



Policy Guidance for Re-opening Post-Secondary Schools: COVID-19 Recovery Period

Effective June 26, 2020

The Higher Education Licensure Commission and the Office of the State Superintendent of Education (OSSE) is sharing the most recent recommendations from the Centers for Disease Control and Prevention (CDC) and DC Health for postsecondary schools reopening during the recovery period from the coronavirus (COVID-19) public health emergency.

This guidance is effective as of June 26, 2020 and supersedes any previously released guidance on the topic. This guidance is consistent with the re-opening guidance for schools issued by DC Health on [June 17, 2020](#) and provides additional guidance on select topics.

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

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

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PREVENTION

A. COMMUNICATION WITH STUDENTS, FACULTY AND STAFF

- Post [signs](#) in highly visible locations (e.g., facility entrances, restrooms) [that promote everyday protective measures](#) and describe how to [stop the spread of germs](#) (such as by [properly washing hands](#) and [properly wearing a cloth face covering](#)).
- Include messages about behaviors that prevent the spread of COVID-19 when communicating with students, faculty and staff (such as on school websites, in emails, and on school [social media accounts](#)).
- Educate students, faculty and staff about COVID-19, physical (social) distancing, when they should stay home, and when they can return to school.
- Educate students, faculty and staff on COVID-19 prevention and response protocols.
- Broadcast regular announcements on reducing the spread of COVID-19.
- To ensure a clear and efficient process for communication each school should identify a staff member as the COVID-19 point of contact (POC). This person would act as the POC for families and staff to notify if a child or staff member tests positive for COVID-19, and would be responsible for ensuring the appropriate steps are followed in the event of a confirmed case of COVID-19 (See section L).

B. REOPENING BUILDINGS

Schools that are reopening after a prolonged shutdown should ensure all ventilation and water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use as follows:



- Ensure ventilation systems operate properly and increase the circulation of outdoor air as much as possible; for example by opening windows and doors. Increase in air circulation should be continued after reopening where safe and possible. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to students and staff using the facility.
- Flush water systems to clear out stagnant water and replace it with fresh water. This will remove any metals (e.g., lead) that may have leached into the water and minimize the risk of [Legionnaires' disease](#) and other diseases associated with water. [Steps](#) for this process can be found on the CDC website and are articulated below:
 - Flush hot and cold water through all points of use (e.g., showers, sink faucets)
 - Flushing may need to occur by floor or individual room due to facility size and water pressure. The purpose of building flushing is to replace all water inside building piping with fresh water.
 - Make sure that your water heater is set to at least 140°F.
 - Flush until the hot water reaches its maximum temperature.
- For indoor activities, this means no more than 12 (or, briefly, 13) individuals in one room;
- For outdoor activities, each group of 12 (or, briefly, 13) individuals should interact with their own group and not mix between other groups. Each group should have extra social distance (more than 6 feet) between them and the next group.
 - 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.

C. PHYSICAL (SOCIAL) DISTANCING

Overall, individuals should maintain a distance of 6 feet distance between each individual and no more than 12 total individuals clustered in one class or activity. One additional staff member (13 total individuals) can briefly be added to the class, if necessary, to support individual student needs.

- For indoor activities, this means no more than 12 (or, briefly, 13) individuals in one room;
- For outdoor activities, each group of 12 (or, briefly, 13) individuals should interact with their own group and not mix between other groups. Each group should have extra social distance (more than 6 feet) between them and the next group.

Traveling to and from School

- Maintain at least 6 feet of distance when traveling. Avoid congregating in large groups at intersections and transit stops.

Entering and Exiting School

- Stagger arrival and/or departure times.
- Open 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 to avoid congestion and crowding.
- Create clear space delineations for areas where students may be required to wait in lines.



