

Phase 1 and Phase 2 Guidance

Coronavirus 2019 (COVID-19): Guidance for Schools (Preschool-K-12 and Adult)

During Phase 1, schools (inclusive of Preschool-K-12 and Adult) will remain in a virtual learning posture. DC Health recommends not starting in-person school activities during Phase 1 of reopening.

During Phase 2, schools should implement the following measures in order to help reduce the risk of COVID-19 transmission among students and staff. For additional information, visit coronavirus.dc.gov.

Implement Measures to Support Safety of Employees and Children

Daily Health Screening

- Schools should ensure a daily health screen for all students and staff entering the building. An individual with any of the following symptoms should not enter the school, and instead they should go home and call their healthcare provider:
 - Fever (subjective or 100.4 degrees Fahrenheit) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, or otherwise feeling unwell.
- If an student 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 seek healthcare provider guidance.
- If any child or staff member has been in close contact with a person who is positive for COVID-19, then the child or staff member should not enter the facility until cleared by their healthcare provider, or have completed their quarantine period without becoming symptomatic or diagnosed with COVID-19.
- If any student or staff member has been in close contact with a person who is awaiting a COVID-19 test result, then the student or staff member should not enter the facility until the close contact tests negative. If the close contact tests positive, then they should seek guidance from their healthcare provider or DC Health.

High-Risk Individuals

Students and staff at high-risk for experiencing severe illness due to COVID-19 must be cleared by their medical provider before attending in-person. This includes, but not limited to:

- Chronic Lung Disease;
- Moderate to severe Asthma;
- Serious heart conditions;
- Immunocompromised conditions;
- Severe obesity (>40 Body Mass Index);
- Diabetes;
- Chronic Kidney Disease; and/or
- Liver Disease

People 65 years and older should be cleared by a medical provider before participating in in-person activities. And any student or staff member who has a medical condition not on this list, but is still concerned about their safety, is encouraged to connect with their medical provider.

Limit Contact

Non-Medical Face Coverings (Face-Masks)

- All adults should wear non-medical face coverings or face masks at all times while at school. If an adult has a contraindication to wearing a face covering, either medical or otherwise, then that individual 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. Older children and adolescents may have less difficulty wearing a face covering compared to younger children.

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.

Social Distancing

Schools should ensure appropriate physical distancing by having:

- No more than 10 individuals (staff and children) clustered in one class
 - If all students who want to attend in-person cannot be accommodated in a school facility, then consider alternating days (A and B days) for cohorts to be in person while others learn via a virtual platform
- Six feet of distance between each individual
- Grouping the same students and staff together each day and throughout the day (as opposed to rotating teachers or children)
- Limiting non-essential visitors
- No mixing between groups to include entry and exit of the building, at meal time, in the rest room, on the playground, in the hallway, and other shared spaces
- No large group activities and activities requiring children to sit or stand in close proximity,
- Cancel activities and events such as field trips, student assemblies, athletic events or practices, special performances, school-wide parent meetings,
- Cancel or modify classes where students are likely to be in very close contact (i.e. choir class)
- Rearrange student desks to maximize the space between students
- 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)
- Allow students to eat lunch and breakfast in their classrooms rather than mixing in the cafeteria. If not possible, then stagger lunch by class and/or segregate lunch and recess area by class
- Stagger arrival and/or dismissal times
- Reduce congestion in the health office
- Teach staff, students, and their families to maintain distance from each other in the school
- Educate staff, students, and their families on COVID-19 and social distancing

Cleaning and Disinfecting

All schools should regularly clean, disinfect and sanitize surfaces, and materials per [District guidance on cleaning and disinfecting](#).

- 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). Clean with the cleaners typically used. Use all cleaning products according to the directions on the label.
- For all cleaning, sanitizing, and disinfecting products, follow the manufacturer's instructions for concentration, application method, contact time, and drying time prior to use by a child. See [CDC's guidance for safe and correct application of disinfectants](#).
- 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% alcohol.
- Ensure adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.

Building Considerations

Schools that are reopening after a prolonged facility 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 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 children 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 in to 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.

Potential Exposures and Positive COVID-19 Cases

In the event that a school identifies a child or staff member who has tested COVID-19 positive, it is important for the school to:

1. Notify DC Health by submitting a Notifiable Disease Case Report Form, found on the DC Health Infectious Disease website: dchealth.dc.gov/service/infectious-diseases
2. Consider facility closures necessary to facilitate appropriate cleaning and disinfecting.

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.