Coronavirus 2019 (COVID-19): Guidance for Schools (Pre-Kindergarten – 12th Grade and Adult Education)

DC strongly supports the provision of in-person learning for Fall 2021. This document provides guidance for how DC public, public charter, private, parochial, and independent schools can reduce the risk of COVID-19 transmission among students, staff, families, and the community. This guidance is consistent with updated Centers for Disease Control and Prevention (CDC) guidance. updated 7/9/21. For additional information, including current District COVID-19-related public health data, please visit coronavirus.dc.gov. Daily case and positivity rates of COVID-19 in DC can be found at coronavirus.dc.gov/page/reopening-metrics.

Prevention of COVID-19 in schools

Studies indicate that schools can open safely and remain open during the COVID-19 pandemic if layered prevention strategies are implemented and followed consistently. **Vaccination is the most important public health intervention for ending the COVID-19 pandemic.** Many children served in schools are not yet eligible to be vaccinated. Until all ages can be vaccinated, continued use of layered prevention measures is recommended to prevent the spread of COVID-19 in schools.

Elements of Prevention

- Schools **must** implement universal indoor masking regardless of vaccination status

- Schools **should** implement these elements in their COVID-19 prevention strategy:
  - Promoting COVID-19 vaccination
  - Staying home when sick
  - Physical distancing

- Other key elements include:
  - Hand hygiene and respiratory etiquette
  - Screening testing
  - Contact tracing, testing, quarantine, and isolation
  - Cleaning and Disinfection
  - Ventilation

COVID-19 vaccination

- In the United States, all people age 12 and older are currently eligible for COVID-19 vaccination. The COVID-19 vaccines are safe and effective at keeping people from getting sick with COVID-19, including the Delta variant and other circulating variant strains. They are also very effective at preventing hospitalization and death if someone is infected with COVID-19.
- **Per DC Mayor's Order 2021-099, DC Public Schools (DCPS) teachers and staff must provide proof of vaccination status by September 19, 2021 or participate in weekly testing. Teachers and staff from all other schools are strongly encouraged to be vaccinated. Students are strongly encouraged to be vaccinated as soon as they are eligible.**
- Schools are encouraged to track vaccination coverage among students and staff, while complying with applicable privacy regulations.
- School administrators should strongly promote vaccination and develop policies that support vaccination, such as:
  - Leave options for staff and excused absences for students to get vaccinated, and if they experience vaccine side effects
  - Creative incentives for staff and students to get vaccinated

  - For more information about how to promote vaccination, see the CDC *Workers COVID-19 Toolkit* at cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/essential-workers.html.
- **A person is considered fully vaccinated 14 days after the last dose of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine).**
- Find out more about getting the COVID-19 vaccine in DC at coronavirus.dc.gov/vaccine.
- For detailed guidance for fully vaccinated people, see "*Guidance for Fully Vaccinated People*" at coronavirus.dc.gov/healthguidance.

Stay home when sick

- Any person experiencing symptoms of COVID-19 or who is required to isolate or quarantine due to COVID-19 diagnosis or exposure should not attend, work at, or visit a school due to the risk of exposing others.
  - A person who is awaiting a COVID-19 test due to symptoms of COVID-19 must not attend, work at, or visit a school until their test comes back negative.
  - Unvaccinated people who have travelled should follow travel-related COVID-19 testing and quarantine recommendations outlined in *Guidance for Travel* at coronavirus.dc.gov/healthguidance.
- Symptoms of COVID-19 may include: fever (subjective or 100.4 degrees Fahrenheit), 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, or diarrhea.
- All persons **18 and older** who are experiencing any of the symptoms listed above, that are new or unexplained, should stay home and not enter a school.
- All persons younger than 18 who are experiencing the following symptoms, that are new or unexplained, should stay home and not enter a school (Modified Protocol):
  - **Any ONE of these red flag symptoms:**
    - **New or worsening cough**
    - **Shortness of breath/difficulty breathing**
    - **New loss of taste or smell**
  - **OR at least two (2) of the following symptoms:**
    - **Fever (measured or subjective)**
    - **Chills**
    - **Muscle or body aches**
    - **Headache**
    - **Sore throat**
    - **An unusual amount of tiredness**
    - **Nausea or vomiting**
    - **Runny nose or congestion**
    - **Diarrhea**

Masks

Mask Basics:

- Masks function as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. This is called source control.
- Masks protect the wearer and protect other people.
- To be effective, masks must be worn correctly. Masks should be 2-3 layers of tightly woven fabric, cover the nose and mouth, and fit snugly against the sides of the face.
- Most students, including those with disabilities, are able to wear face masks. Some students cannot safely wear a mask, but are entitled to educational services, and should not be

required to wear one. An example of this might be a student with a disability that limits their ability to remove their mask without assistance if they have a breathing issue. Plan for options for students with special needs who may not be able to comply with face mask or physical distancing protocols.

