protection or Personal Protective Equipment (PPE), as articulated in Appendix A.

Symptoms While at School:
[UPDATED] If a student or staff member develops any of the symptoms above during the school day, the school should have a process in place that allows them to isolate until it is safe to go home, and they should seek healthcare guidance. For more information, please see Section M. Exclusion, Dismissal, and Return to School Criteria.

Return to School Criteria:
To determine when a student or staff member may return to school, please see Section M. Exclusion, Dismissal, and Return to School Criteria.

F. FACE MASKS *[UPDATED]*

[UPDATED] **All staff and essential visitors (including contractors) must wear face masks at all times while in the school building, on school buses, and while participating in any school-related activities.** A face mask may be a non-medical (cloth) face covering. If a staff member or essential visitor has a contraindication to wearing a face mask, either medical or otherwise, they should not participate in in-person school activities. Staff may wear face masks with clear plastic windows, or briefly remove their face masks, when interacting with students with disabilities identified as having hearing or vision impairments who require clear speech or lip-reading to access instruction.

[UPDATED] **Students must also wear face masks while in the school building, except in the event of a medical or developmental contraindication.** Most students, including those with disabilities, are able to wear face masks. Students who cannot safely wear a face mask, for example a student with a disability who is unable to remove the face mask without assistance if they have a breathing issue, should not be required to wear one and are entitled to education services. If a student participating in in-person activities is unable to wear a face mask throughout the day, mask breaks are acceptable at times in which physical (social) distance can be maintained (e.g., when outside) or during snacks or meals. Families and educators should work with students to practice wearing a mask safely and consistently.

Instances when face masks should not be worn:

- By children younger than 2 years of age;
- By anyone who has trouble breathing, or anyone unconscious or unable to remove the mask without assistance;
- By children during naptime; and
- 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.

Instances when face masks do not need to be worn:

- When in the water in a swimming pool;
- When actively drinking or eating a meal; and
- When in an enclosed office that no one else is permitted to enter.

Schools should ensure additional protocols are in place to support the safe use of clean face masks.

- When feasible, staff and students wearing face masks should bring multiple clean masks each day.
- Schools are encouraged to have face masks available to staff, students, and essential visitors in the event they forget or soil their face mask.
- Staff and students should exercise caution when removing the mask, always store it out of reach of other students, and wash hands immediately after removing. Be careful not to touch eyes, nose, or mouth while removing the mask.
- *[UPDATED]* Face masks that are taken off temporarily to engage in any of the aforementioned activities should be carefully folded. The folded face mask can be stored in a plastic bag if it is wet or dirty or in a paper bag if it is not wet or dirty.
- When not being worn, face masks should be stored in a space designated for each student that is separate from others. They can also be placed next to the student on a napkin or directly on the desk/table if the surface is cleaned afterward.

- Student's face masks should also be clearly identified with their names or initials to avoid confusion or swapping. Students' face masks may also be labeled to indicate top/bottom and front/back.
- Students, teachers, and staff should be taught to speak more loudly, rather than remove their face mask, if speaking in a noisy environment.

Other populations:

- Parents/guardians must wear face masks for drop-off and pick-up.
- While visitors to the school should be strictly limited, any essential visitor must wear a face mask at all times on the school grounds and inside the school buildings.

Please refer to DC Health's Guidance About Cloth Face Coverings and Masks for the General Public and Mayor's Order 2020-080: Wearing of Masks in the District of Columbia To Prevent the Spread of COVID-19 for more details on face mask requirements for all District residents and visitors.

[NEW] Face masks are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. This is called source control.

- Face masks protect the wearer and other people.
- To be effective, face masks must be worn correctly. Masks should be two to three layers of tightly woven fabric, cover the nose and mouth, and fit snugly against the sides of the face.
- A face mask is not a substitute for physical distancing.
- Face masks with exhalation valves or vents must 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).
- Consider clear masks (not face shields) for students or staff who are deaf or hard of hearing.

Further guidance from CDC on the use of face masks, including information on types of masks, mask adaptations and alternatives, and instructions on how to store and wash masks, is available here and here.

G. HYGIENE *[UPDATED]*

Hand Hygiene and Respiratory Etiquette

- Schools should reinforce frequent, proper handwashing strategies by staff and students, to include washing with soap and water for at least 20 seconds. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60 percent alcohol.
- Key times to perform hand hygiene include:
    - before eating food;
    - after going to the bathroom;
    - before and after putting on, touching, or removing face masks or touching your face;
    - after blowing one's nose, coughing or sneezing; and
    - when entering and exiting a classroom or between activities.

- *[NEW]* Schools should encourage students and staff to cover coughs and sneezes with a tissue when not wearing a mask and immediately wash their hands after blowing their nose, coughing, or sneezing.

School-wide Hygiene

- *[UPDATED]* Schools should ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissues) to support healthy hygiene practices, including in classrooms, bathrooms, and offices. Schools are strongly encouraged to set up sanitizing stations outside of large common spaces including the gymnasium, cafeteria, and entrances/exits.
- *[UPDATED]* Educators and staff that work in close contact with students, and/or that are working with any individual with suspected or confirmed COVID-19, should take extra steps and wear additional PPE, as articulated in Appendix B.

To the extent feasible, schools should:

- Ensure adequate supplies to minimize sharing of high touch materials (e.g., avoid sharing electronic devices, toys, books, learning aids; assign each student their own art supplies or equipment). When shared supplies must be used, limit use of supplies and equipment to one group of students at a time and clean and disinfect between uses.
- Keep each student's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- *[UPDATED]* Encourage staff and students to bring their own water bottles and avoid touching or utilizing water fountains. If water fountains must be used, they should be cleaned and sanitized frequently.
- Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds, or if soap and water is unavailable, cleaned with hand sanitizer.
- Install no-touch fixtures: automatic faucets and toilets; touchless foot door openers, touchless trashcans; sensor water bottle fillers.

