



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

**EDUCATION**

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

(Updated Dec. 14, 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 reopening during the recovery period from the coronavirus (COVID-19) public health emergency. This document is based on guidance from the Centers for Disease Control and Prevention (CDC) and the District of Columbia Department of Health (DC Health).

This guidance is effective as of Dec 14, 2020 and supersedes any previously released guidance by OSSE on the topic. This document incorporates reopening guidance for schools issued by DC Health on Dec. 8, 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), [Mayor's Order 2020-110](#), *Modified Requirements Regarding Self-Quarantines, Testing, and Travel During the COVID-19 Public Health Emergency* (Nov. 6, 2020), [Mayor's Order 2020-119](#), *Modified Requirements to Combat Escalation of COVID-19 Pandemic During Phase Two* (Nov. 23, 2020), [Mayor's Order 2020-123](#), *Modified Requirements Relating to Physical Activity to Combat Escalation of COVID-19 Pandemic During Phase Two* (Dec. 7, 2020), and any subsequent Mayor's Orders or other legal authority related to school reopening. This guidance may be superseded by any applicable Mayor's order, regulation, or health mandate from DC Health.

*Per DC Health Guidance as of Dec. 8, 2020:*

Schools in the District of Columbia may start to open in-person activities in Phase 2. To reach the goal of opening schools as safely as possible for in-person learning and keeping them open, it is important to plan for and implement actions to slow the spread of COVID-19.

For more information on the District of Columbia Government's response to coronavirus (COVID-19), please visit [coronavirus.dc.gov](https://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.

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

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## PREVENTION

### A. COMMUNICATION WITH STUDENTS, STAFF AND FAMILIES

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, students, 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 student or staff member tests positive for COVID-19; ensure that the LEA/school has contact information for all contract staff, in the event one is confirmed to have or is exposed to COVID-19; and would be responsible for ensuring the appropriate steps are followed in the event of a confirmed case (see Section N: Exposure Reporting, Notifications and Disinfection).

## B. VACCINES AND HEALTH FORMS

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

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

- 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 an 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 the School Health Services Program in the 2019-20 school year) were granted an extension to submit their Universal Health Certificate (UHC) and Medication and Treatment Authorization Forms by Nov. 2, 2020, to meet this annual requirement. Oral Health Assessments (OHAs) must 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 have been 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 AND MAINTAINING BUILDINGS *[UPDATED]*

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

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

Schools should increase the circulation of outdoor air as much as possible; for example, by opening windows and doors. Increase in air circulation should be continued after reopening where safe and possible. Fans may be used to increase the effectiveness of open windows. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to students and staff using the facility. Under **no circumstances** may fire-rated doors be propped or otherwise left open.

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

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

- Flush hot and cold water through all points of use (e.g., showers, sink faucets).
  - Flushing may need to occur by floor or individual room due to facility size and water pressure. The purpose of building flushing is to replace all water inside building piping with fresh water.
  - Make sure that your water heater is set to at least 140 degrees Fahrenheit.

- Flush until the hot water reaches its maximum temperature.
- Care should be taken to minimize splashing and aerosol generation during flushing.
- Other water-using devices, such as ice machines, may require additional cleaning steps in addition to flushing, such as discarding old ice. Follow water-using device manufacturers' instructions.

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

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

Schools must ensure appropriate physical distancing by:

- Maintaining a distance of 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. 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.

*[NEW]* More than one group may occupy a room ***if the below provisions and additional required physical distancing measures as stated above are followed:***

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

#### **Traveling to and from School**

- Students and staff should be encouraged to maintain at least 6 feet of distance, 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 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 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. 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.

### **[UPDATED] 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.
  - 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.
- [UPDATED] Cancel activities and events such as field trips, student assemblies, special performances, school-wide parent meetings.
- [NEW] Abide by [Mayor's Order 2020-123, Modified Requirements Relating to Physical Activity to Combat Escalation of COVID-19 Pandemic During Phase Two](#).
  - Cancel high school extracurricular sports activities and competitions.
  - Students who are middle school-aged and younger may continue to participate in organized drills and clinics for high-contact sports,<sup>1</sup> provided that the athletes are cohorted in groups of no more than 12 (including staff), the cohorts do not mix, players within the cohorts maintain social distance from each other and the coaches or trainers, and the activities do not involve any actual physical contact.

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 2020-110, Modified Requirements Regarding Self-Quarantines, Testing, and 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's receipt of services in and outside of the classroom setting. Schools may condition entrance into the school on compliance with applicable health and safety standards. Such individuals would count toward the group size limit in a classroom.

