The Office of the State Superintendent of Education (OSSE) on July 6, 2020 issued guidance for District of Columbia public schools, including public charter schools, reopening during the recovery period from the COVID-19 public health emergency, available here. This Health and Safety Guidance to Schools: COVID-19 Recovery Period (July 6, 2020) includes recommendations from the Centers for Disease Control and Prevention (CDC) and reopening guidance for schools issued by the District of Columbia Department of Health (DC Health) on June 17, 2020 and provides additional guidance on select topics.

Scope
This document is intended to address frequently asked questions related to local education agencies’ (LEAs’) implementation of the Health and Safety Guidance to Schools: COVID-19 Recovery Period (July 6, 2020).

Effective Date
This document was issued on July 20, 2020 and will remain in effect until further notice. OSSE will continue to add to and update this document over time.

For information and resources on the District of Columbia Government’s COVID-19 response and recovery effort, please visit coronavirus.dc.gov. The CDC’s most recent, supplemental guidance for schools can be accessed here.

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

OSSE, in partnership with DC Health, DC Public Schools (DCPS), and the Public Charter School Board (PCSB), is also hosting weekly technical assistance calls for LEAs and school leaders on the implementation of health and safety guidance during the reopening period. These weekly Monday calls began on July 13 and take place from 1-2 p.m. The registration link for the Monday weekly calls can be found here.

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Questions highlighted in green are new as of July 17, 2020.

General

1. Will there be funding or reimbursement for facility required changes (e.g., HVAC and water system upgrades), hiring health screeners and long-term substitutes, or purchasing supplies (e.g., PPE)?

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

LEAs may also consider other available federal funds to meet these needs, including any Title, Individuals with Disabilities Education Act (IDEA), and Scholarships for Opportunity and Results (SOAR) grants. These communications provide additional detail on COVID-19 federal grant flexibilities and CARES and recovery funding.

2. How does mental health fit into the reopening plan? What protocols and services will be available?

Schools are strongly encouraged to include the provision of school mental health services to students and staff during the recovery period. OSSE has curated a list of mental health and social-emotional learning resources to support LEAs in implementing the Guiding Principles for Continuous Education (2.A Whole Student Supports, Pillar Two: Equity and Access).

OSSE’s Division of Health and Wellness provides technical assistance for schools that supports the development and implementation of mental health policies and procedures. For more information, please email the OSSE team at projectaware@dc.gov.

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1 This refers to capital assets as defined within 2 CFR Part 200.
3. **What augmentation of social services will be available for schools that do not have a social worker or have one with limited hours?**

The Department of Behavioral Health (DBH) operates a school-based behavioral health program in public and public charter schools that offers prevention, early intervention, and clinical services to students and their families. For more information about the School Behavioral Health Program, please contact Sharon Dietsche at sharon.dietsche@dc.gov.

4. **What training will be provided for LEAs to support implementation of these policies?**

OSSE is working closely with DC Health, DC Public Schools, and the Public Charter School Board to ensure that LEAs and schools have access to resources, including trainings and technical assistance, to facilitate the implementation of this guidance. We look forward to providing further detail to LEAs as that plan is finalized. To inform those efforts, please submit questions and particular training needs on the guidance or its implementation here or to David Esquith, director of policy, planning and strategic initiatives, Division of Health and Wellness at OSSE, at David.Esquith@dc.gov.

OSSE, in partnership with DC Health, DC Public Schools, and the Public Charter School Board, is also hosting weekly technical assistance calls for local educational agencies (LEA) and school leaders on the implementation of health and safety guidance during the reopening period. These weekly Monday calls began on July 13 and take place from 1-2 p.m. The registration link for the Monday weekly calls can be found here.

5. **How do we respond to teachers and staff members who are afraid to return to the building?**

OSSE appreciates that teachers, staff and families may have concerns about returning to the building. There is no firm answer to how to engage teachers, staff and families in this important conversation, but schools and LEAs may consider strategies including validating concerns, training teachers and staff on relevant health and safety protocols, hanging signage reinforcing key health and safety measures throughout the building, or implementing bidirectional agreements with teachers, staff and families regarding commitments each makes in following DC Health guidance and any school/LEA-specific protocols. As articulated in DC Health’s guidance, individuals with specific questions about underlying medical conditions, especially those known to place individuals at higher risk for severe illness from COVID-19, are encouraged to consult with their medical provider prior to participating in in-person activities.
Re-opening Buildings

6. Should schools continue to conduct fire drills?

At this time the DC Fire and EMS Fire Marshal is recommending that the physical evacuation of buildings for drill purposes as required by the fire code be postponed temporarily through Sept. 1, 2020. This is to prevent the large gathering of people congregating in designated assembly areas during a nonemergency situation.