- Consider clear masks (not face shields) for students or staff who are deaf or hard of hearing.
- Children under 2 years of age should not wear a mask.
- For more information about masks please refer to "*Masks and Cloth Face Coverings Guidance for the General Public*" at coronavirus.dc.gov/healthguidance.

Masks in schools

- **Indoors**: Masks must be worn by **all people indoors** (including staff, teachers, students, and visitors), **regardless of vaccination status**.
  - Masks may be removed for eating or drinking.
  - Masks must be removed for naptime.
- **Outdoors**: In general, people do not need to wear masks when outdoors. However, particularly in areas of substantial to high transmission[1], CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.
- **On school buses**: Masks must be worn on school transportation, including school buses.

Physical Distancing

- **People who are not fully vaccinated should maintain physical distance from people not from their household, whether indoors or outdoors.**
- **Schools should implement physical distancing to the greatest extent possible within their structures. However, inability to maintain recommended distances should not be used as a reason to keep students from in-person learning.**
- **Cohorting** is a strategy that can be used to supplement physical distancing in schools. Cohorting consists of dividing students and teachers into distinct groups that stay together throughout the entire school day. Cohorting can help minimize the number of unvaccinated staff and students that need to quarantine if a case of COVID-19 occurs in a staff member or student. Cohorting is more feasible in the younger grades than in higher grades where students may switch classes more frequently throughout the school day.
- **3 feet of distance is recommended between students in classrooms (regardless of vaccination status).**
- **6 feet of distance is recommended between:**
  - students outside of the classroom setting (including during physical education classes, recess, in school common areas)
  - all people during activities when masks cannot be worn, such as eating, especially indoors. If schools allow students to eat in classrooms, strategies should be implemented to allow increased spacing between students during meal and snack times.
  - students and staff[2]
  - students and visitors to the school (unless a student and visitor are from the same household)
  - between all non-student adults who are not fully vaccinated (teachers, staff, visitors)

[1] For information on the current level of community spread, please visit coronavirus.dc.gov/page/reopening-metrics

[2] Six-foot distance recommendation does not apply to school health personnel interactions with students

Strategies to promote physical distancing:

- Turning desks to face in the same direction (rather than facing each other), or seating students on only one side of a table, spaced apart
- Removing nonessential furniture and other changes to classroom layouts to maximize distance between students
- Spacing desks/seating appropriately
- Implementing small group sizes for activities
- Allowing 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 eating area by class, or consider outdoor options.
- Implementing reminders for maintaining 6 feet of physical distancing in areas where teacher and staff interactions occur, such as break areas.
- Requiring school bus drivers to enforce face mask requirements and encouraging them to promote physical distancing and good ventilation on buses (e.g., leaving empty rows of sets, opening windows)
- Decreasing contact with parents and/or caregivers at drop-off and pick-up times

Tips if utilizing cohorting:

- Cohorts should be maintained for all activities including lunch and recess.
- Physical distancing recommendations should be followed within the cohort.
- Prevent mixing between cohorts and take steps to support 6-feet of physical distancing between cohorts. Mixing cohorts poses an avoidable increased risk of exposure if an individual tests positive for COVID-19.
    - Pay special attention during the following times: entry and exit of the building, at mealtimes, in the restroom, on the playground, in the hallway, and in other shared spaces.
- Limit the use of floating staff to only when necessary as the use of floating staff poses an avoidable increased risk of exposure if staff test positive for COVID-19.
- Staggering arrival and/or dismissal times or locations by cohort.

Other key healthy practices

Hand hygiene and respiratory etiquette

- Make available adequate supplies (e.g., soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.
- Promote proper handwashing technique: washing hands with soap and water for at least 20 seconds. If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Perform frequent hand hygiene (with soap and water or alcohol-based hand sanitizer).
    - Key times to perform hand hygiene include
        - Before and after eating food,
        - Before and after group activities,
        - 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.
- Avoid touching your face, eyes, mouth, and nose with unwashed hands.
- Cover coughs and sneezes
    - Cover your mouth and nose with a tissue when you sneeze or cough. Dispose of used tissues into the trash.
    - If you don't have a tissue, cough or sneeze into your elbow.