### **E. DAILY HEALTH SCREENING [UPDATED]**

Schools must have a procedure to conduct a daily health screening for all students, staff, and essential visitors. The screening procedure must be conducted using appropriate physical distancing measures of 6 feet and must adhere to the procedures and PPE requirements, as articulated in Appendices A and B.

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<sup>1</sup> DC Health defines high-contact sports as basketball, boxing, football, hockey, lacrosse, martial arts, rugby, soccer, and wrestling.



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 a report from caregivers. Visual inspections may take place in classrooms.

- **[UPDATED] ASK:** Students/parents/guardians, staff, and essential visitors should be asked about whether the student, staff member, or essential visitor has experienced the following symptoms consistent with COVID-19 in the last 24 hours:
  - Fever (subjective or 100.4 degrees Fahrenheit) or chills
  - Cough
  - Congestion or runny nose<sup>2</sup>
  - 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.
- **[UPDATED] ASK:** Students/parents/guardians, staff, and essential visitors should be asked whether the student, staff member, or essential visitor has been in close contact within the past 10 days with someone confirmed to have COVID-19.<sup>3</sup>
- **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 screening shall not be admitted. If they are not immediately able to leave the school premises, the student, staff member, or essential 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 essential 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.

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<sup>2</sup> If the runny nose is circumstantial (e.g., after playing outdoors in cold weather) and temporary (subsides within 30 minutes), and the individual is not experiencing other COVID-19 symptoms nor other criteria for exclusion, then the individual does not need to be excluded. The school nurse may support a determination of whether the runny nose meets criteria for exclusion, if necessary.

<sup>3</sup> The 10-day quarantine recommendation is intended to minimize the risk of transmission of the virus while also minimizing the burden of quarantine. Recent DC Health guidance allows for schools to continue to implement the more stringent 14-day quarantine requirement if they choose to. Fourteen days of quarantine remains the most effective strategy for decreasing the transmission of COVID-19. DC Health strongly recommends that individuals who live or work with someone at higher-risk for COVID-19 (see Section I) quarantine for 14 days.

[UPDATED] Individuals who have traveled to any place other than Maryland, Virginia or a low-risk state, or country, or territory must either (1) self-monitor and limit daily activities—including not attending school—for 14 days, or (2) self-monitor and limit daily activities—including not attending school—for at least three to five days and then receive a negative COVID-19 PCR test, per [Mayor’s Order 2020-110, Modified Requirements Regarding Self-Quarantines, Testing, and Travel During the COVID-19 Public Health Emergency](#). The low-risk states will be posted by DC Health on [coronavirus.dc.gov/phasetwo](https://coronavirus.dc.gov/phasetwo). The CDC website contains a [list of countries and territories by risk-level](#). Individuals who have traveled to countries or territories with Level 3 risk are subject to the Mayor’s Order travel restrictions after return to the District, as above. Private institutions, including charter and independent schools, may implement more stringent restrictions after travel. Schools may choose to incorporate questions about recent travel into their daily health screenings.

[NEW] Results of the daily health screening must be reviewed routinely. Records of screening are strongly recommended to be stored for 30 days.

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

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

OR

- Physically check the student’s, staff member’s, or essential visitor’s temperature upon their arrival at school.
  - The student/parent/guardian, staff member, or essential visitor uses a thermometer provided by the school and 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 essential visitor:* The staff member or essential visitor should check their own temperature, after washing hands and wearing disposable gloves.
    - Any student, staff member, or essential visitor with a temperature of 100.4 degrees Fahrenheit or higher shall not be admitted and shall be instructed to call their healthcare provider to determine next steps. If the student, staff member, or essential visitor is not immediately able to leave the premises, they 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 may return to school, please see Section M. Exclusion, Dismissal, and Return to School Criteria.

## F. NON-MEDICAL (CLOTH) FACE COVERINGS (FACE MASKS)

**All staff and essential 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 essential 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., when outside) or during snacks or meals. Families and educators should work with students to practice wearing a mask safely and consistently.

Instances when face 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; and
- 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 essential 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 coverings that are taken off temporarily to engage in any of the aforementioned activities should be carefully folded. The folded face covering can be stored between uses in a clean sealable paper bag or breathable container.
- When not being worn, face coverings should be stored in a space designated for each student that is separate from others. They can also be placed next to the student on a napkin or directly on the desk/table if the surface is cleaned afterward.
- Student's face coverings should also be clearly identified with their names or initials to avoid confusion or swapping. Students' face coverings may also be labeled to indicate top/bottom and front/back.
- The benefit of 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.

