



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

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

(Updated Aug. 21, 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 Aug. 21, 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 Aug. 5, 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), [Mayor's Order 2020-079](#), *Extensions of Public Health Emergency and Delegations of Authority During COVID-19*, Section V.3 (July 22, 2020) and any subsequent Mayor's Orders or other legal authority related to school re-opening. This guidance may be superseded by any applicable Mayor's order, regulation, or health mandate from DC Health.

Per DC Health Guidance as of Aug. 5, 2020:

Current public health data suggests continued community spread of COVID-19 within the District of Columbia and the surrounding region. Schools have the potential to increase community spread of COVID-19 through the congregating and mixing students, staff, and teachers. DC Health encourages maintaining a virtual learning posture until local public health data shows decreased community spread of COVID-19.

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.

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PREVENTION

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

To support clear communication with students, staff and families, schools must 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](#)).

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, 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; ensure that the LEA/school has contact information for all contract staff, in the event that 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]

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.

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) and Medication and Treatment Authorization Forms, by Nov. 2, 2020 to meet this annual requirement. Oral Health Assessments (OHAs) must be submitted by Jan. 31, 2021. The school and DC Health's School Health Services teams will utilize their health information from the 2019-20 school year 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 who 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. Unexpired UHCs and Medication and Treatment Authorization Forms must be submitted by Nov. 2, 2020, and unexpired OHAs must be submitted by Jan. 31, 2021, 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 *[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, 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. Under **no circumstances** may fire-rated doors be propped or otherwise left open.
- 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 group, and no more than one group per 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' 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.

- *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 N. Exposure Reporting, Notifications, and 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.
- Implement a lane system in hallways, stairwells, and other common areas.
- 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. Each group of 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.
- 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 [UPDATED]

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.
 - Of note, activities in which voices are projected, such as choir, theater, or band, present greater risk of spread of respiratory droplets even with physical distance of 6 feet. Such activities must be canceled even if group size and 6-foot distance can be maintained.
- 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). If staff must travel, they must abide by [Mayor's Order 2020-081, Requirement to Self-Quarantine After Non-Essential Travel During the COVID-19 Public Health Emergency](#).
- 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, staff, and essential visitors. The screening procedure must be conducted using appropriate physical distancing measures of six feet and must adhere to the procedures and PPE requirements as articulated in Appendices A and B.

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, staff and essential visitors should be asked about whether the student, staff member or visitor 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, staff and essential visitors should be asked whether the student, staff member or visitor has been in close contact with a person who has COVID-19.
- **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.

Any student, staff member, or essential visitor meeting “Yes” for any of the above “ASK, ASK, LOOK” criteria in the program’s daily health screen shall not be admitted. If they are not immediately able to leave the school premises, the student, staff member or visitor must be isolated from other individuals and wear a face covering; any accompanying staff member(s) must follow PPE guidance per the “suspected or confirmed COVID-19” section of Appendix B. Such students, families, staff or visitors shall 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 may not be excluded from entering the school building on the basis of those specific symptoms if a healthcare provider has provided written or verbal documentation that the specific symptoms are not due to COVID-19.

[NEW] Individuals who have traveled to a high-risk state or country for non-essential activities are required to self-quarantine for 14 days, per [Mayor’s Order 2020-081, Requirement to Self-Quarantine After Non-Essential Travel During the COVID-19 Public Health Emergency](#). Travel to and from Maryland and Virginia is exempt from the Order. The high-risk state list will be posted by DC Health every two weeks on coronavirus.dc.gov. Schools may choose to incorporate questions about recent travel to high-risk states into their daily health screenings.

Where feasible, schools may choose to implement a physical temperature check:

- Confirm that student, staff member or essential visitor 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, staff member or visitor should show a photograph of the thermometer or verbally confirm that the temperature was less than 100.4 degrees.
 - 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 or visitor 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 or visitor:* The staff member or visitor should check their own temperature, after washing hands and wearing disposable gloves.
 - Any student, staff member or visitor with a temperature of 100.4 or higher shall not be admitted and shall be instructed to call their healthcare provider to determine next steps. If the student, staff member or visitor is not immediately able to leave the premises, they must be isolated from other individuals and wear a face covering; any accompanying staff member(s) must 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 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 M. 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 M. Exclusion, Dismissal, and Return to School Criteria.