During the School Day

Grouping

- If all students cannot be accommodated in a school facility, then consider alternating schedules (e.g., A/B days or A/B weeks) for cohorts to be in person while others learn via a virtual platform.
- Pauses integrated into the schedule (e.g., alternating day or week schedules) to interrupt possible chains of transmission.
- Group the same students and staff together each day (as opposed to mixing groups of teachers and students).
- Students must remain within the same cohort, and must not mix with other cohorts.
 - If schools adopt a rotating in-person schedule, enhanced cleaning and disinfection should occur between cohorts.
- In settings where students traditionally transition between classes, rotate faculty between classrooms, rather than students.
- Where feasible, educators should remain with the same cohort of students. If necessary for an educator to rotate between classrooms or groups of students, the staff person must wear a face covering, practice hand hygiene, and, where feasible, maintain a physical (social) distance of six feet.
- No large in-person group activities.
- No in-person staff meetings. Where feasible, close communal-use space such as break rooms, lounges, and cafeterias; otherwise, stagger use and clean and disinfect between uses.
- Do not mix groups to include entry and exit of the building, at break time, in the restroom, in the hallway, in laboratories, and other shared spaces.

Use of Indoor Space

- Maximize spacing between individuals in a classroom, including while at tables and in group and individual activities.
- Rearrange desks so that individuals are separated by a minimum of 6 feet.
- Allow students to take breaks in their classrooms rather than mixing in the break room. If not possible, then stagger breaks by class and clean and disinfect the shared space between uses.
- 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).
- Designate an area for students, faculty or staff who exhibit symptoms and keep separate from the area used for routine healthcare (see below Exposure Reporting, Notifications, & Disinfection section for more information).
- Close communal-use spaces such as staff break rooms and dining halls if possible; otherwise, stagger use and clean and disinfect between use.
- When possible, install physical barriers, such as sneeze guards and partitions, particularly in areas in which it is difficult for individuals to maintain 6 feet apart (e.g., reception areas, between bathroom sinks).
- Reduce congestion in health offices by adding reminders about physical distancing (signage, tape markings on the floor, etc.) or installing physical barriers.



Use of Outdoor Space

- Outdoor spaces may be used for more than one group of 12 (or, briefly, 13) persons so long as the groups do not mix and social distancing within and between each group is maintained. Clean between groups.

Canceling, Eliminating or Modifying Activities

- Cancel or modify classes where students are likely to be in very close proximity unless group size and six foot separation can be maintained (e.g., choir or band).
- Cancel activities and events such as field trips, student assemblies, athletic events or practices, special performances, and school-wide meetings.
- Eliminate non-essential travel for staff and faculty (e.g., conferences).
- Revise the process for receiving mail and packages. Only have necessary items delivered and combine orders so fewer deliveries are made.
- 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).
- Stagger activities' times or locations by cohort to the maximum extent feasible.

D. DAILY HEALTH SCREENING

Schools **must** perform a daily health screen for all students, faculty and staff entering the building. Symptoms can be evaluated before arrival (via phone or app), or upon arrival.

At a minimum, the screening procedure should 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):

- **ASK:** Students, faculty and staff should be asked about whether the student or staff member has experienced the following symptoms consistent with COVID-19:
 - Fever (subjective or 100.4 degrees Fahrenheit) or chills
 - Cough
 - Congestion
 - Sore throat
 - Shortness of breath or difficulty breathing
 - Diarrhea
 - Nausea or vomiting
 - Fatigue
 - Headache
 - Muscle or body aches
 - New loss of taste or smell
 - Or otherwise feeling unwell.
- **ASK:** Students, faculty and staff should be asked if they have been in close contact with a person who has COVID-19.



- **LOOK:** School staff should visually inspect each student, faculty and staff member for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.
- There is no specific protocol through which schools must operationalize the daily health screen. The “Asks” above may be completed by students, faculty and staff prior to arrival if using an app or other communication method, and the “Look” may be completed in classrooms.

Any student, faculty, or staff member meeting “Yes” for any of the above “ASK, ASK, LOOK” criteria in the program’s daily health screen would not be admitted. Such students, faculty or staff shall be instructed to call their healthcare provider to determine next steps.

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

Where feasible, schools are to **CONFIRM the following:** Students, faculty and staff should check their own temperature, 2 hours or less before or upon arrival to the school.