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

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

### 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. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60 percent alcohol.
- Key times to perform hand hygiene include:
  - before eating food;
  - after going to the bathroom;
  - before and after putting on, touching, or removing cloth face coverings or touching your face;
  - after blowing one's nose, coughing or sneezing; and
  - when entering and exiting a classroom or between activities.

### School-wide Hygiene

- Schools must ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissues) to support healthy hygiene practices, including in classrooms, bathrooms, and offices. Schools are strongly encouraged to set up sanitizing stations outside of large common spaces including the gymnasium, cafeteria, and entrances/exits.
- 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 students at a time and clean and disinfect between uses.
- Keep each student's belongings separated from others' and in individually labeled containers, cubbies, or areas.
- 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.
  - [UPDATED] Use [EPA-approved disinfectants effective against SARS-CoV2 \(COVID-19\)](#). When feasible, preference should be given to products with [asthma-safer ingredients \(e.g., citric acid or lactic acid\)](#), [as recommended](#) by the US EPA Design for Environment Program.
  - For all cleaning, sanitizing, and disinfecting products, follow the manufacturer's instructions for concentration, application method, contact time, and drying time before use by a student. Ensure safe storage of all cleaning products. See [CDC's guidance for safe and correct application of disinfectants](#). Dirty surfaces 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.
- [UPDATED] In the event a space in the school is used for an aerosol-generating procedure (e.g., tracheostomy suctioning or nebulized medication administration), that room should be only occupied by the student and staff member engaged in the treatment.

- Students who receive nebulized treatments should be ***strongly encouraged*** to replace the nebulizer with oral inhalers whenever possible.
- Schools are encouraged to work with families and the school nurse to identify opportunities to transition the schedule for tracheostomy suctioning and the administration of nebulized medication to before or after school, if medically appropriate.
- If tracheostomy suctioning or nebulized medication is needed during the school day, schools should have well-ventilated rooms dedicated for this purpose, ideally each assigned for exclusive use by a given student, and if possible with windows open.
- If assignment of a particular room to a particular student is not feasible, the room must be closed for 24 hours after the treatment to allow respiratory droplets to settle, then cleaned and disinfected prior to use by another individual.
- Schools are strongly encouraged to provide nebulized treatments outside, if feasible and weather permitting.
- Nurses and staff performing tracheostomy suctioning or nebulized medication administration must adhere to PPE requirements articulated in Appendix B.

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

- Student, staff member, or essential visitor 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, staff member, or essential visitor is confirmed to have COVID-19:
  - If seven days or fewer have passed since the individual who is sick used the facility, follow these steps:
    - Close off areas used by the individual who is sick.
      - *[UPDATED]* Note: Such areas must be immediately roped off or closed if it is during the day when the COVID-19 case is confirmed AND the COVID-19 positive individual is in the building. If it is during the day when the COVID-19 case is confirmed AND the COVID-19 positive individual was appropriately excluded from in-person activities while awaiting test results, it is acceptable to close, clean, and disinfect spaces used by the COVID-19 positive individual after the students and staff in those spaces leave for the day.
    - Open outside doors and windows to increase air circulation in the areas.
    - Wait 24 hours or as long as possible before cleaning or disinfecting to allow respiratory droplets to settle.

- Clean and disinfect all areas used by the individual who is sick, such as classrooms, bathrooms, and common areas.
- If more than seven days have passed since the individual who is sick used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection.
- Staff conducting cleaning 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 students and ensure adequate ventilation when using these products. Students 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, non-medical (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 (LRE). LEAs should continue to provide, to the greatest extent possible, the special education and related services identified in students’ IEPs and the accommodations and related services identified in students’ 504 Plans ([OSEP Guidance A-1](#)). Regardless of the severity of a student’s disability, LEAs should make every effort to enable full participation of students with disabilities in building activities and to mitigate factors that could discourage participation, such as cost and accessibility. LEAs are reminded of their responsibility to ensure that students with disabilities are educated to the greatest extent possible with their nondisabled peers (34 CFR §300.114). For additional information on the flexibilities available under IDEA for service delivery please see [OSSE IDEA Part B Provision of FAPE: Guidance Related to Remote and Blended Learning](#). LEAs are also reminded of their obligations to uphold the rights of individuals with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and the DC Human Rights Act.



