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

(Updated July 6, 2020)

The Office of the State Superintendent of Education (OSSE) issues this guidance to District of Columbia public elementary and secondary schools, including public charter schools, that are re-opening during the recovery period from the 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 July 6, 2020 and supersedes any previously released guidance by OSSE on the topic. This document incorporates re-opening guidance for schools issued by DC Health on June 17, 2020 and provides additional guidance on select topics. Required activities for schools are so noted and are mandatory for schools to follow in accordance with Mayor’s Order 2020-075, Phase Two of Washington, DC Reopening, Section II.3 (June 19, 2020) and any subsequent Mayor’s Orders related to school re-opening. This guidance may be superseded by any applicable Mayor’s order or health mandate from DC Health.

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 consider taking to protect students and staff and slow the spread of COVID-19. The response information addresses the actions that schools must take when a student or staff member becomes sick with or exposed to COVID-19.

Table of Contents
PREVENTION ................................................................................................................................... 2
   A. COMMUNICATION WITH STUDENTS, STAFF AND FAMILIES [UPDATED] ...................... 2
   B. VACCINES AND HEALTH FORMS [NEW] .............................................................................. 2
   C. REOPENING BUILDINGS ...................................................................................................... 3
   D. PHYSICAL (SOCIAL) DISTANCING [UPDATED] .................................................................. 4
   E. DAILY HEALTH SCREENING [UPDATED] ................................................................................. 7
PREVENTION

A. COMMUNICATION WITH STUDENTS, STAFF AND FAMILIES [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 cloth face covering).
- 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, children and families about COVID-19, physical (social) distancing, when they must 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.
- To ensure a clear and efficient process for communication each school should 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 child or staff member tests positive for COVID-19 and would be responsible for ensuring the appropriate steps are followed in the event of a confirmed case (see Section M: Exposure Reporting, Notifications and Disinfection).

B. VACCINES AND HEALTH FORMS [NEW]

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 the District of Columbia and Maryland.
In order to prevent a vaccine preventable disease outbreak in a school setting, it is imperative for all students to be fully vaccinated according to CDC and DC Health standards.

- 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.

Generally, students in the District must provide their school a certificate of health and evidence of an oral health examination on annual basis. 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 School Health Services Program in School Year 2019-20) will be granted an extension to submit their Universal Health Certificate (UHC), Oral Health Assessment (OHA), and Medication and Treatment Authorization Forms, by November 2, 2020 to meet this annual requirement. The school and DC Health’s School Health Services teams will utilize their health information from school year 2019-20 until the updated form is received. As stated above, all students must continue to timely receive all necessary immunizations as required by District law.

Students who do not have a health form on file (i.e., those were not enrolled in any District public or public charter school in the 2019-20 school year, and those who are newly enrolling in a District public charter school that does not participate in the School Health Services Program) must submit health forms by the first day of school. Expired health forms will be accepted for start of school, but unexpired health forms must be submitted by November 2, 2020 to meet this annual requirement.

Both the old and new versions of the health forms shall be accepted. Partial UHCs completed via telehealth visits shall be accepted.

C. REOPENING BUILDINGS

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, including:

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

D. PHYSICAL (SOCIAL) DISTANCING [UPDATED]

Schools must ensure appropriate physical distancing by:

- Maintaining a distance of six (6) feet between each individual, to the maximum extent feasible, in both indoor and outdoor settings.
- For indoor classes or activities, no more than 12 individuals (staff and students) clustered in one room. One additional staff member (13 total individuals) can briefly be added to the group if necessary.
- For outdoor activities, each group of 12 (or, briefly, 13) individuals must interact only with their own group and not mix between other groups. Each group must have extra physical (social) distance (more than 6 feet) between them and the next group.