- Upon arrival, the student, faculty and staff member should show a photograph of the thermometer or verbally confirm that the temperature was less than 100.4 degrees; OR
- Schools may request temperature checks are performed upon arrival by the student/faculty/staff. If schools exercise this option the student/faculty/staff are to use a thermometer provided by the school and must follow the below protocol:
 - i. Maintain a distance of 6 feet from the person conducting the temperature check.
 - ii. A non-contact (temporal) thermometer is recommended. Forehead, tympanic (ear) or axillary (armpit) thermometers are also acceptable. Oral and rectal temperature checks should be avoided.
 - iii. Thermometers must be cleaned per manufacturer instructions, including between uses.
 - iv. The student/faculty/staff should check their own temperature, after washing hands and wearing disposable gloves.
 - v. Any student, faculty, or staff member with a temperature of 100.4 or higher shall not be admitted, and shall be instructed to call their health care provider to determine next steps.

If a Staff Member Must Take Another Individual’s Temperature:

If a school staff member must take another individual’s temperature at any point, they should follow CDC guidelines to do so safely, including with the use of barrier protection or Personal Protective Equipment (PPE), as articulated in the Appendix.

If a student, faculty, or staff member develops any of the symptoms above during the course of the school day, the school should have a process in place that allows them to isolate until it is safe to go home, and they should seek healthcare guidance. For more information, please see Section J. Exclusion and Dismissal Criteria.



Symptoms While at School:

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

Return to School Criteria:

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

E. NON-MEDICAL (CLOTH) FACE COVERINGS (FACE MASKS)

All adults must wear non-medical face coverings or face masks at all times while in the school building. If the adult has a contraindication to wearing a face covering, either medical or otherwise, then they should not participate in in-person school activities.

If possible, students are highly encouraged to wear face coverings. Medical, developmental and psychological reasons may limit the ability for some students to wear face coverings.

- Students should wear face coverings as feasible, and most importantly when physical distancing is difficult (e.g., hallways, restrooms) and on their travel to and from the school if using public transportation.
- While visitors to the school should be strictly limited, should a visitor need to enter they should wear a face covering on the school/campus grounds and inside the school/campus buildings at all times.
- Students, teachers and staff should be taught to speak more loudly, rather than remove their face covering, if speaking in a noisy environment.

For more information about non-medical face coverings or face masks, please refer to the guidance “Guidance about Masks and Other Face Coverings for the General Public” on [coronavirus.dc.gov](https://www.cdc.gov/coronavirus/2019-ncov/face-coverings). 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](#).

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 students 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 outdoors if social distancing of at least 6 feet is feasible. When outdoors but *not* participating in physical activity, face coverings should continue to be worn.



- Faculty and 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.

Ensure additional protocols are in place to support the safe use of clean masks.

- Staff, faculty and students wearing face coverings should bring multiple clean coverings each day.
- Staff, faculty and students must exercise caution when removing the covering, always store it out of reach of other students, and wash hands immediately after removing.
- The benefit of such a face covering is to limit the spread of secretions. **If face coverings are not removed and stored safely, their use should be discontinued.**

For more information about non-medical face coverings or face masks, please refer to the guidance “Guidance about Masks and Other Face Coverings for the General Public” on [coronavirus.dc.gov](https://www.cdc.gov/coronavirus/2019-ncov/guidance-about-masks-and-other-face-coverings-for-the-general-public.html). 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](https://www.cdc.gov/media/releases/2020/s0501-face-coverings.html).

F. HYGIENE

Hand Hygiene

- Ensure handwashing strategies include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60 percent alcohol.
- Post appropriate signage on effective handwashing techniques consistent with CDC and DC Health guidance.
- Make hand cleaning supplies readily available in classrooms, bathrooms, and offices. Set up sanitizing stations outside of large common spaces including the waiting rooms, gymnasium, cafeteria/break rooms, and entrances/exits.
- Perform frequent hand hygiene (with soap and water or alcohol-based hand sanitizer).
- Key times to perform hand hygiene include:
 - before eating food;
 - after using the toilet;
 - before and after putting on, touching, or removing cloth face coverings or touching your face;
 - after blowing your nose, coughing or sneezing; and
 - entering and exiting a classroom or between activities.
- Enforce a “you touch it, you take it” policy.