## 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 healthcare provider **before** attending in-person activities at school. This includes, but is not limited to, people with:

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

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

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 students 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 each 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 students with food allergies.

- To the extent feasible, if schools are providing grab-and-go meals to families, school should implement a plan for curbside pickup of meals or contactless delivery service to minimize contacts with students and their families.
- 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.
- 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 [UPDATED]**

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;
- After travel to any place other than Maryland, Virginia or a low-risk state, country, or territory, limit daily activities—including not attending school—for 14 days *or* limit daily activities – including not attending school – for at least three to five days followed by a negative PCR COVID-19 test, per [Mayor’s Order 2020-110, Modified Requirements Regarding Self-Quarantines, Testing, and 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 AND PROTOCOLS [UPDATED]

Schools must adhere to the below exclusion and dismissal criteria and protocols.

#### **[UPDATED] Exclusion Criteria**

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

- Have had a temperature of 100.4 degrees Fahrenheit or higher or any of the symptoms listed above in the “Daily Health Screening” section of this guidance in the last 24 hours.
- Are confirmed to have COVID-19.
- Have been in close contact in the last 10 days with an individual confirmed to have COVID-19.<sup>4</sup>
- Are awaiting COVID-19 test results, or have a close contact who is awaiting COVID-19 test results.<sup>5</sup>
- Have traveled in the last 14 days to any place other than Maryland, Virginia or a low-risk state, country, or territory, unless they received a negative COVID-19 PCR test after limiting daily activities for at least three to five days after returning from the travel.

Students or staff with pre-existing health conditions that present with specific COVID-19-like symptoms 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.

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<sup>4</sup> The 10-day quarantine recommendation is intended to minimize the risk of transmission of the virus while also minimizing the burden of quarantine. Recent DC Health guidance allows for schools to continue to implement the more stringent 14-day quarantine requirement if they choose to. Fourteen days of quarantine remains the most effective strategy for decreasing the transmission of COVID-19. DC Health strongly recommends that individuals who live or work with someone at higher-risk for COVID-19 (see Section I) quarantine for 14 days.

<sup>5</sup> This quarantine guidance applies in all cases except in the circumstance of the DCPS/public charter school convenience testing pilot and in the circumstance of formal screening or surveillance testing. Per DC Health, schools that are participating in a formal screening or surveillance testing program as part of the broader policy of an umbrella organization should defer to the testing and quarantine requirements of their umbrella organization. Schools wishing to implement a formal screening or surveillance program in consultation with their health services provider must develop and share a testing plan with the Deputy Mayor for Education and OSSE teams at [EdSupport@dc.gov](mailto:EdSupport@dc.gov).

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

*[NEW]* DC Health recommends that students should get tested for COVID-19 if anyone in their household has symptoms of COVID-19, even if the student themselves does not have symptoms. All members of the household should be tested at the same time.

### ***Dismissal Criteria and Protocols***

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

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

- For students, the school must:
  - Immediately isolate the student from other students.
    - The student must immediately put on a non-medical (cloth) or surgical face covering, if not wearing already.
    - Identify a staff member to accompany the isolated student to the isolation area and supervise the student while awaiting pickup from the parent/guardian.
    - The staff members briefly responding to the sick student in the classroom, accompanying the student to the isolation area, and supervising the student in the isolation area must comply with PPE requirements per Appendix B.
  - 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 them to seek healthcare provider guidance.
    - Follow guidance for use of the isolation room below.
    - Immediately follow all cleaning and disinfection protocols for any area and materials with which the student was in contact, per Section H: Cleaning, Disinfection and Sanitization.
- For staff and essential visitors, the school must:
  - Send the staff member or essential visitor home immediately or instruct them to isolate until it is safe to go home;
  - Instruct the staff member or essential visitor to seek healthcare provider guidance; and
  - Follow cleaning and disinfecting procedures for any area, materials, and equipment with which the staff member was in contact.

*[UPDATED]* **Isolation Room:** Schools 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, is not simply behind a barrier in a room being utilized by other individuals, and is not the health suite. If safe and weather permitting, schools are encouraged to isolate sick individuals outdoors under appropriate supervision. When in the isolation 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. Isolate only one sick individual in the isolation area 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.

**[UPDATED] Return Criteria**

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; (4) documentation from healthcare provider of alternate diagnosis; (5) close contact with an individual with confirmed COVID-19; (6) close contact with an individual awaiting COVID-19 test results; or (7) travel to any place other than Maryland, Virginia or a low-risk state, country, or territory.