H. CLEANING, DISINFECTION, AND SANITIZATION *[UPDATED]*

[UPDATED] Schools should:

- Routinely clean and disinfect surfaces and objects that are frequently touched; at a minimum, high-touch surfaces should be cleaned and disinfected daily, and as often as possible. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, classroom sink handles, countertops).
    - If schools adopt a rotating in-person schedule, enhanced cleaning and disinfection should occur between cohorts.
    - 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 recommended by the US EPA Design for Environment Program.
    - For all cleaning, sanitizing, and disinfecting products, follow the manufacturer's instructions for concentration, application method, contact time, and drying time

before use by a student. Ensure safe storage of all cleaning products. See CDC's guidance for safe and correct application of disinfectants. Dirty surfaces should be cleaned with a detergent or soap and water before disinfection.
    - Custodial staff, as well as educators and other staff who may be cleaning and disinfecting spaces throughout the building, should adhere to PPE best practices as articulated in Appendix B.
- Limit use of shared objects and equipment (e.g., gym or physical education equipment, art supplies, toys, games). If shared objects or equipment must be used, to the extent feasible, clean, disinfect, and when appropriate sanitize between uses.
    - Shared toys, including those used indoors and outdoors should be frequently cleaned and sanitized throughout the day.
        - Toys that have been in children's mouths or soiled by bodily secretions should be immediately set aside. These toys should be cleaned and sanitized by a staff member wearing gloves, before being used by another child.
        - Machine washable toys should be used by only one child and laundered in between uses.
    - Mats/cots and bedding should be individually labeled and stored.
        - *[UPDATED]* Mats/cots should be cleaned and sanitized between uses.
        - Bedding should be washable and washed at least weekly or before use by another child.
        - Mats/cots may be stacked between uses if they are cleaned and sanitized appropriately before stacking.
- If they are not closed, playground structures should be included as part of routine cleaning. The CDC has guidance for cleaning various surfaces in playgrounds, available here.
- 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 be only 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 should 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 or nebulized medication administration should adhere to PPE best practices articulated in Appendix B.

In addition to these routine cleaning procedures, the following protocols apply in circumstances in which a student or staff member becomes ill.

- *[UPDATED]* If a student, staff member, or essential visitor develops symptoms of COVID-19 throughout the school day but **is not** confirmed to have COVID-19, the school should:
    - Immediately rope off or close, clean, and disinfect areas and equipment in which the ill individual has been in contact.
    - Once the room is vacated at the end of the day, perform deep cleaning and disinfection of full classroom, and any other spaces or equipment in which the ill individual was in contact. This includes the isolation room after use by an ill student or staff member.
    - Staff supporting, accompanying, or cleaning up after a sick student or staff member should adhere to PPE best practices as articulated in Appendix B.

- *[UPDATED]* If a student, staff member, or essential visitor is confirmed to have COVID-19:
    - If seven days or fewer have passed since the individual who is sick used the facility, the school should follow these steps:
        - Close off areas used by the individual who is sick.
            - Note: Such areas should be immediately roped off or closed if it is during the day when the COVID-19 case is confirmed AND the COVID-19 positive individual is in the building. 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 spaces used by the COVID-19 positive individual after the students and staff in those spaces leave for the day.
        - Open outside doors and windows to increase air circulation in the areas.
        - Wait 24 hours or as long as possible before cleaning or disinfecting to allow respiratory droplets to settle.
        - Clean and disinfect all areas used by the individual who is sick, such as classrooms, bathrooms, and common areas.
    - If more than seven days have passed since the individual who is sick used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection.
    - Staff conducting cleaning should adhere to PPE best practices as articulated in Appendix B.

To the extent feasible, schools should:

- Place signage in every classroom reminding staff of cleaning protocols.
- *[UPDATED]* Avoid using cleaning products near students and ensure adequate ventilation when using these products. Students should not participate in disinfection.
- For shared bathrooms, assign a bathroom to each group of students and staff. If there are fewer bathrooms than the number of groups, assign each group to a particular bathroom, and, where feasible, clean and disinfect bathrooms after each group has finished.
- If transport vehicles (e.g., buses) are used by the school, require drivers to practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, face masks).
- *[NEW]* Promote physical distancing and improved ventilation on school buses and shared transport (e.g., leaving empty rows of sets, opening windows).

- Schools are strongly encouraged to develop and implement a schedule for increased, routine cleaning, disinfection, and sanitization. The CDC's Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes may be used as a resource.

I. STUDENTS WITH DISABILITIES *[UPDATED]*

This section articulates specific considerations that may be relevant to serving students with disabilities, and/or other students with particular needs. Additional considerations of relevance to serving this population are included throughout the document.

Throughout this period, LEAs should design educational programming to conform with CDC, DC Health, and OSSE guidance, and in doing so, consideration should be given to a student's 504 plan, IEP and least restrictive environment (LRE). LEAs should continue to provide, to the greatest extent possible, the special education and related services identified in students' IEPs and the accommodations and related services identified in students' 504 Plans (OSEP Guidance A-1). Regardless of the severity of a student's disability, LEAs should make every effort to enable full participation of students with disabilities in building activities and to mitigate factors that could discourage participation, such as cost and accessibility. LEAs are reminded of their responsibility to ensure that students with disabilities are educated to the greatest extent possible with their nondisabled peers (34 CFR §300.114). For additional information on the flexibilities available under IDEA for service delivery please see OSSE IDEA Part B Provision of FAPE: Guidance Related to Remote and Blended Learning. LEAs are also reminded of their obligations to uphold the rights of individuals with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the DC Human Rights Act.

[NEW] If a student with a disability is required to quarantine, the school is required to provide services consistent with Federal disability laws.