Screening testing

- Screening testing can be an effective tool at reducing transmission in schools when combined with prevention measures, such as mask use and physical distancing. The benefits of school-based testing should be weighed against the costs, inconvenience, and feasibility of such programs to both schools and families.
- **What type of test to use for screening testing?**
  - Tests that provide results in 24 hours or less should be used.
  - Either type of SARS-CoV-2 viral test may be used: NAAT (nucleic acid amplification test) or antigen test.
    - If antigen tests are used for screening asymptomatic people, positive tests should be confirmed with laboratory based NAAT testing. Individuals with a positive antigen screening test must be treated as presumptively positive and isolate while awaiting confirmatory test results.
  - If available, saliva tests and nasal tests that use a short swab may be more easily utilized and accepted in schools.
  - For more information, refer to *Overview of Testing for SARS-CoV-2 (COVID-19)* at cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#print
- DC Health does not recommend universal testing of all students and staff as a prerequisite to school attendance.
- **Fully vaccinated people and people with a history of COVID-19 and recovery within the last 90 days should not participate in screening testing.**
- **Use of screening testing is particularly recommended:**
  - **for unvaccinated staff regardless of level of community transmission**
    - If a prioritization strategy is needed due to supplies or feasibility, staff screening testing can be targeted to high-risk situations such as unvaccinated teachers who may oversee multiple cohorts of students.
  - **for schools that are not able to provide recommended optimal physical distancing levels**.
  - **to facilitate participation in higher risk sports and extracurricular activities (see Higher risk activities in schools section on pages 5-6)**
    - Regular screening testing for unvaccinated participants (including students, teachers, coaches, and trainers)
      AND
    - Screening for unvaccinated participants before games, competitions, or athletic events

    AND
  - for all unvaccinated individuals at a school when community transmission levels are substantial or high
  - Screening testing for students should be considered if DC is experiencing moderate to substantial community spread[1].
    - Consider testing a random sample of at least 10% of unvaccinated asymptomatic students a week. Random selection could also occur by screening selected cohorts on a weekly basis, for example.
    - **Students should not be required to participate in screening testing in order to attend school but may be required to participate in after school activities, including sports.**
    - If a prioritization strategy is needed due to supplies or feasibility, schools should consider prioritization of high school students, then middle, then elementary students, as higher infection rates occur in older students.
- **It is important to note that there is a higher likelihood of false positive test results at lower levels of community transmission.**

- Pooled testing may be considered as an option when community cases are low/minimal.[1] If a pooled sample tests positive, all affected students and staff should not attend school and should isolate until PCR confirmatory results return, and close contacts of anyone in the pooled sample should not attend school and should quarantine.
- **Schools can contact the Office of the State Superintendent of Education (OSSE) to learn about testing programs that are available in public and public charter schools. In all instances, testing programs must comply with DC Health reporting requirements for COVID-19 (dchealth.dc.gov/page/covid-19-reporting-requirements).**

Higher risk school activities

Some school-related activities are classified as higher risk for COVID-19 transmission due to greater potential for forceful exhalation during participation. These include: participation in certain sports, physical education classes, recess, and certain classes and extracurricular activities such as choir, orchestra, band, and theater.

- Higher risk activities should be held outdoors as much as possible.
- There should be at least 6 feet between students during physical education classes.
- All participants must wear masks at all times (regardless of vaccination status) and maintain physical distance of at least 6 feet from other people as much as possible when participating in higher risk activities **indoors.**
- In general, indoor sports are higher risk.
- **Risk classification of sports:**
  - **Indoor sports are generally higher risk.**
  - **Risk by type of sport:**
    - **Higher risk sports:** sports that involve close, sustained contact between participants and high probability that respiratory particles will be transmitted between participants (examples: wrestling, football, basketball, boxing, hockey, lacrosse, martial arts, rugby, soccer, cheerleading, racquetball, squash)
    - **Moderate risk sports:** sports that involve close, sustained contact, but with protective equipment in place that may reduce the likelihood of respiratory particles being transmitted between participants OR sports with intermittent close contact (examples: flag football, volleyball, ultimate frisbee, crew, water polo, field hockey, baseball, softball)
    - **Low-contact/lower risk sports**: Sports that can be done with social distancing or individually without sharing of equipment (examples archery, badminton, bowling, cycling (outdoor), fencing, golf, gymnastics, horseback riding, ice skating, skiing, swimming, tennis, and track & field.
    - For more information see the National Federation of State High School Associations (NFHS) website at nfhs.org/media/3812287/2020-nfhs-guidance-for-opening-up-high-school-athletics-and-activities-nfhs-smac-may-15_2020-final.pdf.
- Participation in higher risk sports and extracurricular activities should be supported with regular screening testing for students and involved staff who are unvaccinated. (see **Screening Testing** section on page 5)