Traveling to and from School

- Students and staff should be encouraged to maintain at least six (6) feet of distance and to wear a face covering 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.
- **Students:** Students must remain within the same in-person group of no more than 12 (or, briefly, 13) individuals. Students must not mix with other in-person groups, including in the entry and exit of the building, at mealtime, in the restroom, on the playground, in the hallway, and other shared spaces.
  - An exception to this provision may be made to provide push-in or pull-out services for an individual or small group of students with disabilities when necessary. In such circumstances, individuals from groups may mix, but physical (social) distance, group size, and face covering provisions must be followed.
  - If necessary, it is acceptable for in-person groups in before- and after-care programs to be distinct from those during the school day. However, students participating in before- and after-care programs must remain in a stable group, without mixing with other groups, each day that they participate in the program and must adhere to all physical (social) distancing and other provisions in this guidance.
  - When grouping students, LEAs should make determinations as to the grouping in consideration of students’ IEP 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 when designing student grouping.
- **Educators and staff:** In grades where students traditionally transition between classes, schools must rotate teachers and staff between classrooms, rather than students. Such rotation of teachers and staff should be limited to the extent feasible.
  - 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.
  - 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, group size, and face covering provisions.
- No large group in-person activities (e.g., assemblies).

Use of Indoor Space

To support physical (social) distance in indoor spaces, schools must:
- Maximize spacing between individuals in a classroom, including while at tables and in group and individual activities.
- Arrange desks and furniture so that individuals are separated by a minimum of 6 feet.
• During nap times in early education classrooms, place students head to toe, where head to head distance is at least 6 feet.
• Designate an area for students or staff who exhibit symptoms and keep separate from the area used for routine healthcare (see below Section M. Exposure Reporting, Notifications, & Disinfection).
• LEAs must consider the accessibility of sinks to students with disabilities using assistive devices.

When feasible, schools should:
• 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).
• 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 remain 6 feet apart (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 coverings are worn at all times except while eating or sleeping, and clean and disinfect between uses.
• 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 outdoor eating area by class, cleaning and sanitizing between groups.

Use of Outdoor Space
• Schools are encouraged to use outdoor spaces for instruction and activities, as feasible and as weather permits.
• Playgrounds and other outdoor spaces may be used for more than one group of 12 (or, briefly, 13) persons so long as the groups do not mix and social distancing within and between each group is maintained. To the extent feasible, playgrounds and outdoor spaces should be cleaned between groups, particularly focusing on high-touch surfaces (e.g. handlebars).
• 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 6 feet of distance.

Canceling, Eliminating or Modifying Activities
Schools must:
• Cancel or modify classes where students are likely to be in very close proximity, unless group size and physical (social) distance of 6 feet between individuals can be maintained.
  o Of note, activities in which voices are projected, such as choir or theater, present greater risk of spread of respiratory droplets even with physical distance of 6 feet. Such activities are strongly recommended to be cancelled even if group size and 6-foot distance can be maintained.
• Cancel activities and events such as field trips, student assemblies, athletic events, special performances, school-wide parent meetings.
To the extent feasible, schools should:

- Eliminate non-essential travel for staff and teachers (e.g., conferences).
- 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.
- Limit non-essential visitors (e.g., prohibit outside visitors from entering the school unless their presence was requested or if they received permission to enter the school).
- LEAs should allow parents and advocates of students with disabilities seeking to observe student 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. Such individuals would count towards the 12 (or, briefly, 13) person limit in a classroom.

E. DAILY HEALTH SCREENING (UPDATED)

Schools must have a procedure to conduct daily health screen for all students and staff.

For example, the screening procedure could include the following steps (conducted using appropriate physical distancing measures of 6 feet and using non-medical (cloth) face coverings 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 report from caregivers. Visual inspections may take place in classrooms.

- **ASK:** Students/parents/guardians and staff should be asked about whether the student or staff member has experienced the following symptoms consistent with COVID-19:
  - Fever (subjective or 100.4 degrees Fahrenheit) or chills
  - Cough
  - Congestion
  - Sore throat
  - Shortness of breath or difficulty breathing
  - Diarrhea
  - Nausea or vomiting
  - Fatigue
  - Headache
  - Muscle or body aches
  - New loss of taste or smell
  - Or otherwise feeling unwell.
- **ASK:** Students/parents/guardians and staff should be asked whether the student or staff member has been in close contact with a person who has COVID-19.
- **LOOK:** School staff should visually inspect each student and staff member for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- Any student or staff member meeting “Yes” for any of the above “ASK, ASK, LOOK” criteria in the program’s daily health screen shall not be admitted. Such students, families or staff shall be instructed to call their health care provider to determine next steps.