J. HIGH-RISK INDIVIDUALS *[UPDATED]*

[UPDATED] Schools should notify all families and staff that 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. This includes, but is not limited to, older adults and people with the following conditions:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Down syndrome
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from a solid organ transplant
- Obesity (Body Mass Index (BMI) of 30 kg/m^2 or higher but less than 40 kg/m^2)
- Severe obesity (BMI greater than or equal to 40 kg/m^2)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

[UPDATED] Information from the CDC for older adults is available here. A complete list of conditions that might place an individual at increased risk of severe illness from COVID-19 can be found here. Any student or staff member who has a medical condition not listed but who is concerned about their safety is recommended to consult with their healthcare provider before attending in-person activities.

Schools are not required to secure written clearance from high-risk individuals prior to participating in in-person activities at school.

K. MEALS *[UPDATED]*

[UPDATED] All schools should serve meals following the physical (social) distancing and hygiene guidance.

- Students should wash hands before and after eating and should not share utensils, cups, or plates.
- Staff must wash hands before and after preparing food. Staff should also wash hands after helping students to eat.
- Foodservice staff should follow all PPE best practices in Appendix B and as required per food safety regulation or requirements. Gloves must be worn whenever handling food products; gloves must be changed and hands washed when changing activities.
- Tables and chairs should be cleaned and sanitized before and after each meal.
- Schools should routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, such as kitchen countertops, cafeteria and service tables, door handles, carts, and trays.

[UPDATED] Meal Distribution

- To the extent feasible, allow students to eat lunch and breakfast in their classrooms rather than mixing in the cafeteria. If not possible, then stagger lunch by class and/or divide eating area by class, cleaning and sanitizing between groups.
- Schools should prepackage meals, including silverware, napkins, and seasonings, or serve meals individually plated, while ensuring the safety of students with food allergies.
- To the extent feasible, if schools are providing grab-and-go meals to families, school should implement a plan for curbside pickup of meals or contactless delivery service to minimize contacts with students and their families.
- Schools should not allow food preparation booths or sampling of food.
- Schools must ensure food products are protected from contamination by limiting student contact.
- Schools should cease use of any food or beverage self-service stations, such as hot bars and salad bars, not including whole product.
- Grab and go meals that are not shelf stable must be placed in a refrigerator within two hours and stored under 41 degrees Fahrenheit. Hot foods must be reheated to 165 degrees Fahrenheit before consumption. Additional reheating instructions can be found here. Foods that are known as “shelf-stable” can be stored at room temperature for an extended period of time (e.g., cereal, graham crackers, raisins).

[UPDATED] Meal Service

- Schools should use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, schools should ensure that all non-disposable food service items are handled with gloves and washed using a sink with at least three components for washing, rinsing, or sanitizing or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- If food is offered at any event, schools should have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal.
- Students may bring lunches from home. Schools are encouraged to 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.

Schools must follow all relevant federal and local food safety guidelines. Additional meal service guidance from OSSE is available here. Further guidance for school nutrition professionals is available from the CDC here.

L. RESIDENTIAL SCHOOLS *[UPDATED]*

Schools with a residential component (i.e., boarding schools) should ensure all the safety measures throughout this guidance are followed in the residential setting.

Additionally, the following safety measures are recommended:

- No more than two students per residential room with a strong preference of one student per residential room;
- *[UPDATED]* Compliance with quarantine and testing requirements, per DC Health's Guidance for Travel;
- Designation of private rooms with dedicated bathrooms for isolation of any students that may test positive for COVID-19;
- Designation of private rooms with dedicated bathrooms for quarantining of any close contacts of confirmed cases of COVID-19 (this area should be separate from the isolation area);
- Testing access for students showing symptoms of COVID-19 or with known exposure to individuals with COVID-19;
- Appropriate and easy access to medical services for COVID-19 related and non-COVID-19 related conditions; and
- Plan and capability to restrict or eliminate in-person activities rapidly in the case of significant community transmission or identified outbreak of COVID-19, including indications and procedures for closure of residential halls and dormitories.

RESPONSE

M. EXCLUSION, DISMISSAL, AND RETURN TO SCHOOL CRITERIA AND PROTOCOLS [*UPDATED]*

*S*chools should adhere to the below exclusion and dismissal criteria and protocols.

[UPDATED] Exclusion Criteria

A student, staff member, or essential visitor **should stay home, or not be admitted,** if they:

- Have had a temperature of 100.4 degrees Fahrenheit or higher or any of the symptoms listed above in the "Daily Health Screening" section of this guidance in the last 24 hours.
- Are confirmed to have COVID-19.
- Have been in close contact in the last 10 days with an individual confirmed to have COVID-19.[7]
- *[UPDATED]* Are awaiting COVID-19 test results or have a household member who is awaiting COVID-19 test results.[8]
- Have traveled in the last 10 days to any place other than Maryland, Virginia or a low-risk state, country, or territory, unless they received a negative COVID-19 PCR test after limiting daily activities for at least three to five days after returning from the travel.

Students or staff with pre-existing health conditions that 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 determined to not be due to COVID-19.

[NEW] Provided that they do not currently have any symptoms consistent with COVID-19, an individual who has **had COVID-19 within the last 90 days** and has completed their isolation period may be admitted while awaiting COVID-19 test results, after close contact with someone with confirmed COVID-19, when a household contact is awaiting COVID-19 test results, or after travel to a high-risk state, country, or territory. Any individual with symptoms consistent with COVID-19 should follow the exclusion criteria outlined above.