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

7. Must LEAs or schools receive official approval of their re-opening plans prior to reopening?

OSSE appreciates that schools may want support in finalizing their reopening plans and procedures. There is not a formal government inspection or approval process. PCSB will provide ongoing support to public charter schools throughout the planning and implementation stages, including planning meetings, review of plans and on-site monitoring to support schools’ re-opening protocols and procedures. DCPS schools should work with DCPS’ central office teams to address any questions or concerns related to school reopening plans. OSSE, PCSB, DCPS and DC Health remain committed to providing technical assistance to schools and LEAs with questions.

Physical (Social) Distancing

8. Is there a limit on the number of students that can be in a building (e.g., is there a limit on the number of students per square foot)?

There is no limit on the number of students that can be in a building so long as all physical distancing requirements are met, including no more than 12 (or, briefly 13) individuals in a given classroom.

9. Is there guidance on the number of students in hallways?

Given the heterogeneity of hallway and lobby spaces, there is no maximum number of individuals in a given hallway. However, per OSSE’s guidance, groups of students must not mix with other in-person groups in hallways, and individuals must continue to maintain a physical (social) distance of 6 feet. Schools are encouraged to create clear space delineations for students in hallways in order to reduce risk. This could be done by creating and marking line spots in hallways and outdoors and marking one-way flows of hallways.
10. Can staff meet as a whole group (e.g., 35 people) with social distancing and masks in full use? Will I need to break my team up into clusters of no more than 12/13 people?

Regardless of whether they are wearing masks and maintaining proper physical distancing, no more than a total of 12 (or, briefly 13) individuals are allowed to gather in a room, maintaining 6 feet between each individual. The guidance applies to students and staff. Further, as articulated in OSSE’s guidance, staff meetings are strongly recommended to be transitioned to virtual, even if group size and physical distance can be maintained.

11. We understand that groups of students must stay together, and educators must rotate. How often is it acceptable for educators to rotate? (For instance, if students have the same teacher for one week, could they switch to another teacher the following week and stay with that new teacher for the full day?)

There is no defined limit to the frequency with which educators can rotate into a classroom; however, such rotation should be limited to the extent feasible. It is allowable for students to have the same teacher all day for one week, and a different teacher all day the next week.

12. What are strategies that schools can implement to support maintaining physical distance with groups of 3- to 5-year-old students?

Ensuring that very young children properly distance themselves will involve frequent reminders, visual cues (e.g., signage, floor markings), appropriately distanced arrangement of equipment, mats, cots, storage of toys, supplies, tables, chairs, and floor seats. It is equally important to positively reinforce maintaining social distance with young children and use instances when they forget to social distance as a positive learning opportunity. Young children should not be punished or negatively reinforced for not maintaining social distance.

13. Is there a maximum number of hours that students/staff should be in the building?

There are no health and safety-related limits on the maximum number of hours that students and staff can be in the building.

14. Is it allowable – and safe – for educators to cross cohorts and groups of students?

The rationale for limiting mixing of groups is to minimize the likelihood that an individual with COVID-19 may expose other individuals in the building. DC Health’s and OSSE’s guidance is strict about ensuring no mixing of students, but it acknowledges that some rotation of staff may be necessary to ensure continuity of operations and instruction. Our guidance articulates that such rotation should be limited to the extent feasible. Any staff rotating classrooms must ensure strict adherence to all physical (social) distancing, face covering, and hand hygiene provisions.
15. **Are there any special rules or considerations regarding dedicated aides whose work involves close proximity with students?**

Educators and staff who work in close contact with students, such as those working with very young children, must take extra steps. When washing, holding, or in very close contact with children, staff should wear clothing that can easily be removed in the event of contamination (e.g., button-down, long-sleeve shirt) and must wash skin that is touched by secretions or any soiled clothing or material.

Educators and staff that may be in close contact with a student’s secretions must wear eye protection (e.g., goggles, face shield) in addition to a face covering.

In addition, educators and staff who work in close proximity to students should make every effort to develop strategies to deliver instruction while maintaining social distance, and must adhere to hand hygiene and facial covering provisions as articulated in OSSE’s guidance.

16. **May educators teach more than one group of students on any given day, and across rotating schedule cohorts (e.g., A day/ B day)?**

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

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

17. **We understand that groups of students are to remain together throughout the school day. Is this a requirement? Could an exception be made for high school students that are better able to observe distancing protocols?**

Groups of students at all grade levels must remain together throughout the school day and must not mix. In circumstances in which those students typically transition to different classrooms throughout the day, instead educators must rotate classrooms.