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

Student or Staff Member With:	Criteria to Return
<p>1. COVID-19 symptoms (e.g., fever, cough, difficulty breathing, loss of taste or smell) [UPDATED]</p>	<p><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 these criteria.</i></p> <p>Recommend the individual seek healthcare guidance to determine if COVID-19 testing is indicated.</p> <p>If the individual is tested:</p> <ul style="list-style-type: none"> <li>• If positive, see #2.</li> <li>• If negative, see #3.</li> <li>• Individuals must quarantine while awaiting test results.</li> </ul> <p>If the individual does not complete test, they must:</p> <ul style="list-style-type: none"> <li>• Submit documentation from a healthcare provider of an alternate diagnosis, and meet standard criteria to return after illness; OR</li> <li>• Meet symptom-based criteria to return:               <ul style="list-style-type: none"> <li>○ At least 24 hours <b>after</b> the fever has resolved without the use of fever-reducing medication (e.g., Motrin, Tylenol) and symptoms have improved; AND</li> <li>○ At least 10 days from when symptoms first appeared, whichever is later.</li> </ul> </li> </ul> <p>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 those specific symptoms are not due to COVID-19.</p> <p>Note: Standard criteria to return after illness refers to the individual school’s existing policies and protocols for a student or employee to return to school after illness.</p> <p>[NEW] DC Health recommends that students should get tested for COVID-19 if anyone in their household has symptoms of COVID-19, even if the student themselves does not have symptoms. All members of the household should be tested at the same time.</p>

<p>2. Positive COVID-19 Test Result (Antigen or PCR)</p> <p><i>See DC Health’s <a href="#">Guidance for Persons Who Tested Positive for COVID-19</a> for more information.</i></p>	<p>If symptomatic, may return after:</p> <ul style="list-style-type: none"> <li>• At least 24 hours <b>after</b> the fever has resolved without the use of fever-reducing medication (e.g., Motrin, Tylenol) and symptoms have improved; AND</li> <li>• At least 10 days* after symptoms first appeared, whichever is later.</li> </ul> <p>*Note: Some individuals, including those with severe illness, may have longer quarantine periods per DC Health or their healthcare provider.</p> <p>If asymptomatic, may return after:</p> <ul style="list-style-type: none"> <li>• 10 days from positive test</li> </ul> <p>Regardless of whether symptomatic or asymptomatic, close contacts (including all members of the household) must quarantine for at least 10 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 [UPDATED]</p>	<p>May return when:</p> <ul style="list-style-type: none"> <li>• Meet standard criteria to return after illness.</li> <li>• If the individual received a negative antigen test, that result must be confirmed with a negative PCR test. The individual must quarantine until the PCR test result returns.</li> </ul> <p>Note: Standard criteria to return after illness refers to the individual school’s existing policies and protocols for a student or employee to return to school after illness.</p> <p>*Per Scenario #5, a negative test result after close contact with an individual with confirmed COVID-19 does <i>not</i> shorten the duration of quarantine of at least 10 days.</p>
<p>4. Documentation from Healthcare Provider of Alternate Diagnosis After Symptoms of COVID-19 (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"> <li>• Meet standard criteria to return after illness.</li> </ul> <p>Note: Standard criteria to return after illness refers to the individual school’s existing policies and protocols for a student or employee to return to school after illness.</p>
<p>5. Close Contact of an Individual with Confirmed COVID-19 [UPDATED]</p> <p><i>See DC Health’s <a href="#">Guidance for Quarantine after</a></i></p>	<p>May return after:</p> <ul style="list-style-type: none"> <li>• A minimum of 10 days from last exposure to COVID-19 positive individual, provided that no symptoms develop, or as instructed by DC Health.</li> </ul> <p>Note: Ending quarantine after 10 days (on day 11) is only acceptable if:</p> <ul style="list-style-type: none"> <li>• The close contact did not develop symptoms of COVID-19 at any point during the quarantine.</li> </ul>