[NEW] Provided that they do not currently have any symptoms consistent with COVID-19, an individual who is **fully vaccinated** against COVID-19 may be admitted while awaiting COVID-19 test results, after close contact with someone with confirmed COVID-19, when a household contact is awaiting COVID-19 test results, or after travel to a high-risk state, country, or territory. A person is considered fully vaccinated 14 days after completion of a COVID-19 vaccination series (after the second dose of a two-

[7] The 10-day quarantine recommendation is intended to minimize the risk of transmission of the virus while also minimizing the burden of quarantine. Recent DC Health guidance allows for schools to continue to implement the more stringent 14-day quarantine requirement if they choose to. Fourteen days of quarantine remains the most effective strategy for decreasing the transmission of COVID-19. DC Health strongly recommends that individuals who live or work with someone at higher-risk for COVID-19 (see Section I) quarantine for 14 days.

[8] *[UPDATED]* This quarantine guidance does not apply in the circumstance of awaiting the result of a test administered through the DC Health asymptomatic testing program in schools and or other formal screening or surveillance testing programs. 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 should defer to the testing and quarantine requirements of their umbrella organization. Schools wishing to implement a formal screening or surveillance program in consultation with their health services provider must develop and share a testing plan with the Deputy Mayor for Education and OSSE teams at EdSupport@dc.gov.

dose series, or after one dose of a single-dose vaccine). Any individual with symptoms consistent with COVID-19 should follow the exclusion criteria outlined above.

If excluded, students (or their parents/guardians), staff, and essential visitors should call their healthcare provider for further directions.

[UPDATED] DC Health recommends that students and staff should get tested for COVID-19 if anyone in their household has symptoms of COVID-19, even if the student themself does not have symptoms. All members of the household should be tested at the same time. Individuals who are fully vaccinated against COVID-19 should only get tested in this instance if they develop symptoms.[9]

[UPDATED] Dismissal Criteria and Protocols

Student or Staff Member Develops Fever or Signs of Illness at School

If a student, staff member, or essential visitor develops a fever or other signs of illness, the school should follow the above exclusion criteria regarding the exclusion and dismissal of students, staff, and essential visitors.

- For students, the school should:
    - Immediately isolate the student from other students.
        - The student should immediately put on a face mask or surgical mask, if not wearing already.
        - Identify a staff member to accompany the isolated student to the isolation area and supervise the student while awaiting pickup from the parent/guardian.
        - The staff members briefly responding to the sick student in the classroom, accompanying the student to the isolation area, and supervising the student in the isolation area should comply with PPE best practices per Appendix B.
    - Additionally, schools should:
        - Notify the student's parent/guardian of the symptoms and that the student needs to be picked up as soon as possible and instruct them to seek healthcare provider guidance.
        - Follow guidance for use of the isolation room below.
        - Immediately follow all cleaning and disinfection protocols for any area and materials with which the student was in contact, per Section H: Cleaning, Disinfection and Sanitization.
- For staff and essential visitors, the school should:
    - Send the staff member or essential visitor home immediately or instruct them to isolate until it is safe to go home;
    - Instruct the staff member or essential visitor to seek healthcare provider guidance; and
    - Follow cleaning and disinfecting procedures for any area, materials, and equipment with which the staff member was in contact.

[UPDATED] Isolation Room: Schools should identify more than one well-ventilated space to isolate sick individuals until they are able to leave the school grounds. The space should be in an area that is not frequently passed or used by other students or staff, is not simply behind a barrier in a room being utilized by other individuals and is not the health suite. If safe and weather permitting, schools are encouraged to isolate sick individuals outdoors under appropriate supervision. When in the isolation

[9] 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).

area, the sick individual should always wear a face mask or surgical mask, be within sight of the supervising staff member, and be physically separated from other individuals by at least 6 feet. Schools should isolate only one sick individual in the isolation area at a time. The isolation area should be immediately cleaned and disinfected after the sick individual departs. Supervising staff should comply with the PPE best practices in Appendix B.

[UPDATED] Return Criteria

Table 1 below identifies the criteria that schools should use to allow the return of a student or staff member with: (1) COVID-19 symptoms; (2) positive COVID-19 test results; (3) negative COVID-19 test results; (4) documentation from healthcare provider of alternate diagnosis; (5) close contact with an individual with confirmed COVID-19; (6) a household member awaiting COVID-19 test results; or (7) travel to any place other than Maryland, Virginia, or a low-risk state, country, or territory.

Table 1. Return to School Criteria for Students and Staff *[UPDATED]*

Student or Staff Member With:	Criteria to Return *Note: Criteria below represent standard criteria to return to care. In all cases, individual guidance from DC Health or a healthcare provider would supersede these criteria.*
1. COVID-19 symptoms (e.g., fever, cough, difficulty breathing, loss of taste or smell) *[UPDATED]*	Recommend the individual seek healthcare guidance to determine if COVID-19 testing is indicated. If the individual is tested: • If positive, see #2. • If negative, see #3. • Individuals should quarantine while awaiting test results. If the individual does not complete test, they should: • Submit documentation from a healthcare provider of an alternate diagnosis, and meet standard criteria to return after illness; OR • Meet symptom-based criteria to return: o At least 24 hours **after** the fever has resolved without the use of fever-reducing medication (e.g., Motrin, Tylenol) and symptoms have improved; AND o At least 10 days from when symptoms first appeared, whichever is later. Note: Students or staff with pre-existing health conditions that 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. Note: Standard criteria to return after illness refers to the individual school's existing policies and protocols for a student or employee to return to school after illness.