18. **If there are some students that attend school daily (I cohort), how should they interface with groups of students only attending certain days of the week (A-F cohorts)?**

Students in an “I” cohort, who attend school in-person every day, must not mix in-person with students in rotating cohorts (A-F).
19. **How does grouping work when students are transitioning to and from before - and after-care programs?**

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

20. **Are there different allowances for number of people per room based on the size of the room? Could multiple groups of 12 people occupy a large indoor space (e.g., gymnasium) if they can maintain physical (social) distance? What about small spaces?**

No. Regardless of square footage of the space, no more than 12 (or, briefly, 13) individuals (students plus staff) are allowed to be clustered in a room or space where a class or activity is taking place. Further, the space must be able to accommodate physical (social) distance of at least 6 feet between individuals.

Smaller classrooms or spaces that cannot accommodate at least 6 feet of distance between individuals must adjust their group size accordingly.

21. **What is DC Health recommending on best practices regarding using dividers between individual student spaces?**

Dividers between individual student spaces are not required. For schools that wish to use them, the [Centers for Disease Control and Prevention](https://www.cdc.gov) recommend the following:

**Physical Barriers and Guides**

- Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks).
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g., guides for creating “one-way routes” in hallways).

22. **Are there recommendations for ensuring safe use of bathrooms, including ensuring minimal contact between students?**

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

- When possible, add physical barriers, such as plastic flexible screens, between bathroom sinks especially when they cannot be at least 6 feet apart.
- Station staff to observe and support hand washing and general bathroom use at regular intervals.
- Establish a schedule specific to your LEA or school, taking the building design and bathroom locations into consideration.
23. **Any guidance on the use of lockers?**

Because lockers are typically positioned side-by-side, schools should eliminate locker use or strictly regulate their use. Schools that choose to eliminate locker use should consider the implications of students needing to carry heavy books and materials throughout the day and to and from schools.

Should schools decide to permit locker use, options exist for doing so safely, but physical (social) distance and cleaning protocols must be followed. Lockers in-use should be measured to ensure at least 6 feet of distance between them, and identified clearly. Designated space markers, or colors, may be placed on the lockers to ensure safe social distance is maintained during use. Different colors may be used to identify different sets of lockers for students in different schedule cohorts (e.g., A vs. B cohorts). If lockers are shared between students, they must be cleaned and disinfected between uses.

24. **Any guidance on a socially distanced dismissal process? We will have parents, students and siblings all in the mix.**

Staggered arrival and dismissal is not required. However, its use and clear instructions for staff, students, and parents/guardians to follow can be a useful strategy to support physical (social) distancing during dismissal. Specifics to dismissal will be unique to every LEA and in some instances, every school building. Dismissal processes must take into account staff capacity, daily attendance, age and developmental status of students, school layout, and social distance guidelines.

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

- Implementing curb/doorside drop-off and pick-up to limit traffic and congestion inside and near entrances to building
- Dismissing different groups of students at different times
- Use of multiple entrances/exits, including assigning classes to those exits closest to their classroom
- Create clear space delineations for students and staff as they enter and exit school and inside the school building (e.g., create and mark line spots in hallways and outdoors, have directional arrows in hallways), as well as and for parents/guardians outside the building.
25. *Is there any guidance around children transitioning for Special Education services throughout the day? Is it allowable for students to transition from their classroom group to another location for a related service?*

OSSE acknowledges that there may be particular operational challenges operationalizing the health and safety guidance, including the physical (social) distancing provisions, when working with students with disabilities. OSSE’s most recent updated health and safety guidance includes specific provisions when serving this population. While mixing of group must generally be avoided, push-in or pull-out services for an individual or small group of students with disabilities is acceptable when necessary. To the maximum extent feasible: LEAs should maintain a single set of related service providers designated to each student group, including for the delivery of services inside and outside of the general education setting; and when performing push-in or pull-out services, physical (social) distance from other individuals should be maintained. All staff must wear face coverings; it is acceptable for a staff member to wear a face covering with a clear plastic window, or to briefly remove the face covering, when interacting with disabilities identified as having hearing or vision impairments, who require clear speech or lip-reading to access instruction.

26. *What is or isn’t allowed in physical education classes and recess? Is it acceptable for students to run indoors as long as they stay 6 feet away from one another?*

Non-contact exercise, physical education and recess should be held outdoors when feasible, but are acceptable to be held indoors as long as following social distancing guidelines. No more than 12 people may occupy any indoor space; at least 6 feet of distance should be maintained between each individual during all activities. One additional staff member may briefly enter the space, raising the total occupancy to 13, when necessary to address individual student needs.