Note: Students or staff with pre-existing health conditions that present with specific COVID-19 – like symptoms may not be excluded from entering the school building on the basis of those specific symptoms, if previously evaluated by a health care provider and those specific symptoms determined to not be due to COVID-19.
Where feasible, schools may choose to implement a physical temperature check:

- Confirm that student or staff member had their temperature checked at home 2 hours or less before their arrival, and the temperature was less than 100.4 degrees.
  - Upon arrival, the student/parent/guardian and staff member should show a photograph of the thermometer or verbally confirm that the temperature was less than 100.4 degrees.

OR

- Physically check the student or staff member’s temperature upon their arrival at school.
  - The student/parent/guardian or staff use a thermometer provided by the school and must 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 must 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: The staff member should check their own temperature, after washing hands and wearing disposable gloves.
    - Any student or staff member with a temperature of 100.4 or higher shall not be admitted and shall be instructed to call their health care provider to determine next steps.

  - If a Staff Member Must Take Another Individual’s Temperature:
    - If a school staff member must take another individual’s temperature at any point, they must 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:
If a student or staff member develops any of the symptoms above during the school day, the school must 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 L. Exclusion, Dismissal, and Return to School Criteria.

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

F. NON-MEDICAL (CLOTH) FACE COVERINGS (FACE MASKS) [UPDATED]

All staff must wear non-medical face coverings or face masks at all times while in the school building. If the staff member has a contraindication to wearing a face covering, either medical or otherwise, they should not participate in in-person school activities.
To the extent feasible, students are highly encouraged to wear face coverings, especially when physical
distancing is difficult (e.g., hallways, restrooms, while receiving related services) and on their travel to
and from the school if using public transportation. Medical, developmental, and psychological reasons
may limit the ability for some students to wear face coverings. Older children and adolescents may have
less difficulty wearing a face covering compared to younger children.

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

- By anyone who has trouble breathing, or anyone unconscious or unable to remove the mask
  without assistance;
- By children during naptime;
- By students or staff when engaged in activities in which there is a risk of burn or injury from the
  use of a face covering—such as chemistry labs with open flame;
- When participating in physical activity (e.g., recess) outdoors if social distancing of at least 6 feet
  is feasible. When outdoors but not participating in physical activity, face coverings should
  continue to be worn;
- Staff may wear face coverings with clear plastic windows, or briefly remove their face coverings,
  when interacting with students with disabilities identified as having hearing or vision
  impairments, who require clear speech or lip-reading to access instruction.

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

- Staff and students should exercise caution when removing the covering, always store it out of
  reach of other students, and wash hands immediately after removing.
- The benefit of such a face covering is to limit the spread of secretions. If students play with
  their or others’ face coverings or if they are not removed and stored safely, their use should
  be discontinued.
- When feasible, staff and students wearing face coverings should bring multiple clean coverings
  each day.
- When feasible, students, teachers and staff should be taught to speak more loudly, rather than
  remove their face covering, if speaking in a noisy environment.

Other populations:

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

For more information about non-medical face coverings or face masks, please refer to DC Health’s
“Guidance about Masks and Other Face Coverings for the General Public.” Further guidance from CDC
on the use of face coverings, including instructions on how to make and safely remove a cloth covering,
is available here.
G. HYGIENE [UPDATED]

Hand Hygiene

- Schools should reinforce frequent, proper handwashing strategies by staff and students, to include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. 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 using the toilet;
  - before and after putting on, touching, or removing cloth face coverings or touching your face;
  - after blowing your nose, coughing or sneezing; and
  - entering and exiting a classroom or between activities.