Schoolwide Hygiene

- Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.
- Prepackage meals, including silverware, napkins, and seasonings, or serve meals individually plated.



- Remove shared supplies. Provide all students with their own materials in designated and labeled bags or bins.
- Close or restrict common areas such as staff breakrooms.
- Increase air circulation only where safe and possible and ensure ventilation systems are operating properly.
- Have tissues readily available in classrooms; request that students sneeze into their elbow if tissues are not available.
- 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 not available, cleaned with hand sanitizer.
- Install no-touch fixtures where possible: automatic faucets and toilets; touchless foot door openers, touchless trashcans.
- Discourage sharing of items that are difficult to clean or disinfect.
- Keep each student's belongings separated from others' and in individually labeled containers, lockers/cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own supplies or equipment) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
- Where possible, avoid sharing electronic devices, books, or learning aids.
- Where feasible, students and staff are encouraged 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 often.

G. CLEANING, DISINFECTION, AND SANITIZATION

All schools must regularly clean, disinfect and sanitize surfaces, and materials per this guidance and the CDC's [Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#).

- 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/lab sink handles, countertops).
- As per Section C: Physical (Social) Distancing, if schools adopt a rotating in-person schedule, enhanced cleaning and disinfection should occur between cohorts.
- Clean with the cleaning products typically used to clean, disinfect and sanitize surfaces. Use all cleaning products according to the directions on the label. Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#).
- For all cleaning, sanitizing, and disinfecting products, follow the manufacturer's instructions for concentration, application method, contact time, and drying time before use. See [CDC's guidance for safe and correct application of disinfectants](#).
- Staff should ensure that there is adequate ventilation when using these products.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water before disinfection.
- School administrators should place signage in every classroom reminding staff of cleaning protocols.
- Develop and implement a schedule for increased and routine cleaning, disinfection and sanitization.



- Use of shared objects (e.g., gym equipment, supplies, and learning aides) should be limited when possible and cleaned between use.
- For shared bathrooms, assign a bathroom to each group of students, faculty and staff. However, if there are fewer bathrooms than the number of groups, assign each group to a particular bathroom and, where feasible, ensure that bathrooms are cleaned and disinfected after each group has finished.
- If transport vehicles (e.g., buses, cars, vans) are used by the school, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings).
- Ensure safe and correct use and storage of cleaning and disinfection products.
- When feasible, cleaning products should not be used near students, and staff should ensure that there is adequate ventilation when using these products to prevent students or themselves from inhaling toxic fumes.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water before disinfection.

H. HIGH-RISK INDIVIDUALS

- Schools must notify all students, faculty and staff that DC Health recommends that any individual at high-risk for experiencing severe illness due to COVID-19 should consult with their medical provider **before** attending in-person schooling. This includes, but is not limited to, people with:
 - Chronic Lung Disease
 - Moderate to severe Asthma
 - Serious heart conditions
 - Immunocompromised conditions
 - Severe obesity (>40 Body Mass Index (BMI))
 - Diabetes
 - Chronic kidney disease
 - Liver Disease
 - People age 65 years and older
 - Any student, faculty or staff member who has a medical condition not on this list, but is still concerned about their safety

I. MEALS

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

- Allow students to eat in their classrooms rather than mixing in the cafeteria/break areas. If not possible, then stagger breaks by class.
- 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.
- Tables and chairs must be cleaned and sanitized before and after use.



RESPONSE

J. EXCLUSION AND DISMISSAL CRITERIA

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

Exclusion Criteria:

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

- The student, faculty or staff member has had a temperature of 100.4 degrees or higher or any of the symptoms listed above in the “Daily Health Screening” section of this guidance.
- The student, faculty, staff member or any close contact is confirmed to have COVID-19.
- The student, faculty or staff member is awaiting COVID-19 test results.

If excluded, students, faculty, and staff should call their healthcare provider for further directions.