If held outdoors, multiple groups of 12 are allowable in a given space (e.g., field or playground), but the groups must not mix, must maintain greater than 6 feet of distance between groups, and should maintain 6 feet of distance between individuals within a group.

27. *Is there guidance on how/if to intervene in the event that students have difficulty maintaining physical (social) distance or consistently wearing their masks?*

Staff should support students in maintaining 6 feet of physical distance from one another and, where developmentally appropriate, wearing face coverings.

Routines, schedules and spaces should be oriented to support 6 feet of distance (e.g., markers on floors/walls denoting 6 feet of distance, spacing desks, closing shared spaces like cafeterias when feasible, signage), and the rationale and importance of maintaining social distance should be reinforced. Physical (social) distance guidelines should be continuously and positively reinforced with students, and disciplinary action is not recommended for students who violate the physical distancing rules.

In the event that a student has difficulty safely wearing or removing a face covering, staff should ask the student to remove the mask and place in the trash (if it’s disposable) or return to the student’s backpack (if it’s reusable). Do not forcibly remove a mask from a student’s face without the student’s consent.
28. What are the guidelines around shared staff spaces, including break rooms and resource rooms with copiers?

Shared spaces such as break rooms and teacher lounges should be closed where feasible. 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. Disinfecting wipes or cleaners should be used between use of copy machines and other shared office technology such as microwaves and refrigerators.

**Daily Health Screening**

29. We have a staff member who provides occupational therapy to our students during the week and works at a local hospital on weekends. Can this staff member provide in-person services to our students or does her weekend work mean that she should not be on-site with our students?

Schools must have a procedure to conduct daily health screening for all students and staff, and so long as this staff person undergoes the daily health screening and does not have any symptoms of or known close contact with someone diagnosed with COVID-19, the work the staff person does at the hospital should not disqualify the staff person from being on-site with students and other staff.

30. Is there any guidance available on how to operationalize the morning screening process?

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

31. Can asking about symptoms be done through an app done at home before school to facilitate rapid entry at school?

Yes. Schools may use available technologies to customize the daily health screenings to their unique school environment.

32. Are physical temperature checks required as part of the daily health screen?

No. Physical temperature checks are not required, but may be implemented as part of the daily health screen.
33. If we choose to implement physical temperature checks, any guidance on specific thermometer types?

DC Health and OSSE strongly recommend use of non-contact thermometer if a physical temperature check is being implemented as part of a daily health screens. Unfortunately, OSSE is unable to recommend a particular type or brand of thermometer.

An American Academy of Pediatrics resource including information on how to take a temperature using several thermometer types can be found here. Please note, this resource describes the use of oral and rectal thermometers, which should not be used for daily health screenings.

34. Regarding PPE for staff members who are taking students’ temperatures: can you clarify what specifically must be worn, and whether there are differences if we are using a non-contact thermometer?

If schools implement physical temperature checks as part of their daily health checks, schools should have parents/guardians check students’ temperatures at home or upon arrival where feasible. If this is not feasible, and a staff member must take students’ temperatures, they must utilize one of two options to do so safely, regardless of thermometer type.

1) **Option 1: Partition/Barrier Protection**
   Place a barrier (such as a glass or plastic window or partition that can serve to protect the staff member’s eyes, nose, and mouth from respiratory droplets) between the staff member and student being tested. The staff member performing the temperature check must use a non-surgical (cloth) face covering and gloves.

2) **Option 2: Personal Protective Equipment (PPE)**
   If a staff member must take a student’s temperature and a partition is not available, the staff member must wear a non-medical (cloth) face covering, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and gloves. A gown should be considered if extensive contact with the individual being screened is anticipated.

35. If doing a physical temperature check with a non-contact thermometer, is it necessary to wash hands and change gloves after each temperature read?

No. If a school staff member if using a disposable or non-contact thermometer to check the temperature of multiple students, then they should wash their hands and wear disposable gloves prior to touching the thermometer (plus to use partition/barrier protection or PPE, per Appendix A of OSSE’s policy guidance). They are not required to wash their hands after each use, unless contact occurs with a surface other than the thermometer. Non-contact thermometers must be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each student.