	[UPDATED] DC Health recommends that students and staff should get tested for COVID-19 if anyone in their household has symptoms of COVID-19, even if the student themself does not have symptoms. All members of the household should be tested at the same time. Individuals who are fully vaccinated against COVID-19 should only get tested in this instance if they develop symptoms.[10]
2. Positive COVID-19 Test Result (Antigen or PCR) *[UPDATED]* *See DC Health's Guidance for Persons Who Tested Positive for COVID-19 for more information.*	If symptomatic, may return after: • At least 24 hours **after** the fever has resolved without the use of fever-reducing medication (e.g., Motrin, Tylenol) and symptoms have improved; AND • At least 10 days* after symptoms first appeared, whichever is later. *Note: Some individuals, including those with severe illness, may have longer quarantine periods per DC Health or their healthcare provider. If asymptomatic, may return after: • 10 days from positive test Regardless of whether symptomatic or asymptomatic, close contacts (including all members of the household) should quarantine for at least 10 days from the last date of close contact with the positive individual.
3. Negative COVID-19 Test Result After Symptoms of COVID-19 *[UPDATED]*	May return when: • Meet standard criteria to return after illness. • If the individual received a negative antigen test, that result should be confirmed with a negative PCR test. The individual should quarantine until the PCR test result returns. Note: Standard criteria to return after illness refers to the individual school's existing policies and protocols for a student or employee to return to school after illness. *Per Scenario #5, a negative test result after close contact with an individual with confirmed COVID-19 should *not* shorten the duration of quarantine of at least 10 days.
4. Documentation from Healthcare Provider of Alternate Diagnosis After Symptoms of COVID-19 (e.g., chronic health condition, or alternate acute	May return when: • Meet standard criteria to return after illness. Note: Standard criteria to return after illness refers to the individual school's existing policies and protocols for a student or employee to return to school after illness.

[10] 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).

diagnosis such as strep throat)	
5. Close Contact of an Individual with Confirmed COVID-19 *[UPDATED]* *See DC Health's Guidance for Quarantine after COVID-19 Exposure for more information*	May return after: • A minimum of 10 days from last exposure to COVID-19 positive individual, provided that no symptoms develop, or as instructed by DC Health. Note: Ending quarantine after 10 days (on day 11) is only acceptable if: • The close contact did not develop symptoms of COVID-19 at any point during the quarantine. AND • The close contact continues to self-monitor for symptoms until 14 days after the last exposure to the COVID-19 positive individual. If the close contact is a household member: • Isolate from the COVID-19 positive individual, then may return to school after quarantine of at least 10 days from last exposure to the COVID-19 positive individual, or as instructed by DC Health. • If unable to isolate from the COVID-19 individual, may return to school after quarantine of at least 10 days from the end of the COVID-19 positive individual's infectious period (see Scenario #2), or as instructed by DC Health. The 10-day quarantine recommendation is intended to minimize the risk of transmission of the virus while also minimizing the burden of quarantine. Recent DC Health guidance allows for schools to continue to implement the more stringent 14-day quarantine requirement if they choose to. Fourteen days of quarantine remains the recommended and most effective strategy for decreasing the transmission of COVID-19. DC Health strongly recommends that individuals who live or work with someone at higher-risk for COVID-19 (see Section I) quarantine for 14 days. *[UPDATED]* DC Health recommends that students and staff should get tested for COVID-19 if anyone in their household has symptoms of COVID-19, even if the child themself does not have symptoms. All members of the household should be tested at the same time. Individuals who are fully vaccinated against COVID-19 should only get tested in this instance if they develop symptoms.[11] *[NEW]* Individuals may return immediately after close contact with an individual with confirmed COVID-19 if the following are true: • They do not have any symptoms consistent with COVID-19. AND

[11] 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 have tested positive for COVID-19 and completed their isolation period within the last 90 days; OR • They are fully vaccinated against COVID-19.[12]
6. Household Member Awaiting a COVID-19 Test Result[13] *[UPDATED]*	If the household member tests negative: • May return immediately if the student or staff member has no symptoms of COVID-19 nor other exclusionary criteria met. If the household member tests positive: • See Scenario #5. *[NEW]* Individuals may return immediately in the event of a household member awaiting a COVID-19 test result if the following are true: • They do not have any symptoms consistent with COVID-19. AND • They have tested positive for COVID-19 and completed their isolation period within the last 90 days; OR • They are fully vaccinated against COVID-19.[14]
7. Travel to Any Place Other than Maryland, Virginia or a Low-Risk State, Territory or Country *[UPDATED]* *See DC Health's Guidance for Travel and the CDC's COVID-19 Travel Recommendations by*	May return after: • Self-monitoring and limiting daily activities—including not attending school – for 10 days. OR • Self-monitoring and limiting daily activities – including not attending school – until tested for COVID-19 (within three to five days after return) and receive a negative result. *[NEW]* Individuals may return immediately after travel if the following are true: • They do not have any symptoms consistent with COVID-19. AND

[12] 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).

[13] *[UPDATED]* This quarantine guidance does not apply in the circumstance of awaiting the result of a test administered through the DC Health asymptomatic testing program in schools and or other formal screening or surveillance testing program. 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 should defer to the testing and quarantine requirements of their umbrella organization. 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 at EdSupport@dc.gov.

[14] 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).

Destination for more information	• They have tested positive for COVID-19 and completed their isolation period within the last 90 days; OR • They are fully vaccinated against COVID-19.[14]

Implement Leave Policies for Staff

Schools should implement leave policies that are flexible and non-punitive and allow sick employees to stay home.

- Leave policies are recommended to account for the following:
  - Employees who report COVID-19 symptoms;
  - Employees who were tested for COVID-19 and test results are pending;
  - Employees who tested positive for COVID-19;
  - Employees who are a close contact of someone who tested positive for COVID-19; and
  - Employees who need to stay home with their children if there are school or child care closures, or to care for sick family members.
- Keep abreast of current law, which has amended both the DC Family and Medical Leave Act and the DC Sick Leave Law and created whole new categories of leave, such as Declared Emergency Leave.
- Learn about and inform your employees about COVID-19-related leave provided through new federal law, the Families First Coronavirus Response Act (FFCRA), and all applicable District law relating to sick leave.