If a student, faculty or staff member reports any of the above symptoms, or is confirmed to have COVID-19, the student, faculty or staff member must not return to school until:

- They complete the appropriate isolation period:
 - 72 hours **after** the fever has resolved without the use of fever-reducing medication (e.g., Motrin, Tylenol) and respiratory symptoms have improved; **AND**
 - At least ten days after symptoms first appeared, **whichever is later**; OR
- They have a negative COVID-19 test, and meet standard criteria to return to school after an illness; OR
- They have been cleared from isolation per their healthcare provider or DC Health instructions.

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

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

Dismissal Criteria:

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

- The school administrator is to send the student/faculty/staff member home immediately, or isolate until it is safe to go home and seek healthcare provider guidance, and follow cleaning and disinfecting



procedures for any area, materials and equipment with which the student/faculty/staff member was in contact.

K. EXPOSURE REPORTING, NOTIFICATIONS, & DISINFECTION

Step 1: Reporting to DC Health

In the event that a school identifies a student, faculty or staff member who has tested COVID-19 positive, it is important for the school to establish a plan for COVID-19 exposures.

Schools should notify DC Health by emailing coronavirus@dc.gov with the following information:

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

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

Step 2: Communication to Students, Faculty, and Staff

Schools are to have communication protocols in place that protect the privacy of individuals and alert their students, faculty, and staff to a COVID-19 case. Communication is to be completed, per DC Health directive and will include:

- Notification to those students/faculty and staff in close contact with the individual including the requirement to quarantine for 14 days,
- Notification to the entire program that there was a COVID-19 positive case, those impacted have been 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 <https://coronavirus.dc.gov>;
- Referral to the Guidance for Contacts of a Person Confirmed to have COVID-19, available at <https://coronavirus.dc.gov>; and
- Information on options for COVID-19 testing in the District of Columbia, available at <https://coronavirus.dc.gov/testing>.

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

Step 3: Cleaning, Sanitization, and Disinfection of Affected Spaces

In the event of a **confirmed COVID-19 case in a student, faculty or staff member**, the school **must follow all steps outlined by DC Health as well as** the cleaning, disinfection and sanitization guidance from the CDC, linked [here](#):

- If **seven days or fewer** have passed since the person who is sick used the facility, follow these steps:
 - 1) Close off areas used by the person who is sick.
 - 2) Open outside doors and windows to increase air circulation in the areas.



- 3) Wait up to 24 hours or as long as possible before cleaning or disinfecting to allow respiratory droplets to settle.
 - 4) Clean and disinfect all areas used by the person who is sick, such as classrooms, bathrooms, and common areas.
- If **more than seven days** have passed since the person who is sick used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection.

QUESTIONS?

If you have questions relating to this guidance please contact Angela Lee, Executive Director of HELC, at Angela.Lee@dc.gov.

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



APPENDIX A: PROCEDURE FOR STAFF CONDUCTING PHYSICAL TEMPERATURE CHECKS

In the event a staff member must take another individual's temperature, they must follow one of two options articulated below, per guidance from the Centers for Disease Control and Prevention (CDC). 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 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.

Make sure your face stays behind the barrier at all times during the temperature check.

If performing a **temperature check on multiple individuals**:

Ensure that you use a **clean pair of gloves for each student, faculty or staff** and that the **thermometer has been thoroughly cleaned** in between each check.

If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the student, faculty or staff, 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 student, faculty, staff *or* barrier/partition controls cannot be implemented.

CDC states that reliance on PPE is less effective and more difficult to implement because of PPE shortages and training requirements.

If staff do not have experience in using PPE, the CDC has recommended sequences for donning and doffing PPE.

To follow this option staff should:

Wash hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60 percent alcohol.



Put on PPE. This includes a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown should be considered if extensive contact with the individual being screened is anticipated.

Take the individual's temperature.

If performing a **temperature check on multiple individuals:**

Ensure that you use a **clean pair of gloves for each student/faculty/staff** and that the **thermometer has been thoroughly cleaned** in between each check.

If you use disposable or non-contact (temporal) thermometers and you did not have physical contact with the student/faculty/staff, 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:

It is recommended to use non-contact (temporal) thermometers. 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 client. You can reuse the same wipe as long as it remains wet.