If a student/parent/guardian is using the school’s thermometer to check the student’s temperature, then they should wash their hands and wear disposable gloves before touching the thermometer. The thermometer must be cleaned per manufacturer instructions prior to the next use.
36. **Is it possible to appoint any staff member to screen students and staff or does the screener have to go through special training? Can we use parent volunteers?**

Schools may use discretion to assign any staff member and parent volunteer to screen students and staff. In order to ensure effectiveness of the daily health screening, schools should train all screeners on the school’s procedure for the screening.

Symptoms can be evaluated before arrival (via phone or app), or upon arrival and can be based on report from caregivers. Each school will have discretion to create the screening procedures that works best for the individual school environment, but must ensure that the procedures closely follow OSSE’s/DC Health’s guidance and include clear protocols in the event that a child or staff member screens positively.

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

37. **At any point, will DC Health request to see screening results? Should schools plan to hold on to these data for later external analysis?**

At this point, there are no plans for DC Health to review or request daily screening results.

38. **Does a student that is exhibiting symptoms (such as nasal congestion) need to stay home for ten days or submit a doctor’s note even if there is a clear explanation for the symptom that is not COVID-19?**

We acknowledge that there is overlap between the list of symptoms associated with COVID-19 and other common etiologies, including seasonal allergies. To minimize the risk of inadvertent exposure to COVID-19, a child exhibiting any symptom listed in OSSE’s/DC Health’s guidance must meet one of the following criteria before returning to in-person activities: (1) complete the full isolation period; or (2) test negative for COVID and meet other standard criteria to return after illness; or (3) provide documentation from a healthcare provider clearing them to return.

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

39. **On either a physical temperature check or symptom screen, what temperature mandates exclusion or dismissal from the building?**

A fever of 100.4 degrees Fahrenheit, or subjective fever or chills, triggers exclusion or dismissal.
40. **Is there a central phone number for staff and students to call with questions on whether or not they should go to work / school based on symptoms?**

Schools are encouraged to strictly follow OSSE’s/DC Health’s guidance regarding dismissals, exclusions and return to school criteria. The daily health screening process - and where feasible signage throughout the building that articulates core reminders about not coming to work/school if sick - will help reinforce the message. There is no current plan for a central phone number for consultation.

41. **Does DC Health or OSSE recommend (or require) that all teachers/staff be tested for COVID-19 prior to school?**

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

Neither OSSE, nor DC Health, nor the CDC recommend or require that *all* teachers, staff or students be tested for COVID-19 prior to school. However, a school that wishes to implement such a requirement has the authority to do so, per the US Equal Employment Opportunities Commission (EEOC). The EEOC updated its COVID-19 guidance stating that employers can require employees to have a COVID-19 test before they are allowed to enter the workplace, even if they do not exhibit symptoms. (That information is under section A, question A.6 linked [here](#).)

For those individuals that need or wish to pursue COVID-19 testing, there are several different options to do so, including through the city’s testing sites as well as at one’s health care provider.

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

Recall, all school staff must administer a daily health screen to all staff and students. Any staff member or student with symptoms or signs of illness, or known close COVID-19 exposure, must not enter the building, and should be instructed to contact their medical provider prior to attending in-person activities.
Non-Medical (Cloth) Face Coverings

42. At what age, and when, should children and youth wear or not wear masks?

Children younger than age 2 should not wear cloth face coverings. To the extent feasible, students are highly encouraged to wear face coverings, especially when physical distancing is difficult (e.g., hallways, restrooms, while receiving related services) and on their travel to and from the school if using public transportation. Medical, developmental, and psychological reasons may limit the ability for some students to wear face coverings. Older children and adolescents may have less difficulty wearing a face covering compared to younger children.

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

- By anyone who has trouble breathing, or anyone unconscious or unable to remove the mask without assistance;
- By children during naptime;
- By students or staff when engaged in activities in which there is a risk of burn or injury from the use of a face covering—such as chemistry labs with open flame;
- When participating in physical activity (e.g., recess) outdoors if social distancing of at least six feet is feasible. When outdoors but not participating in physical activity, face coverings should continue to be worn.

DC Health’s video on face coverings can be found here. Tips from the American Academy of Pediatrics related to face masks and children can be found here.

43. Are face coverings needed while eating meals?

No. Students and staff do not need to wear face masks while eating. Students transitioning to another part of the school building to eat their meal are encouraged to wear face masks during the transition.

44. Will LEAs be able to require students to wear masks?

DC Health’s and OSSE’s guidance articulates that students should wear masks as feasible and developmentally appropriate. LEAs have discretion to operationalize mask requirements; however, students who are not able to safely wear masks (including putting on, removing, and storing the mask appropriately and without assistance) should not be required to wear the mask, as inappropriate use may result in increased touching and spreading of secretions.