N. EXPOSURE REPORTING, NOTIFICATIONS, AND DISINFECTION *[UPDATED]*

[UPDATED] To ensure a clear and efficient process for communication each school must identify a staff member as the COVID-19 point of contact (POC). This person is responsible for:

- Ensuring the below steps are followed in the event of a confirmed case of COVID-19.
- Ensuring that the school has contact information for all contract staff. It is critical that DC Health have reliable contact information in the event of a positive case or close contact among contract staff.
- Acting as the POC for families and staff to notify if a student or staff member tests positive for COVID-19.

***[UPDATED]* Step 1: Reporting to DC Health**

Refer to DC Health's First Steps for Non-Healthcare Employers when Employees Test Positive for COVID-19.

Schools must notify DC Health when:

- A staff member or essential visitor notifies the school they **tested positive for COVID-19** (not before results come back);

OR

- A student or parent/guardian notifies the school that a student **tested positive for COVID-19** (not before results come back).

AND

- The individual was on school grounds or participated in school activities **during their infectious period**.
    - The infectious period starts two days before symptom onset or date of test if asymptomatic, and typically ends 10 days after symptom onset/test date.

As soon as possible on the same day the case was reported to the school, the school 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 as cases of COVID-19 increase in the District.

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 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. If it is during the day when the COVID-19 case is confirmed AND the positive individual is in the building, the individual *and* their cohort should be dismissed as soon as practical. The cohort should remain in their classroom and follow routine procedures while they await pick-up from caregivers.

***[UPDATED]* Step 2: Communication to Families and Staff**

Schools should have communication protocols in place that protect the privacy of individuals and alert families and staff to a COVID-19 case. DC Health will identify close contacts based on its case investigation. It is not the responsibility of the school to define those who should quarantine. Communication should be completed per DC Health directive and should include:

- Notification to the entire school or the affected classroom that there was a COVID-19 positive case, those impacted will be notified and told to quarantine, and steps that will be taken (e.g., cleaning and disinfection);
- Education about COVID-19, including the signs and symptoms, available at coronavirus.dc.gov;
- Referral to the Guidance for Contacts of a Person Confirmed to have COVID-19, available at coronavirus.dc.gov/healthguidance;
- Information on options for COVID-19 testing in the District of Columbia, available at coronavirus.dc.gov/testing; and
- Information for school staff on accessing priority testing at the public testing sites, including the location of public testing sites, available at coronavirus.dc.gov/testing. School staff may identify to testing site staff that they are an educator or school staff to receive priority.

- Priority does not affect the turnaround time for receiving test results.

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.

***[UPDATED]* Step 3: Cleaning, Disinfection, and Sanitization of Affected Spaces**

In the event of a confirmed COVID-19 case in a student, staff member, or essential visitor, the school should follow all steps outlined by DC Health as well as the cleaning, disinfection, and sanitization guidance from the CDC, linked here:

- If seven days or fewer have passed since the individual who is sick used the facility, schools should follow these steps:
  1) Close off areas used by the individual who is sick.
     a. Note: If it is during the day when the COVID-19 case is confirmed AND the COVID-19 positive individual is in the building, such areas should be immediately roped off or closed. 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 spaces used by the positive individual after the students and staff in those spaces leave for the day.
  2) Open outside doors and windows to increase air circulation in the areas.
  3) Wait 24 hours or as long as possible before cleaning or disinfecting to allow respiratory droplets to settle.
  4) Clean and disinfect all areas used by the individual who is sick, such as classrooms, bathrooms, and common areas.
- If more than seven days have passed since the individual who is sick used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection.
- Staff conducting cleaning should adhere to PPE best practices as articulated in Appendix B.

PROCESS TO REVIEW REOPENING PLANS *[NEW]*

All LEAs and private, parochial, and independent schools are required to submit a plan to the Office of the State Superintendent of Education (OSSE) that describes how they will safely reopen schools in accordance with these health and safety recommendations. OSSE will designate clear timelines and intervals for plan submission and ensure a complete review of reopening plans for all DC public and public charter LEAs and private, parochial, and independent schools. As needed, individual plan reviews will include follow-up actions on areas of concern. Plans will be made publicly available at least 10 days prior to reopening.

QUESTIONS?

If you have questions related to this guidance, submit them here or contact the OSSE 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.

APPENDIX A: PROCEDURE FOR STAFF CONDUCTING PHYSICAL TEMPERATURE CHECKS *[UPDATED]*

[UPDATED] Temperature checks as a screening tool at school are not recommended by DC Health. Schools that choose to implement a physical temperature check should adhere to the following guidance:

[UPDATED] In the event a staff member is taking another individual's temperature, they should follow one of two options articulated below, per guidance from the Centers for Disease Control and Prevention (CDC), to do so safely. During temperature checks, use of barriers or personal protective equipment (PPE) helps to eliminate or minimize exposures due to close contact with a person who has symptoms. Use of non-contact thermometers is strongly encouraged.

OPTION 1: Barrier/partition controls

- **Wash hands** with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60 percent alcohol.
- **Put on** disposable gloves.
- **Stand behind a physical 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 if the person being screened sneezes, coughs, or talks.
- **Make a visual inspection** of the individual for signs of illness, which include flushed cheeks, rapid breathing (without recent physical activity), fatigue, or extreme fussiness.
- **Check the temperature, reaching around the partition or through the window.**
    - Always make sure your face stays behind the barrier during the temperature check.
- If performing a **temperature check on multiple individuals:**
    - Ensure that you use a **clean pair of gloves for each individual** and that the **thermometer has been thoroughly cleaned** in between each check.
    - If you use disposable or non-contact thermometers and you did not have physical contact with the individual, you do not need to change gloves before the next check.
- **Remove your gloves** following proper procedures.
- **Wash hands** with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60 percent alcohol.
- **Clean the thermometer** following the directions below.