<p><a href="#">COVID-19 Exposure</a> for more information</p>	<p>AND</p> <ul style="list-style-type: none"> <li>The close contact continues to self-monitor for symptoms until 14 days after the last exposure to the COVID-19 positive individual.</li> </ul> <p>If the close contact is a household member:</p> <ul style="list-style-type: none"> <li>Isolate from the COVID-19 positive individual, then may return to school after quarantine of at least 10 days from last exposure to the COVID-19 positive individual, or as instructed by DC Health.</li> <li>If unable to isolate from the COVID-19 individual, may return to care after quarantine of at least 10 days from the end of the COVID-19 positive individual’s infectious period (see Scenario #2), or as instructed by DC Health.</li> </ul> <p><i>[NEW]</i> The 10-day quarantine recommendation is intended to minimize the risk of transmission of the virus while also minimizing the burden of quarantine. Recent DC Health guidance allows for schools to continue to implement the more stringent 14-day quarantine requirement if they choose to. Fourteen days of quarantine remains the most effective strategy for decreasing the transmission of COVID-19.</p> <p>DC Health strongly recommends that individuals who live or work with someone at higher-risk for COVID-19 (see Section I) quarantine for 14 days.</p> <p><i>[NEW]</i> DC Health recommends that students should get tested for COVID-19 if anyone in their household has symptoms of COVID-19, even if the child themselves does not have symptoms. All members of the household should be tested at the same time.</p>
<p>6. Close Contact of an Individual Awaiting a COVID-19 Test Result<sup>6</sup> <i>[NEW]</i></p>	<p>If the close contact tests negative:</p> <ul style="list-style-type: none"> <li>May return immediately if the student or staff member has no symptoms of COVID-19 nor other exclusionary criteria met.</li> </ul> <p>If the close contact tests positive:</p> <ul style="list-style-type: none"> <li>See Scenario #5.</li> </ul>
<p>7. Travel to Any Place Other than Maryland, Virginia or a Low-Risk State, Territory or Country <i>[UPDATED]</i></p>	<p>May return after:</p> <ul style="list-style-type: none"> <li>Self-monitoring and limiting daily activities—including not attending school – for 14 days.</li> </ul> <p>OR</p>

<sup>6</sup> This quarantine guidance applies in all cases except in the circumstance of the DCPS/public charter school convenience testing pilot and in the circumstance of formal screening or surveillance testing. Per DC Health, schools that are participating in a formal screening or surveillance testing program as part of the broader policy of an umbrella organization should defer to the testing and quarantine requirements of their umbrella organization. Schools wishing to implement a formal screening or surveillance program in consultation with their health services provider must develop a testing plan and share that plan with the Deputy Mayor for Education and OSSE teams at [EdSupport@dc.gov](mailto:EdSupport@dc.gov).

<p>See DC Health’s <a href="#">Guidance for Travel</a> and the CDC’s <a href="#">COVID-19 Travel Recommendations by Destination</a> for more information</p>	<ul style="list-style-type: none"> <li>• Self-monitoring and limiting daily activities – including not attending school – until tested for COVID-19 (within three to five days after return) and receive a negative result.</li> </ul>
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### Implement Leave Policies for Staff

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

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

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

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 is responsible for:

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

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

Refer to DC Health’s [First Steps for Non-Healthcare Employers when Employees Test Positive for COVID-19](#).

Schools **providing in-person learning** must notify DC Health when:

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



OR

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

AND

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

Schools **NOT providing in-person learning** must notify DC Health when:

- Two or more staff members or essential visitors notify the school they **tested positive for COVID-19** (not before results come back)

AND

- The individuals were on school grounds or participated in school activities during their infectious periods.

As soon as possible on the same day the case was reported to the school, the school must notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website ([dchealth.dc.gov/page/covid-19-reporting-requirements](https://dchealth.dc.gov/page/covid-19-reporting-requirements)) under the section “Non-Healthcare Facility Establishment Reporting.”

- Select “Non-healthcare facility establishment seeking guidance about an employee, patron, or visitor that reported testing positive for COVID-19 (epidemiology consult/guidance).”

An investigator from DC Health will follow up within 24 hours to all appropriately submitted notifications. Please note this time may increase as cases of COVID-19 increase in the District.

Note: While schools await a response from DC Health, plans should be made as soon as practical to close, clean, and disinfect any areas or equipment that the COVID-19 positive individual may have used in the last seven days (see Step 3). If it is during the day when the COVID-19 case is confirmed AND the COVID-19 positive individual was appropriately excluded from in-person activities while awaiting test results, it is acceptable to close, clean, and disinfect the spaces used by the positive individual after the students and staff in those spaces leave for the day. If it is during the day when the COVID-19 case is confirmed AND the positive individual is in the building, the individual *and* their cohort must be dismissed as soon as practical. The cohort should remain in their classroom and follow routine procedures while they await pick-up from caregivers.