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

All staff and visitors (including contractors) must wear non-medical face coverings or face masks at all times while in the school building. If a staff member or visitor has a contraindication to wearing a face covering, either medical or otherwise, they should not participate in in-person school activities.

Students must also wear non-medical face coverings while in the school building, except in the event of a medical or developmental contraindication. If a student is unable to wear a mask throughout the day, mask breaks are acceptable at times in which physical (social) distance can be maintained (e.g., during snacks or meals). Families and educators should work with students to practice wearing a mask safely and consistently.

Instances when face coverings do not need to or 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;
- When engaged in activities in which there is a risk of burn or injury from the use of a face covering—such as chemistry labs with open flame;
- When participating in vigorous physical activity (e.g., recess) outdoors if social distancing of at least 6 feet is feasible. When outdoors but *not* participating in physical activity, face coverings must continue to be worn;
- When in the water in a swimming pool;
- When actively drinking or eating a meal;
- When in an enclosed office that no one else is permitted to enter.
- Staff may wear face coverings with clear plastic windows, or briefly remove their face coverings, when interacting with students with disabilities identified as having hearing or vision impairments, who require clear speech or lip-reading to access instruction.

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

- When feasible, staff and students wearing face coverings should bring multiple clean coverings each day.
- Schools are encouraged to have face coverings available to staff, students and visitors in the event they forget or soil their face covering.
- 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. Be careful not to touch eyes, nose or mouth while removing the mask.
- Face masks that are taken off temporarily to engage in any of the aforementioned activities should be carefully folded. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.
- Face masks should be stored in a space designated for each student that is separate from others when not being worn. They can also be placed next to student on a napkin or with the surface cleaned afterwards.
- Student's cloth face coverings should also be clearly identified with their names or initials, to avoid confusion or swapping. Student's face coverings may also be labeled to indicate top/bottom and front/back.
- The benefit of such a face covering is to limit the spread of secretions. As much as possible, school staff should prevent students from playing with their or others' face coverings and ensure they are removed and stored safely.
- 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 must 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](#) 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 covering requirements for all District residents and visitors.

Note: Face coverings or masks with exhalation valves or vents must NOT be worn in schools. This type of mask does not prevent the person wearing the mask from transmitting COVID-19 to others (source control).

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](#) and [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, and/or that are working with any individual with suspected or confirmed COVID-19, must take extra steps and wear additional PPE, as articulated in Appendix B.

To the extent feasible, schools should:

- Increase air circulation where safe and possible and ensure ventilation systems are operating properly.
- 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.
- 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; at a minimum, high-touch surfaces must 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 must occur between cohorts.
 - Use [EPA-approved disinfectants effective against SARS-CoV2 \(COVID-19\)](#).
 - 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.
 - Custodial staff, as well as educators and other staff who may be cleaning and disinfecting spaces throughout the building, must adhere to PPE requirements 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, 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. High touch surfaces, e.g., handlebars, should also be disinfected,
- *[NEW]* In the event a space in the school is used for an aerosol-generating procedure (e.g., tracheostomy suctioning), that room should be only occupied by the student or staff member engaged in the treatment.
 - If tracheostomy suctioning is needed multiple times a day, schools should have well-ventilated rooms dedicated for this purpose, ideally each assigned for exclusive use by a given student, and if possible with windows open.
 - If assignment of a particular room to a particular student is not feasible, the room must be closed for 24 hours after the treatment to allow respiratory droplets to settle, then cleaned and disinfected prior to use by another individual.
 - Schools are encouraged to work with families and the school nurse to identify opportunities to transition the schedule for tracheostomy suctioning to before or after school, if medically appropriate.
- *[NEW]* Spaces in which oral or nebulized medication has been administered should undergo routine cleaning and disinfection.
 - Students who receive nebulized treatments should be strongly encouraged to replace the nebulizer with oral inhalers whenever possible.
 - If students cannot use or do not have access to an inhaler, schools are strongly encouraged to provide nebulized treatments outside, if feasible and weather permitting.
 - Schools are encouraged to work with families and the school nurse to identify opportunities to transition the schedule for nebulized medication administration to before or after school, if medically appropriate.