OPTION 2: Personal Protective Equipment (PPE)

- PPE can be used if a temperature check cannot be performed by a parent/guardian (for a child), or an older student, staff member, or essential visitor for him/herself *or* barrier/partition controls cannot be implemented.
- The CDC states that reliance on PPE is less effective and more difficult to implement because of PPE shortages and training requirements.
- If staff do not have experience in using PPE, the CDC has recommended sequences for donning and doffing PPE.
- To follow this option staff should:

- **Wash hands** with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60 percent alcohol.
- **Put on PPE.** This includes a surgical face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown/coverall (e.g., large, button-down, long-sleeved shirt) should be considered if extensive contact with the individual being screened is anticipated.
- **Take** the individual's **temperature**.
- If performing a **temperature check on multiple individuals:**
  - Ensure that you use a **clean pair of gloves for each individual** and that the **thermometer has been thoroughly cleaned** in between each check.
  - If you use disposable or non-contact thermometers and you did not have physical contact with the individual, you do not need to change gloves before the next check.
- **Remove and discard PPE**.
- **Wash hands** with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60 percent alcohol.

- **Clean the thermometer** following the directions below.

APPROPRIATE USE OF THERMOMETERS, INCLUDING HYGIENE AND CLEANING PRACTICES:

- Use of non-contact thermometers is highly encouraged. Forehead, tympanic (ear), or axillary (armpit) thermometers are also acceptable. Oral and rectal temperature checks should be avoided.
- Thoroughly clean the thermometer before and after each use per manufacturer instructions.
- If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each individual screened. You can reuse the same wipe as long as it remains wet.

APPENDIX B: PPE BEST PRACTICES FOR SCHOOL STAFF *[UPDATED]*

[UPDATED] School staff should adhere to the guidance below at a minimum. These guidelines do not replace professional judgment, which should always be used to ensure the safest environment for staff and students.

[UPDATED] Note: Staff and students should practice good hand hygiene throughout all the scenarios and maintain physical distance of 6 feet to the maximum extent feasible.

***[UPDATED]* Wearing gloves is not a substitute for good hand hygiene.** Gloves should be changed between students and care activities, and hand hygiene should be performed between glove changes. If skin comes into contact with any secretions or bodily fluids, it should be immediately washed. Contaminated clothing should be immediately removed and changed.

WORKING WITH STUDENTS WHO ARE <u>NOT KNOWN OR NOT SUSPECTED</u> TO HAVE COVID-19

Lower Risk:[15] *Six feet of physical distance cannot always be maintained. Close contact with secretions or bodily fluids is not anticipated.*

- Face mask (A face mask may be a non-medical [cloth] face covering)

Medium Risk:[16] *Staff are in close/direct contact with less than 6 feet of physical distance from the student. Close contact with secretions or bodily fluids is possible or anticipated.*

- Face mask
    - If potential for bodily fluids to be splashed or sprayed (e.g., student who is spitting, coughing), use surgical mask and eye protection (face shield or goggles) instead of non-medical (cloth) face covering.
- Gown/coverall (e.g., large, button-down, long-sleeved shirt)
- Gloves must be used per existing procedures (e.g., when diapering, administering medication)

[15] Scenarios that would be classified as "lower risk" include situations where school staff may be within 6 feet of students who are not known or suspected to have COVID-19 *and* in which the students are not consistently wearing their face masks. This includes services by related service providers in which close contact with secretions is not anticipated. This also includes scenarios in which staff administering the Daily Health Screening are wearing a face mask, maintain 6 feet of physical distance *and* are <u>not</u> performing a physical temperature check.

[16] Scenarios that would be classified as "medium risk" include close contact between a student and a related service provider, paraprofessional and/or dedicated aide in which close contact with secretions or bodily fluids is possible or anticipated. This also includes personal care (e.g., diapering) and oral medication administration.

Higher Risk: *Staff are in close/direct contact with less than 6 feet of physical distance from the student and performing a higher-risk or aerosol generating procedure, including administration of nebulized medication.*[17]

- N95 mask (with access to Respirator Fit Testing program)[18]
- Eye protection (face shield or goggles)
- Gown/coverall
- Gloves

[UPDATED] WORKING WITH STUDENTS WHO ARE KNOWN OR SUSPECTED TO HAVE COVID-19

Staff working with any student who is known to have COVID-19 or who is exhibiting symptoms of COVID-19 should take additional steps.

While responding briefly to a sick student, or while escorting a sick student to the isolation room:

- If the student is wearing a face mask and is able to maintain 6 feet of distance, accompanying staff should wear:
    - Face mask
- If the student is not wearing a face mask or is not able to maintain 6 feet of distance, accompanying staff should wear:
    - Surgical mask
    - Eye protection (face shield or goggles)
    - Gown/coverall
    - Gloves

While supervising a sick student in the isolation room, staff should always wear:

- Surgical mask
- Eye protection (face shield or goggles)
- Gown/coverall
- Gloves
- *Note:* The student in the isolation room should also wear a face mask *or* surgical mask.

The sick student and any staff accompanying or supervising them to/in the isolation room should safely remove and store their face mask, or dispose of their surgical mask, after use.

[17] Per the Centers for Disease Control and Prevention, aerosol-generating procedures include administering nebulized medication, open suctioning of airways, sputum induction, cardiopulmonary resuscitation, endotracheal intubation and extubation, non-invasive ventilation (e.g., BiPAP, CPAP), bronchoscopy, and manual ventilation. More information can be found here.

[18] 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 must NOT wear an N95 nor participate in higher-risk scenarios. For additional information, see the Occupational Safety and Health Administration's Occupation Safety and Health Standards for respiratory protection.