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

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

- Notification to the entire school or the affected classroom that there was a COVID-19 positive case, those impacted will be notified and told to quarantine, and steps that will be taken (e.g., cleaning and disinfection);

- Education about COVID-19, including the signs and symptoms, available at [coronavirus.dc.gov](https://coronavirus.dc.gov);
- Referral to the Guidance for Contacts of a Person Confirmed to have COVID-19, available at [coronavirus.dc.gov](https://coronavirus.dc.gov);
- Information on options for COVID-19 testing in the District of Columbia, available at [coronavirus.dc.gov/testing](https://coronavirus.dc.gov/testing); and
- Information for school staff on accessing priority testing at the public testing sites, including the location of public testing sites, available at [coronavirus.dc.gov/testing](https://coronavirus.dc.gov/testing). School staff may identify to testing site staff that they are an educator or school staff to receive priority.
  - Priority does not affect the turnaround time for receiving test results.

DC Health will instruct schools on dismissals and other safety precautions in the event a known COVID-19 individual came in close contact with others at school.

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

In the event of a confirmed COVID-19 case in a student, staff member, or essential visitor, the school 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 individual who is sick used the facility, follow these steps:
  - 1) Close off areas used by the individual who is sick.
    - a. Note: If it is during the day when the COVID-19 case is confirmed AND the COVID-19 positive individual is in the building, such areas must be immediately roped off or closed. If it is during the day when the COVID-19 case is confirmed AND the COVID-19 positive individual was appropriately excluded from in-person activities while awaiting test results, it is acceptable to close, clean, and disinfect spaces used by the positive individual after the students and staff in those spaces leave for the day.
  - 2) Open outside doors and windows to increase air circulation in the areas.
  - 3) Wait 24 hours or as long as possible before cleaning or disinfecting to allow respiratory droplets to settle.
  - 4) Clean and disinfect all areas used by the individual who is sick, such as classrooms, bathrooms, and common areas.
- If more than seven days have passed since the individual who is sick used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection.
- Staff conducting cleaning must adhere to PPE requirements as articulated in Appendix B.

**QUESTIONS?**

If you have questions related to this guidance, submit them [here](#) or contact David Esquith, director of policy, planning and strategic initiatives, Division of Health and Wellness, at [OSSE.HealthandSafety@dc.gov](mailto:OSSE.HealthandSafety@dc.gov).

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

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

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

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, staff member, or essential visitor for him/herself or barrier/partition controls cannot be implemented.
- The CDC states that reliance on PPE is less effective and more difficult to implement because of PPE shortages and training requirements.
- If staff do not have experience in using PPE, [the CDC has recommended sequences for donning and doffing PPE](#).
- To follow this option staff should:
  - **Wash hands** with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60 percent alcohol.

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

APPROPRIATE USE OF THERMOMETERS, INCLUDING HYGIENE AND CLEANING PRACTICES:

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

## APPENDIX B: PPE REQUIREMENTS FOR SCHOOL STAFF [UPDATED]

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 students must practice good hand hygiene throughout all of the scenarios and maintain physical distance of 6 feet to the maximum extent feasible.

**Wearing gloves is not a substitute for good hand hygiene.** Gloves must be changed between students 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:**<sup>7</sup> *Six 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:**<sup>8</sup> *Staff are in close/direct contact with less than 6 feet of physical distance from the student. Close contact with secretions or bodily fluids is possible or anticipated.*

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

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<sup>7</sup> Scenarios that would be classified as “lower risk” include situations where school staff may be within 6 feet of students who are not known or suspected to have COVID-19 *and* in which the students are not consistently wearing their face 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.

<sup>8</sup> 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.

**[UPDATED] Higher Risk:** Staff are in close/direct contact with less than 6 feet of physical distance from the student and performing a higher-risk or aerosol generating procedure, including administration of nebulized medication.<sup>9</sup>

- N95 mask (with access to Respirator Fit Testing program)<sup>10</sup>
- Eye protection (face shield or goggles)
- Gown/coverall
- Gloves

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

Staff working with any student who is known to have COVID-19 or who is exhibiting symptoms of COVID-19 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)
  - Gown/coverall
  - Gloves

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

- Surgical mask
- Eye protection (face shield or goggles)
- Gown/coverall
- 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.

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<sup>9</sup> Per the Centers for Disease Control and Prevention, aerosol-generating procedures include administering nebulized medication, open suctioning of airways, sputum induction, cardiopulmonary resuscitation, endotracheal intubation and extubation, non-invasive ventilation (e.g., BiPAP, CPAP), bronchoscopy, and manual ventilation. More information can be found [here](#).