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

- Student or staff member develops symptoms of COVID-19 throughout the school day but **is not** confirmed to have COVID-19:
 - 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 must adhere to PPE requirements as articulated in Appendix B.
- Student or staff member is confirmed to have COVID-19:
 - If seven days or fewer have passed since the person who is sick used the facility, follow these steps:
 - Close off areas used by the person who is sick.
 - Note: 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 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.
 - Staff conducting cleaning must adhere to PPE requirements as articulated in Appendix B.

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

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 increased 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:

- Cancer
- COPD (Chronic Obstructive Pulmonary Disease)
- Serious heart conditions
- Immunocompromised state from a solid organ transplant
- Obesity (Body Mass Index (BMI) of 30 or higher)
- Sickle cell disease
- Type 2 Diabetes Mellitus
- Chronic kidney disease

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]

All schools must serve meals following the physical (social) distancing and hygiene guidance.

- 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.
- Foodservice staff must follow all PPE requirements in Appendix B, and as required per food safety regulation or requirements, including wearing gloves whenever handling food products and changing gloves and washing hands when changing activities.
- Tables and chairs must be cleaned and sanitized before and after the meal.
- Schools must 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.

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 outdoor eating area by class, cleaning and sanitizing between groups.
- Schools must prepackage meals, including silverware, napkins, and seasonings, or serve meals individually plated, while ensuring the safety of children 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.
- No food preparation booths or sampling of food.
- Ensure food products are protected from contamination by limiting student contact.
- Cease use of any food or beverage self-service stations, such as hot bars and salad bars, not including whole product.
- Minimize bare hand contact with any food products.
- Grab and go meals that are not shelf stable must be placed in a refrigerator within two hours and stored under 41 degrees Fahrenheit. Foods should 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).

Meal Service

- Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water 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, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal.
- Students may bring lunches from home. Keep each student’s belongings such as lunches separated from others’ and in individually labeled containers, cubbies, or areas. Communication with families about cleaning items brought from home is recommended.
- Schools must ensure adherence to students’ 504 plans and Anaphylaxis Action Plans, including ensuring that students are not exposed to foods to which they are allergic.

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 [NEW]

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

Additionally, the following safety measures must be followed:

- No more than two students per residential room with a strong preference of one student per residential room;

- 14-day quarantine for students arriving from areas of high community spread of COVID-19 per [Mayor’s Order 2020-081: Requirement to Self-Quarantine After Non-Essential Travel During the COVID-19 Public Health Emergency](#);
- 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 [UPDATED]

Schools must adhere to the below exclusion and dismissal criteria.

Exclusion Criteria [UPDATED]

Students, staff and essential visitors **must stay home, or not be admitted**, if:

- The student, staff member or visitor 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, visitor or any close contact is confirmed to have COVID-19.
- The student, staff member or visitor is awaiting COVID-19 test results.
- The student, staff member or visitor has traveled to a high-risk state or country, as defined by DC Health, for non-essential activities within the prior 14 days.

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 a healthcare provider has provided written or verbal documentation that those specific symptoms are determined to not be due to COVID-19.

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

Dismissal Criteria [UPDATED]

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. The student must immediately put on a cloth (non-medical) or surgical face covering, if not wearing already.

- Additionally, schools must:
 - Notify the student’s parent/guardian of the symptoms and that the student needs to be picked up as soon as possible, and instruct to seek healthcare provider guidance.
 - 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 must comply with PPE requirements per Appendix B.
 - 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, the school is to send the staff member home immediately or isolate until it is safe to go home, instruct the staff member 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.