Other operational considerations:

- Institute an auditing program, to be performed at least every two weeks, to monitor the implementation of practices described in this guidance document.
- In-person instructional activities should be prioritized over extracurricular activities and events, including sports.
- Move as many classes and activities outdoors as possible, weather permitting (the same physical distancing protocols apply).

- There is no need to limit food service items to single use items and packaged "grab-and-go" meals, given the very low risk of COVID-19 transmission from surfaces.
- Have a clear plan in place for virtual learning options to support changes that may be needed due to increasing case rates in the community, or spread or outbreaks occurring within individual schools.
- Educate staff, students, and their families on COVID-19 and preventive measures such as mask wearing and physical distancing.
- Use methods such as posting signs and making announcements to regularly promote prevention methods. Make such communications accessible to all students and translate them appropriately.
- Add reminders about physical distance to reduce congestion in the health office.
- Non-essential visitors to the school should be minimized if DC is at moderate to high community transmission levels[1]. All visitors should be required to follow school policy on health screenings, face masks, physical distancing, and other preventive measures.

Workforce Considerations

- Schools should implement leave policies that are flexible and non-punitive and allow sick employees to stay home.
  - Leave policies are recommended to account for the following:
    - Employees who report COVID-19 symptoms,
    - Employees who were tested for COVID-19 for reasons including symptoms, travel, or exposure[3] and test results are pending,
    - Employees who tested positive for COVID-19,
    - Employees who are a close contact of someone who tested positive for COVID-19[3],
    - Employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
    - Employees who need to get the COVID-19 vaccine,
    - Employees who are experiencing side effects from the COVID-19 vaccine.
- Keep abreast of current law, which has amended both the DC Family and Medical Leave Act and the DC Sick and Safe Leave Law and created whole new categories of leave, like Declared Emergency Leave.
- Learn about and inform your employees about COVID-related leave provided through new federal law, the Families First Coronavirus Response Act (FFCRA) and all applicable District law relating to sick leave.

High-risk individuals

Students and staff at increased risk for experiencing severe illness due to COVID-19 are recommended to consult with their medical provider ***before*** attending in-person activities.

- Older adults and people with the following conditions **are at increased risk** of severe illness from COVID- 19:
  - Cancer
  - Chronic kidney disease
  - Chronic lung diseases, including COPD (chronic obstructive pulmonary disease), asthma (moderate-to-severe), interstitial lung disease, cystic fibrosis, and pulmonary hypertension)
  - Dementia or other neurological conditions
  - Diabetes (type 1 or type 2)

[3] For more information, including information about testing and quarantine exemptions, please see *Guidance for Close Contacts of a Person Confirmed to have COVID-19* at coronavirus.dc.gov/healthguidance

  - Down Syndrome
  - Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies, or hypertension)
  - HIV infection
  - Immunocompromised state (weakened immune system)
  - Liver disease
  - Overweight or obesity
  - Pregnancy
  - Sickle cell disease or thalassemia
  - Smoking, current or former
  - History of solid organ transplant or stem cell transplant
  - History of stroke or cerebrovascular disease
  - Substance use disorders
- For a complete list of conditions that can increase the risk for severe illness from COVID- 19, please see cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with- medical-conditions.html.
- There is less evidence to date about conditions which put **children** at increased risk of severe illness from COVID-19. Current information suggests that children with medical complexity (like genetic, neurologic, or metabolic conditions, and congenital heart disease) are generally at increased risk compared to their healthier peers. Like adults, conditions such as obesity, diabetes, asthma or chronic lung disease, sickle cell disease, or immunosuppression also appear to put children at increased risk for severe COVID-19.
- Any staff member, student, or parent/guardian of a student who has a medical condition not listed, but who has safety concerns, are recommended to consult with their medical provider before attending in-person activities.