45. Should we have special PPE requirements for staff who will be in closer contact with students?

Educators and staff that work in close contact with students, such as those working with very young children, must take extra steps. When washing, holding, or in very close contact with children, staff should wear clothing that can easily be removed in the event of contamination (e.g., button-down, long-sleeve shirt) and must wash skin that is touched by secretions or any soiled clothing or material.

Educators and staff that may be in close contact with a student’s secretions must wear eye protection (e.g., goggles, face shield) in addition to a face covering.
46. **The policy requires face coverings for staff. Are face shields an appropriate alternative to face masks?**

No. While data on face shields are emerging, at this time, face shields cannot be substituted for face coverings. However, face coverings with clear plastic windows may be useful in circumstances in which students benefit from seeing educators' lips (e.g., phonics instruction).

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

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

48. **Are we recommending that all students wear face coverings as long as they are in the building? Is there any guidance on "mask breaks for students?"**

To the extent feasible, students are highly encouraged to wear face coverings, especially when physical distancing is difficult (e.g., hallways, restrooms, when receiving related services) and on their travel to and from the school if using public transportation. Medical, developmental, and psychological reasons may limit the ability for some students to wear face coverings. Older children and adolescents may have less difficulty wearing a face covering compared to younger children.

For students who are medically and developmentally able to wear face coverings, their use is safe throughout the day, except during naptime and when engaged in activities in which there is a risk of burn or injury from the use of the face covering (e.g., chemistry labs with open flame). If participating in physical activity outside (e.g., recess), students may remove face coverings if able to maintain physical (social) distance from other individuals. If students remove their face covering at any time, it is critical that they do so safely – and wash their hands after removal.

For additional information, please see the Non-Medical (Cloth) Face Coverings section of OSSE’s latest guidance. Other tips related to face masks and children from the American Academy of Pediatrics can be found here.

**Hygiene**

49. **Are electric hand dryers safe to use in restrooms? Should schools plan to switch to paper towels?**

The CDC does not expressly advise against electric hand dryers, but generally, paper towels or air drying is recommended as the best way to dry hands after washing.
50. Regarding shared supplies: should there be special protocols for library books, including in-classroom books?

Generally, use of shared objects such as equipment, learning materials, supplies, toys and games should be limited when possible, and cleaned, disinfected, and in certain cases sanitized (especially for items in the mouth or near surfaces with food) between use. On library books specifically, DC Health recommends cleaning the cover and spine of shared books between uses.

Schools may choose to establish special protocols for any shared objects, including, but not limited to library books. Please see the CDC’s Re-opening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes for more information.

Cleaning, Disinfection, and Sanitization

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

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

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

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

53. What practices will be put in place to ensure health and safety on school buses?

OSSE’s Divisions of Health and Wellness and Student Transportation are in close communication regarding operationalizing health and safety procedures on buses. Additional spacing and safety protocols will be executed in accordance with CDC and DC Health guidance. Groups of students will be distinct from those during the school day but will be consistent to the extent feasible on the bus routes.
54. **To prevent the spread of COVID-19, how often and what should we prioritize cleaning?**

All schools must regularly clean, disinfect and sanitize surfaces, toys and materials per OSSE’s guidance and the CDC’s [Re-opening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](https://www.cdc.gov/coronavirus/2019-ncov/community/reopening-guidance.html).

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

**Students with Disabilities**

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

To the maximum extent feasible: LEAs should maintain a single set of related service providers designated to each student group, including for the delivery of services inside and outside of the general education setting; and when performing push-in or pull-out services, physical (social) distance from other individuals should be maintained. It is critical that staff who rotate across groups adhere to face covering, physical distancing, and hand hygiene requirements. Staff who may be in close contact with another individual’s secretions must wear eye protection (e.g., goggles, eye shield).

**High-Risk Individuals**

56. **What do high-risk individuals need to do before attending in-person activities at school?**

DC Health recommends that any individual at high-risk for experiencing severe illness due to COVID-19 should consult with their medical provider before attending in-person activities at school. Schools are not required to secure written clearance from high-risk individuals prior to participating in in-person activities at school.
57. Can you confirm how schools and LEAs should ensure that high-risk individuals are “cleared” by their medical provider? Are there any concerns for privacy for high risk individuals?

DC Health’s and OSSE’s latest guidance clarifies that high-risk individuals are recommended to consult with their medical provider prior to participating in in-person care. Schools must notify families and staff of this recommendation, but are not required to secure written clearance from high-risk individuals prior to participating in in-person activities at school. Any further steps in how to operationalize this provision are within the discretion of the school or LEA.