Isolation Room: Schools must identify a 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, not behind a barrier, and that is not the health suite. If safe and nice weather, schools are encouraged to isolate sick individuals outdoors. When in the isolation area, the sick individual must always wear a non-medical (cloth) face covering or surgical mask, be within sight of the supervising staff member, and be physically separated from other individuals by at least 6 feet. To the extent feasible, isolate only one sick individual in the isolation suite at a time. The isolation area must be immediately cleaned and disinfected after the sick individual departs. Supervising staff must comply with the PPE requirements in Appendix B.

Return Criteria [UPDATED]

Table 1 below identifies the criteria that schools must 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 or documentation from healthcare provider of alternate diagnosis; (4) close contact of individual with confirmed COVID-19; or (5) travel to a high-risk state or country as defined by DC Health.

Table 1. Return to School Criteria for Students and Staff

Student or Staff Member With:	Criteria to Return <i>Note: Criteria below represent standard criteria to return to care. In all cases, individual guidance from DC Health or a healthcare provider would supersede.</i>
1. COVID-19 symptoms (e.g., fever, cough, difficulty breathing, loss of taste or smell)	<p>Recommend the individual to seek healthcare guidance to determine if COVID-19 testing is indicated.</p> <p><u>If individual is tested:</u></p> <ul style="list-style-type: none"> • If positive, see #2. • If negative, see #3. • Individuals must quarantine while awaiting test results. <p>If individual does not complete test, must:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ At least 24 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 10 days from symptoms first appeared, whichever is later <p>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 a healthcare provider has provided written or verbal documentation that those specific symptoms are not due to COVID-19.</p>
2. Positive COVID-19 Test Result <i>See DC Health’s Guidance for Persons Who Tested Positive for COVID-19 for more information</i>	<p>If symptomatic, may return after:</p> <ul style="list-style-type: none"> • At least 24 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 10 days* after symptoms first appeared, whichever is later <p><i>*Note: Some individuals, including those with severe illness, may have longer quarantine periods per DC Health or their healthcare provider.</i></p> <p>If asymptomatic, may return after:</p> <ul style="list-style-type: none"> • 10 days from positive test <p>In either case, close contacts (including all members of the household) must quarantine for 14 days from the last date of close contact with the positive individual.</p>

<p>3. Negative COVID-19 Test Result After Symptoms of COVID-19</p> <p><i>OR</i></p> <p>Documentation from Healthcare Provider of Alternate Diagnosis (e.g. chronic health condition, or alternate acute diagnosis such as strep throat)</p>	<p>May return when:</p> <ul style="list-style-type: none"> • Meet standard criteria to return after illness <p>*Per Scenarios #4 and 5, a negative test result after close contact with an individual with confirmed COVID-19 or travel to a high-risk state or country does <i>not</i> shorten the duration of quarantine of at least 14 days.</p>
<p>4. Close Contact of Individual with Confirmed COVID-19</p> <p><i>See DC Health's Guidance for Contacts of a Person Confirmed to have COVID-19 for more information</i></p>	<p>May return after:</p> <ul style="list-style-type: none"> • 14 days from last exposure to COVID-19 positive individual, or as instructed by DC Health <p>If the close contact is a household member:</p> <ul style="list-style-type: none"> • Isolate from the COVID-19 positive individual, then may return to care after quarantine of 14 days from last close contact. • If unable to isolate from the COVID-19 individual, may return to care after quarantine of 14 days from the end of the COVID-19 positive individual's infectious period (defined by 24 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 10 days from symptoms first appeared, whichever is later). <p>Negative COVID-19 test during this period would not shorten quarantine period of at least 14 days.</p>
<p>5. Travel to High-Risk State or Country, as Defined by DC Health</p> <p><i>See DC Health's Guidance for Travel for more information</i></p>	<p>May return after:</p> <ul style="list-style-type: none"> • 14 days from return or arrival to the District of Columbia <p>Negative COVID-19 test during this period would not shorten quarantine period of 14 days.</p>

Implement Leave Policies for Staff [NEW]

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,
 - Employees who need to stay home with their children if there are school or childcare 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, like Declared Emergency Leave.
- Learn about and inform your employees about COVID-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]

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.
- Ensuring that the school has contact information for all contract staff. It is critical that DC Health have reliable contact information in the event a positive case or close contact among contract staff.
- 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 [UPDATED]

Schools must notify DC Health when:

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

OR

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

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.