Preventing outbreaks of other vaccine-preventable diseases (non-COVID-19):

According to CDC and DC Health data, the COVID-19 pandemic has resulted in a significant reduction in childhood vaccine administrations across the country including the District of Columbia and Maryland.

In order to prevent a vaccine-preventable disease outbreak in a school setting, it is imperative for all students who attend in-person activities be **fully vaccinated** according to CDC and DC Health standards.

- Ensure a policy is in place for reviewing of immunization status of students, provision of reminders to parents, timelines for compliance, and support for students who do not meet requirements.
- A review of immunizations can be found here.
- Review CDC resources regarding Vaccine-Preventable Diseases.

Establish a plan for COVID-19 exposure:

For persons diagnosed with or exposed to COVID-19

- Identify a point of contact (POC) at the school that staff and students (or caregivers) can notify if they test positive for COVID-19.
- Schools should have a plan in place so that staff or students diagnosed with COVID-19 or identified as a close contact of someone with COVID-19 and needing to quarantine do not return until their isolation or quarantine periods are complete, respectively.
  - A person who tests positive for COVID-19 should not attend school and should isolate for at least 10 days and show improvement of symptoms, including no fever for 24 hours.
  - **Definition of close contact:**

- Someone who was within 6 feet of an infected person for at least 15 minutes over a 24-hour period, starting from 2 days before illness onset (or for asymptomatic infected people, 2 days prior to positive test collection) until the time the infected person is isolated.
- UPDATE: Exception to close contact definition:
  - in the school[4] indoor classroom setting, the close contact definition excludes students who were within 3-6 feet of an infected fellow student where:
    - both students were engaged in consistent and correct use of well-fitting face masks
      AND
    - other layered prevention strategies were in place (such as universal mask wearing regardless of vaccination status, physical distancing, and increased ventilation)

- **UPDATE:** A person who is a close contact of someone with COVID-19 should not attend school and should quarantine for at least 7 days.
  - **Seven-day quarantine is permissible only if the person is tested for COVID-19 on day 5 or later of the quarantine period, and receives a negative test result.**
  - **If no COVID-19 testing is done, the person should quarantine for at least 10 days.**
- **UPDATE: Fully vaccinated people who are close contacts of someone with COVID-19** do not need to quarantine, but they should:
  - Get a COVID-19 test 3-5 days after the date they were exposed. Isolate if the test is positive.
  - Consider wearing a mask at home for 14 days if they live with someone who is immunocompromised.[5]
  - Monitor themselves for COVID-19 symptoms for 14 days from their exposure, and isolate if they develop symptoms.
- Persons who have been identified as a close contact of a person with COVID-19 are NOT required to quarantine if:
  - They have had COVID-19 (symptomatic or asymptomatic) within the last 90 days
    AND
  - do not have any symptoms suggestive of COVID-19 infection
- Please see the guidance documents "*Persons Who Tested Positive for COVID-19*" and "*Quarantine after COVID-19 Exposure*" for detailed guidance on isolation and quarantine at coronavirus.dc.gov/healthguidance.

Testing for symptomatic students and staff

- **For more information about diagnostic testing in the school setting, see *Overview of Testing for SARS-CoV-2 (COVID-19)* at cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html#print**

[4] This includes **Pre-Kindergarten-Grade 12 and Adult Education**

[5] **Immunocompromised** means having a weakened immune system due to a medical condition or from taking medications that suppress the immune system. This includes, but is not limited to: people on chemotherapy, people with blood cancers like leukemia, people who have had an organ transplant or stem cell transplant, and people on dialysis.

- Students and staff that develop symptoms of COVID-19[6] should not attend school and should isolate at home and consult with their healthcare providers or seek testing.
- It is recommended that students and staff should also get tested if anyone in their household is symptomatic, even if they themselves do not have symptoms.
  - DC Health recommends all household members get tested at the same time.
  - If testing is not done, it is recommended that the staff/student not attend school while the symptomatic household member's test result is pending.
    - If the result is negative, the student can return to school.
    - If result is positive, the student should not attend school and should isolate at home and expect outreach from the DC Health Contract Tracing team.