Meals

58. What are the plans for meals for students in the 2020-21 school year?

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

Each LEA will develop and customize a meal service plan to meet the needs of their students, including those physically in the school building and those distance learning. Open feeding sites throughout the city will cease to continue after the first day of school. As many students will rely on meals served by their LEA, LEAs should plan to make meals as accessible as possible to students.

To support this effort, there are a number of flexibilities for meal service in place for the 2020-21 school year, allowing meals to be provided in bulk, for multiple days at a time, and via grab-and-go distribution. OSSE will be soon releasing on our COVID-19 guidance webpage a policy document that summarizes these flexibilities, and other considerations regarding meal service and reimbursement during the 2020-21 school year. The OSSE school nutrition programs team is also hosting a bi-weekly call series on Thursdays at 10 a.m. focusing on the nuances of serving meals in the 2020-21 school year. LEAs interested in joining these calls may contact Elizabeth Leach, manager of School Nutrition Programs at OSSE, at Elizabeth.leach@dc.gov.

59. Are children allowed to bring in lunches from home? Should there be a protocol in place to make sure items brought from home are cleaned?

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

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


**Exclusion, Dismissal, and Return to School Criteria**

60. **How do we keep everyone else safe when escorting sick children out of the building?**

If a student or staff member develops a fever or other signs of illness, the school must follow the exclusion, dismissal, and return to school criteria articulated in DC Health’s and OSSE’s guidance. For students, the school is to immediately isolate the student from other students, notify the student’s parent/guardian of the symptoms and that the student needs to be picked up as soon as possible, instruct to seek healthcare provider guidance, and immediately follow cleaning and disinfecting procedures for any area and materials with which the student was in contact. While escorting a sick student through a building, the staff member and student must maintain physical (social) distancing and practice hand hygiene, the staff member must continue to wear a face covering (and, if close contact with the student’s secretions is anticipated, eye protection), and the student should wear a face covering if developmentally appropriate.

61. **What are the specifications for the space and staffing of an isolation area for someone who has a temperature or other symptoms? If more than one person has symptoms, should they be isolated together?**

Any student showing COVID-19 symptoms at school must be isolated from other students and staff while waiting for their parent/guardian to arrive. A space other than the health suite should be identified for this purpose; however, there is no specific guidance about their proximity to each other. In the event of nice weather, it is acceptable to have an ill student isolate outside; otherwise, an indoor well-ventilated space should be used. The isolation area for a sick student must ensure that the student is within sight of the staff member staffing the site, and physically separated from other individuals by at least 6 feet. Staff must wear a mask and gloves and practice hand hygiene when staffing the isolation room. Where feasible, no more than one sick student should be isolated together; if multiple sick students must be isolated together, it is crucial that they maintain physical distance of at least 6 feet and, if feasible and developmentally appropriate, wear face coverings.

Schools should identify a school staff member to staff the isolation room. While no special training is required, the individual staffing the isolation room must wear a face covering and gloves and must follow protocols related to maintaining social distance and proper hand hygiene.

62. **Does a student or staff member who tests positive need to test negative before returning?**

No. If a student or staff member has symptoms of, or is confirmed to have COVID-19, they may return to school if they meet one of three criteria:

- They complete the appropriate isolation period [this is referred to as the “no test criteria”]:
  - 72 hours after the fever has resolved without the use of fever-reducing medication (e.g., Motrin, Tylenol) and respiratory symptoms have improved;
  - AND at least 10 days after symptoms first appeared, whichever is later; OR
- They have a negative COVID-19 test, and meet standard criteria to return to school after an illness; OR
- They have been cleared to return per their healthcare provider or DC Health instructions.
In most cases, schools should plan to utilize the “no test criteria” (first bullet above), since follow-up COVID testing is not routinely recommended by health care providers for individuals who are otherwise improving symptomatically.

63. **How should we approach a scenario in which a student or staff member presents with symptoms of COVID-19 but is not tested for COVID-19? How should we advise other individuals with whom that child or staff member may have been in close contact?**

Schools should instruct the student or staff with symptoms of COVID-19 to contact their health care provider for further instruction. That student or staff member should not return to the building until: (1) they have completed the appropriate isolation period, OR (2) they have a negative COVID-19 test and meet standard criteria to return after an illness, OR (3) their health care provider provides documentation clearing them to return. As articulated in OSSE’s latest guidance, students or staff with pre-existing health conditions that present with specific COVID-19 – like symptoms may not be excluded from entering the school building on the basis of those specific symptoms, if previously evaluated by a health care provider and those specific symptoms determined to not be due to COVID-19.