<sup>10</sup> Any individual using an N95 mask must have access to a comprehensive Respirator Fit Testing program. An individual who has not completed a Respirator Fit Testing program must NOT wear an N95 nor participate in higher-risk scenarios. For additional information, see the [Occupational Safety and Health Administration's Occupation Safety and Health Standards for respiratory protection](#).

## **[UPDATED] PPE FOR STAFF WITH SPECIFIC ROLES**

### **[NEW] Staff Administering a COVID-19 Test**

- N95 mask (with access to Respirator Fit Testing program)<sup>11</sup>
- Eye protection (face shield or goggles)
- Gown/coverall
- Gloves

### **[UPDATED] Custodial Staff**

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

*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. Other PPE may be needed based on cleaning/disinfectant products being used and whether there is a risk of splash. For more information, visit the CDC's website [here](#).*

### **Foodservice Staff**

- 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

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<sup>11</sup> Any individual using an N95 mask must have access to a comprehensive Respirator Fit Testing program. An individual who has not completed a Respirator Fit Testing program must NOT wear an N95 nor administer a COVID-19 test. For additional information, see the [Occupational Safety and Health Administration's Occupation Safety and Health Standards for respiratory protection](#).

## APPENDIX C: COVID-19 TESTING [NEW]

### **DEFINITIONS**

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

**Diagnostic testing** for SARS-CoV-2 is intended to identify occurrence at the individual level and is performed when there is a reason to suspect that an individual may be infected, such as having symptoms or suspected recent exposure, or to determine resolution of infection. Examples of diagnostic testing include testing symptomatic individuals who present to their healthcare provider, testing individuals through contact tracing efforts, testing individuals who indicate that they were exposed to someone with a confirmed or suspected case of coronavirus disease 2019 (COVID-19), and testing individuals present at an event where an attendee was later confirmed to have COVID-19.<sup>12</sup>

**Screening tests** for SARS-CoV-2 are intended to identify occurrence at the individual level even if there is no reason to suspect infection—e.g., there is no known exposure. This includes, but is not limited to, screening of non-symptomatic individuals without known exposure with the intent of making decisions based on the test results. Screening tests are intended to identify infected individuals without, or prior to development of, symptoms who may be contagious so that measures can be taken to prevent further transmission. Examples of screening include testing plans developed by a workplace to test its employees, and testing plans developed by a school to test its students, faculty, and staff. In both examples, the intent is to use the screening testing results to determine who may return and the protective measures that will be taken.<sup>13</sup>

**Surveillance** for SARS-CoV-2 includes ongoing systematic activities, including collection, analysis, and interpretation of health-related data that are essential to planning, implementing, and evaluating public health practice. Surveillance testing is generally used to monitor for a community- or population-level occurrence, such as an infectious disease outbreak, or to characterize the occurrence once detected, such as looking at the incidence and prevalence of the occurrence. Surveillance testing is used to gain information at a population level, rather than an individual level, and results of surveillance testing can be returned in aggregate to the requesting institution. Surveillance testing may sample a certain percentage of a specific population to monitor for increasing or decreasing prevalence and to determine the population effect from community interventions, such as social distancing. An example of surveillance testing is a plan developed by a state public health department to randomly select and sample a percentage of all individuals in a city on a rolling basis to assess local infection rates and trends.<sup>14</sup>

### **TESTING RECOMMENDATION**

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

DC Health does not recommend screening or surveillance testing in the K-12 setting. Per DC Health, schools that are participating in a formal screening or surveillance testing program as part of the

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<sup>12</sup> Centers for Disease Control and Prevention (CDC) (Oct. 23, 2020). *Interim guidance for use of pooling procedures in SARS-CoV-2 diagnostic, screening, and surveillance testing*. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/lab/pooling-procedures.html>.

<sup>13</sup> Ibid.

<sup>14</sup> Ibid.



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

### **TESTING AVAILABILITY**

DC Health is implementing testing for symptomatic students in its school health suites for schools that participate in the School Health Services Program. More information is available from DC Health at [SHS.Program@dc.gov](mailto:SHS.Program@dc.gov).

Students and staff participating in in-person learning and CARE classrooms in DCPS and public charter schools may participate in the convenience testing pilot program, which provides testing for asymptomatic individuals. Additional information will be shared soon.

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

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