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;
 - Note: DC Health will identify close contacts based on its case investigation. It is not the responsibility of the school to define those that must quarantine.
- 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
- Information on options for COVID-19 testing in the District of Columbia, available at coronavirus.dc.gov/testing.

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 [UPDATED]

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.
 - a. Note: 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 children 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 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.
- Staff conducting cleaning must adhere to PPE requirements as articulated in Appendix B.

QUESTIONS?

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

APPENDIX B: PPE REQUIREMENTS FOR SCHOOL STAFF [NEW]

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

Note: Staff and children must practice good hand hygiene throughout all of the scenarios and maintain physical distance of six feet to the maximum extent feasible.

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

WORKING WITH STUDENTS WHO ARE NOT KNOWN OR NOT SUSPECTED TO HAVE COVID-19

Lower Risk:¹ *6 feet of physical distance cannot always be maintained. Close contact with secretions or bodily fluids is not anticipated.*

- Non-medical (cloth) face covering

Medium Risk:² *Staff are in close/direct contact with less than 6 feet of physical distance. Close contact with secretions or bodily fluids is possible or anticipated.*

- Non-medical (cloth) face covering
 - If potential for bodily fluids to be splashed or sprayed (e.g., student who is spitting, coughing; while providing a nebulized medication), instead use surgical mask and eye protection (face shield or goggles)
- Coverall
- Gloves must be used per existing procedures (e.g., when diapering, administering medication)

Higher Risk:³ **School nurses** who are engaged in aerosol-generating procedures must follow additional guidance for Healthcare Providers per DC Health.

¹ Scenarios that would be classified as “lower risk” include situations where school staff may be within six feet of students who are not known or suspected to have COVID-19 *and* in which the students are not consistently wearing their face coverings. 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 covering, maintain 6 feet of physical distance *and* are not performing a physical temperature check.

² 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. For nebulized medication administration, must wear surgical mask and eye protection, as per criteria for “if potential for bodily fluids to be splashed or sprayed.”

³ Scenarios that would be classified as “higher risk” include when performing aerosol-generating procedures. Per the Centers for Disease Control and Prevention, aerosol-generating procedures include 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](#).

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

Staff working with any child who is known to have COVID-19 or who is exhibiting symptoms of COVID-19 must 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 covering (non-medical (cloth) *or* surgical mask), and is able to maintain 6 feet of distance, accompanying staff must wear:
 - Non-medical (cloth) face covering
- If the student is not wearing a face covering (non-medical (cloth) *or* surgical mask), or is not able to maintain 6 feet of distance, accompanying staff must wear:
 - Surgical mask
 - Eye protection (face shield or goggles)
 - Coverall
 - Gloves

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

- Surgical mask
- Eye protection (face shield or goggles)
- Coverall (e.g., long sleeve button-down shirt)
- Gloves
- *Note:* The student in the isolation room must also wear a non-medical (cloth) face *or* surgical mask.

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

PPE FOR STAFF IN SPECIAL SITUATIONS

Custodial Staff

- Non-medical (cloth) face covering
- Gown/coverall
- 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](#).

Classroom educators and staff who are cleaning and disinfecting areas or equipment utilized by a sick individual must follow Custodial Staff guidelines above. Classroom educators and staff doing routine cleaning (e.g., of high-touch surfaces) must wear non-medical (cloth) face covering and gloves.

Foodservice Staff

- Non-medical (cloth) face covering
- Gloves (when handling food products)
- Additional PPE may be required per food preparation regulation and requirements

Performing Physical Temperature Check: per Appendix A