PPE FOR STAFF WITH SPECIFIC ROLES

Staff Administering a COVID-19 Test

- N95 mask (with access to Respirator Fit Testing program)[19]
- Eye protection (face shield or goggles)
- Gown/coverall
- Gloves

Custodial Staff

- Face mask
    - If there is an increased risk of exposure to COVID-19 (e.g., cleaning an area occupied by an individual with symptoms of COVID-19), wear surgical mask instead of non-medical (cloth) face covering.
- Gown/coverall
- Gloves
- Other PPE, including eye protection and respiratory protection, may be needed based on cleaning/disinfectant products being used and whether there is a risk of splash. Follow all product instructions on the product's safety data sheets (SDS). For more information, visit the CDC's website here.

[UPDATED] Classroom educators and staff who are cleaning and disinfecting areas or equipment utilized by a sick individual should follow Custodial Staff guidelines above. Classroom educators and staff doing routine cleaning (e.g., of high-touch surfaces) should wear face mask and gloves. Other PPE may be needed based on cleaning/disinfectant products being used and whether there is a risk of splash. For more information, visit the CDC's website here.

Foodservice Staff

- Face mask
- Gloves (when handling food products)
- Additional PPE may be required per food preparation regulation and requirements

Performing Physical Temperature Check: per Appendix A

[19] 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 must NOT wear an N95 nor administer a COVID-19 test. For additional information, see the Occupational Safety and Health Administration's Occupation Safety and Health Standards for respiratory protection.

APPENDIX C: COVID-19 TESTING *[UPDATED]*

DEFINITIONS

For information about each type of testing, see DC Health's resource Coronavirus 2019 (COVID-19): PCR, Antigen, and Antibody Tests.

Diagnostic testing for SARS-CoV-2 is intended to identify occurrence at the individual level and is performed when there is a reason to suspect that an individual may be infected, such as having symptoms or suspected recent exposure, or to determine resolution of infection. Examples of diagnostic testing include testing symptomatic individuals who present to their healthcare provider, testing individuals through contact tracing efforts, testing individuals who indicate that they were exposed to someone with a confirmed or suspected case of coronavirus disease 2019 (COVID-19), and testing individuals present at an event where an attendee was later confirmed to have COVID-19.[20]

Screening tests for SARS-CoV-2 are intended to identify occurrence at the individual level even if there is no reason to suspect infection—e.g., there is no known exposure. This includes, but is not limited to, screening of non-symptomatic individuals without known exposure with the intent of making decisions based on the test results. Screening tests are intended to identify infected individuals without, or prior to development of, symptoms who may be contagious so that measures can be taken to prevent further transmission. Examples of screening include testing plans developed by a workplace to test its employees, and testing plans developed by a school to test its students, faculty, and staff. In both examples, the intent is to use the screening testing results to determine who may return and the protective measures that will be taken.[21]

Surveillance for SARS-CoV-2 includes ongoing systematic activities, including collection, analysis, and interpretation of health-related data that are essential to planning, implementing, and evaluating public health practice. Surveillance testing is generally used to monitor for a community- or population-level occurrence, such as an infectious disease outbreak, or to characterize the occurrence once detected, such as looking at the incidence and prevalence of the occurrence. Surveillance testing is used to gain information at a population level, rather than an individual level, and results of surveillance testing can be returned in aggregate to the requesting institution. Surveillance testing may sample a certain percentage of a specific population to monitor for increasing or decreasing prevalence and to determine the population effect from community interventions, such as social distancing. An example of surveillance testing is a plan developed by a state public health department to randomly select and sample a percentage of all individuals in a city on a rolling basis to assess local infection rates and trends.[22]

TESTING RECOMMENDATION

The CDC and DC Health recommend prioritizing testing for individuals with symptoms of COVID-19.

[UPDATED] DC Health does not recommend universal testing of all students and staff as a prerequisite to school attendance. Screening testing might be an effective tool at reducing transmission in schools

[20] Centers for Disease Control and Prevention (CDC) (Oct. 23, 2020). *Interim guidance for use of pooling procedures in SARS-CoV-2 diagnostic, screening, and surveillance testing*. Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/lab/pooling-procedures.html.

[21] Ibid.

[22] Ibid.

when combined with prevention measures, such as face mask use and physical distancing. The benefits of school-based testing need to be weighed against the costs, inconvenience, and feasibility of such programs to both schools and families. Students should not be required to participate in screening testing in order to attend school. The following should be considered as part of screening testing:

- Schools may consider testing a random sample of at least 10 percent of asymptomatic students a week. Random selection could also occur by screening selected cohorts on a weekly basis, for example.
- If a prioritization strategy is needed due to supplies or feasibility, schools should consider prioritizing teachers. Amongst students, prioritization of high school students, then middle school students, and then elementary school students is a recommended strategy, as higher infection rates occur in older students.
- Pooled testing may be considered as an option; however, this method is more appropriate when cases are very low. If a pooled sample tests positive, all affected students and staff must isolate until confirmatory results return, and close contacts of anyone in the pooled sample must quarantine.

[NEW] Per DC Health, screening testing for sports may also facilitate safer participation. Strategies include:

- Testing for athletes, coaches, and trainers;
- Universal screening before games or athletic events;
- Weekly testing for low- and moderate-contact sports, or those that can be played outdoors or indoors with masks; and
- Twice weekly testing for high-contact sports (when allowed), or those that cannot be done outdoors or with masks.

[UPDATED] Public and public charter schools may contact the Office of the Deputy Mayor for Education and OSSE at EdSupport@dc.gov to learn about testing programs that are available in public and public charter schools.

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 should defer to the testing and quarantine requirements of their umbrella organization. Schools wishing to implement a formal screening or surveillance program in consultation with their health services provider should develop a testing plan and share that plan with the Deputy Mayor for Education and OSSE teams at EdSupport@dc.gov.

TESTING AVAILABILITY

[UPDATED] DC Health is implementing testing for symptomatic and asymptomatic students in its 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.

[NEW] Schools wishing to learn more about options for testing for staff or for students in schools that do not participate in the School Health Services Program may inquire at EdSupport@dc.gov.

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 present, 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.