Schoolwide Hygiene

- Schools must ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) 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.
- Educators and staff that work in close contact with students, such as those working with very young children, must take extra steps. When washing, holding, or in very close contact with children, staff should wear clothing that can easily be removed in the event of contamination (e.g. button-down, long-sleeve shirt) and must wash skin that is touched by secretions or any soiled clothing or material. Educators and staff that may be in close contact with a student’s secretions must wear eye protection (e.g., goggles, face shield).

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 children 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.
- Increase air circulation only where safe and possible and ensure ventilation systems are operating properly.
- Encourage staff and students to bring their own water bottles and to avoid touching or utilizing water fountains. If water fountains must be used, they must 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]

Schools must:
- Routinely clean and disinfect surfaces and objects that are frequently touched. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, classroom sink handles, countertops).
  - If schools adopt a rotating in-person schedule, enhanced cleaning and disinfection must occur between cohorts.
  - 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 child. Ensure safe storage of all cleaning products. See CDC’s guidance for safe and correct application of disinfectants. Dirty surfaces must be cleaned with a detergent or soap and water before disinfection.
- 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, must be frequently cleaned and sanitized throughout the day.
    - Toys that have been in children’s mouths or soiled by bodily secretions must be immediately set aside. These toys must 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 must be individually labeled and stored.
    - Mats/cots must be arranged head to toe and to allow at least 6 feet of distance, head to head, between children. Mats/cots must be cleaned and sanitized between uses.
    - Bedding must 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 must be included as part of routine cleaning, especially high touch surfaces, e.g., handle bars.

To the extent feasible, schools should:
- Place signage in every classroom reminding staff of cleaning protocols.
- Avoid using cleaning products near children and ensure adequate ventilation when using these products. Children must 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, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings).
• 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 [NEW]

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. 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 Guidance and FAQs issued on March 25, 2020; April 15, 2020; and May 29, 2020. 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.

J. HIGH-RISK INDIVIDUALS [UPDATED]

Schools must notify all families and staff that DC Health recommends that any individual at high-risk for experiencing severe illness due to COVID-19 should consult with their medical provider before attending in-person activities at school. This includes, but is not limited to, people with:

• Chronic Lung Disease
• Moderate to severe Asthma
• Serious heart conditions
• Immunocompromised conditions
• Severe obesity (>40 Body Mass Index (BMI))
• Diabetes
• Chronic kidney disease
• Liver Disease
• People age 65 years and older
• Any student or staff member who has a medical condition not on this list but is concerned about their safety.

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

All schools must serve meals following the physical (social) distancing and hygiene guidance.
- 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 outdoor eating area by class, cleaning and sanitizing between groups.
- Schools must prepackage meals, including silverware, napkins, and seasonings, or serve meals individually plated.
- Students must wash hands before and after eating, and may not share utensils, cups, or plates.
- Staff must wash hands before and after preparing food, and after helping children to eat.
- Tables and chairs must be cleaned and sanitized before and after the meal.

RESPONSE

L. EXCLUSION, DISMISSAL, AND RETURN TO SCHOOL CRITERIA [UPDATED]

Schools must adhere to the below exclusion and dismissal criteria.

Exclusion Criteria:
Students and staff must stay home, or not be admitted, if:
- The student or staff member has had a temperature of 100.4 degrees or higher or any of the symptoms listed above in the “Daily Health Screening” section of this guidance.
- The student, staff member, or any close contact is confirmed to have COVID-19.
- The student or staff member is awaiting COVID-19 test results.

Students or staff with pre-existing health conditions that present with specific COVID-19 – like symptoms may not be excluded from entering the school building on the basis of those specific symptoms, if previously evaluated by a health care provider and those specific symptoms determined to not be due to COVID-19.

If excluded, students/parents/guardians and staff should call their healthcare provider for further directions.