In the event in which the individual is confirmed to have COVID-19, DC Health will instruct schools on appropriate dismissal and other safety protocols, including specific individuals or groups that may need to quarantine. While close contacts will only be instructed to quarantine if the sick individual is confirmed to have COVID-19, it will be essential that all students and staff at all times closely monitor for symptoms and stay home and seek medical attention if they develop.

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**Exposure Reporting, Notifications, and Disinfection**

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

In the event that a school identifies a student or staff member who has tested COVID-19 positive, schools must notify DC Health by emailing coronavirus@dc.gov with the following information:

- “COVID-19 Consult” in the email subject line;
- Name and direct phone number of the best point of contact for DC Health to return the call; and
- Short summary of incident/situation.

An investigator from DC Health will follow-up within 24 hours to all appropriately submitted email notifications. Decisions on the timeline of exclusion and any other responses to a COVID-19 exposure will be determined by DC Health.

As a reminder, the coronavirus@dc.gov email address should only be used for confirmed cases of COVID-19. In the event that a school has a question about how to proceed with a suspected case, or any other questions related to the implementation of health and safety guidance, they should contact OSSE via the Google Form or via email to David.Esquith@dc.gov.
65. **What is the protocol if a staff member who comes into contact with a great number of students and staff (such as an operations or front office staff member) is diagnosed with COVID-19? Should everyone be instructed to quarantine?**

As articulated in the OSSE Guidance, schools must notify DC Health if any student or staff member has tested positive to COVID-19 by emailing coronavirus@dc.gov with the following information:

- “COVID-19 Consult” in the email subject line;
- Name and direct phone number of the best point of contact for DC Health to return the call; and
- Short summary of incident/situation

An investigator from DC Health will follow-up within 24 hours to all appropriately submitted email notifications. Decisions on the timeline of exclusion and any other responses to a COVID-19 exposure will be determined by DC Health. DC Health identifies who needs to quarantine based on their case investigation. This is not a responsibility of schools to determine independently. DC Health will make the determination on a case-by-case basis, and the investigator will consider the extent to which the staff member (or student) has come into contact with other members of the school community when identifying who needs to quarantine.

66. **If a staff member or student tests positive for COVID 19, how should we notify the school community, and especially those that may have been in close contact? Must we close the school?**

In the event that a student or staff member is confirmed to have COVID-19, schools must follow all steps articulated in DC Health’s and OSSE’s latest guidance, including as a first step notifying DC Health by emailing coronavirus@dc.gov, subject line “COVID-19 Consult,” and specific information regarding the case. An investigator will follow-up within 24 hours, and will provide specific guidance on dismissals, other safety steps, and communication. Schools should not automatically close a classroom or an entire building until or unless instructed to do so by DC Health.

67. **If there is a confirmed case of COVID-19 in a student or staff member, should the school conduct contract tracing?**

In the event that a staff member or child notifies a school that they have confirmed COVID-19, the school should notify DC Health at coronavirus@dc.gov, subject line “COVID-19 Consult,” including contact information for the school’s point of contact and a summary of the specific incident or case. Within 24 hours, DC Health will provide individual consultation with schools regarding necessary contact tracing, dismissals, other safety procedures, and communications.

If there is an individual at the school who develops a fever, cough, or other symptoms but is NOT confirmed to have COVID-19, the school should not instruct close contacts to quarantine. However, again, all students and staff at all times must closely monitor for symptoms of illness and not attend in-person activities if they develop.
68. **Will all schools that participate in DC Health’s School Health Services Program continue to have school nurses in the 2020-21 school year? Can the nurse facilitate the daily health screenings?**

DC Health will continue to operate the School Health Services Program in the 2020-21 school year, and will notify schools as soon as practicable about specific considerations related to staffing and other operational details. In order to ensure continuity of operations, daily health screenings should be facilitated by school staff, rather than the school nurse.

69. **If schools choose to hire supplemental nurses from a third-party vendor, how should the nurse from DC Health’s School Health Services Program and supplemental nurses work together?**

Schools that hire supplemental nursing coverage may structure that coverage in whatever way most meets their needs, and are encouraged to coordinate with the nurse from DC Health’s School Health Services Program. Individual schools with particular considerations or questions in their use of CSS or supplemental nurses may contact DC Health’s School Health Services Program team at shs.program@dc.gov.

70. **What should a school do if a nurse calls out sick unexpectedly?**

In the event of a nurse calling out sick, schools should continue to follow the standard School Health Services back-up coverage plan.

**Further Questions**

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

OSSE will continue to add to and update these questions, and new questions will be clearly identified.

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