Dismissal Criteria:
Student or Staff Member Develops Fever or Signs of Illness at School
If a student or staff member develops a fever or other signs of illness, the school must follow the above exclusion criteria regarding the exclusion and dismissal of students and staff.
- For students, the school is to immediately isolate the student from other students, notify the student’s parent/guardian of the symptoms and that the student needs to be picked up as soon as possible, instruct to seek healthcare provider guidance, and immediately follow cleaning and disinfecting procedures for any area and materials with which the student was in contact.
- For staff, the school is to send the staff member home immediately, or isolate until it is safe to go home and seek healthcare provider guidance, and follow cleaning and disinfecting procedures for any area, materials and equipment with which the staff member was in contact.
Return Criteria:
Symptomatic or Confirmed to Have COVID-19
If a student or staff member reports any of the above symptoms, or is confirmed to have COVID-19, the student or staff member must not return to school until:
- They complete the appropriate isolation period:
  - 72 hours after the fever has resolved without the use of fever-reducing medication (e.g., Motrin, Tylenol) and respiratory symptoms have improved; AND
  - At least ten days after symptoms first appeared, whichever is later; OR
- They have a negative COVID-19 test, and meet standard criteria to return to school after an illness; OR
- They have been cleared to return per their healthcare provider or DC Health instructions.

Close Contact with a Person Who is Positive for Covid-19
If any student or staff member has been in close contact with a person who is positive for COVID-19, then the student or staff member must not enter the facility until cleared by their healthcare provider or have completed their quarantine period of 14 days from the last date of close contact with the COVID-19 positive individual without becoming symptomatic or diagnosed with COVID-19.

Awaiting a COVID-19 Test Result
If any student or staff member is awaiting a COVID-19 test result, then the student or staff member must not enter the facility until they test negative and meet standard criteria to return to school after an illness. If the student or staff member tests positive, then they should immediately begin a self-quarantine and seek further guidance from their healthcare provider or DC Health.

M. EXPOSURE REPORTING, NOTIFICATIONS, & DISINFECTION [UPDATED]
To ensure a clear and efficient process for communication each school should identify a staff member as the COVID-19 point of contact (POC). This person would be responsible for:
- Ensuring the below steps are followed in the event of a confirmed case of COVID-19.
- Acting as the POC for families and staff to notify if a child or staff member test positive for COVID-19.

Step 1: Reporting to DC Health
In the event a school identifies a student or staff member who has tested COVID-19 positive, it is important for the school to establish a plan for COVID-19 exposures.

Schools must notify DC Health by emailing coronavirus@dc.gov with the following information:
- “COVID-19 Consult” in the email subject line
- Name and direct phone number of the best point of contact for DC Health to return the call
- Short summary of incident/situation

An investigator from DC Health will follow-up within 24 hours to all appropriately submitted email notifications. Decisions on the timeline of exclusion and any other responses to a COVID-19 exposure will be determined by DC Health.
Step 2: Communication to Families and Staff
Schools must have communication protocols in place that protect the privacy of individuals and alert their families and staff to a COVID-19 case. Communication is to be completed, per DC Health directive and will include:

- Notification to those staff and families of students in close contact with the individual, including the requirement to quarantine for 14 days;
- Notification to the entire school that there was a COVID-19 positive case, those impacted have been told to quarantine, steps that will be taken (e.g., cleaning and disinfection);
- Education about COVID-19, including the signs and symptoms at coronavirus.dc.gov;
- Referral to the Guidance for Contacts of a Person Confirmed to have COVID-19, available at coronavirus.dc.gov; and

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.

Step 3: Cleaning, Sanitization, and Disinfection of Affected Spaces
In the event of a confirmed COVID-19 case in a student or staff member, the school must 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 person who is sick used the facility, follow these steps:
  1) Close off areas used by the person who is sick.
  2) Open outside doors and windows to increase air circulation in the areas.
  3) Wait up to 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 person who is sick, such as classrooms, bathrooms, and common areas.
- If more than seven days have passed since the person who is sick used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection.

QUESTIONS? [UPDATED]

If you have questions relating to this guidance, submit your questions here, or contact David Esquith, director of policy, planning and strategic initiatives, Division of Health and Wellness, at David.Esquith@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

In the event a staff member must take another individual’s temperature, they must 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 or staff member for him/herself or barrier/partition controls cannot be implemented.
- 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 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 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.