Communication and Response

- If a student or staff member develops symptoms of COVID-19[6] 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 a school identifies a student or staff member with COVID-19 who is in the building, schools should dismiss that person as well as any individuals that the school identifies as potential close contacts. If a student is part of a cohort, it is not necessary to dismiss the entire cohort. Contact tracing should be carried out by school staff to identify and dismiss potential close contacts until DC Health is able to complete the case investigation.
- Schools should have a notification process in place to share the following with staff and parents if a case occurs at the school:
  - Education about COVID-19, including the signs and symptoms of COVID-19
  - Referral to the "*Guidance for Contacts of a Person Confirmed to have COVID-19*", available at coronavirus.dc.gov/healthguidance.
  - Information on options for COVID-19 testing in the District of Columbia, available at coronavirus.dc.gov/testing.
  - The privacy of the staff or student must be maintained.
- Schools are responsible for implementing policies and having communications plans in place for all contractors, vendors, and community partners serving the school.
- Schools should identify POCs for contractors, vendors, and community partners in case of an exposure and should have that information available for DC Health when needed.

Reporting

- Refer to the guidance *"First Steps for Non-Healthcare Employers when Employees Test Positive for COVID-19"* at coronavirus.dc.gov/healthguidance when a case is reported in your school.
- Schools **must** notify DC Health if:
  - A school is notified that a staff member (including contractors), volunteer, or visitor **tested positive for COVID-19** (not before results come back)

  OR
  - a school is notified that a student **tested positive for COVID-19** (not before results come back)

  AND
  - the person was in the building or participated in school activities **during their infectious period**[7].

[6] Refer to symptoms in ***Stay home when sick*** section on page 2

[7] The infectious period starts two days before symptom onset date (or positive test date for people who do not have symptoms), and typically ends 10 days after symptom onset date (or positive test date for people who do not have symptoms).

- Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website: dchealth.dc.gov/page/covid-19-reporting-requirements.
  - Submit a Non-Healthcare Facility COVID-19 Consult Form.
  - DC Health must be notified on the same day the case was reported to the school, preferably as soon as possible after the school was notified.
- An investigator from DC Health will follow-up within 24 hours to all appropriately submitted notifications. Please note this time may increase if cases of COVID-19 increase in the District.

Cleaning and disinfection

All schools should put in place plans to regularly clean high-touch surfaces and disinfect when necessary.

- Routinely clean objects that are frequently touched and disinfect when necessary. This may include cleaning objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, classroom sink handles, countertops).
- Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them. Wait as long as possible (at least several hours) before cleaning and disinfecting, if feasible.
- 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 guidance for safe and correct application of disinfectants.
- For comprehensive information about cleaning and disinfection, including how to clean and disinfect if a person becomes ill at the school, please see *Guidance on Cleaning and Disinfection for Community Facilities* at coronavirus.dc.gov/healthguidance

Building considerations

Schools that are reopening after a prolonged facility shutdown should perform necessary maintenance to all ventilation and water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) so that they are ready for use and occupancy and are adequately maintained throughout the operating period.

- Consider making the following improvements to improve building ventilation:
  - Increase circulation of outdoor air as much as possible, for example by opening windows and doors, and using child-safe fans to increase the effectiveness of open windows.
    - Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to students using the facility.
  - Verify ventilation systems operate properly and provide acceptable indoor air quality for the current occupancy level for each space.
  - Improve central air filtration to the highest compatible with the filter rack, and seal edges of the filter to limit bypass.
  - Increase ventilation rates.
  - Check filters to verify they are within service life and appropriately installed.
  - Keep systems running longer hours, 24/7 if possible, to enhance air exchanges in the building space.
  - If activities are indoors, increase circulation of outdoor air as much as possible by opening windows or exterior doors if possible.
  - Consult with a specialist to see what works for your building.
- Consider portable air cleaners that use high-efficiency particulate air (HEPA) filters to

enhance air cleaning wherever possible, especially in higher-risk areas such as the health office or sick/isolation room(s).

- More details on recommended improvements to ventilation in school buildings can be found at cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html.
- 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.
    - Further details on steps for this process can be found on the CDC website at cdc.gov/coronavirus/2019-ncov/php/building-water-system.html.

Special considerations for residential schools:

Schools with a residential component (e.g., boarding schools) should implement all of the above safety measures in the residential setting. Additionally, the following safety measures are recommended:

- No more than two students per residential room with a strong preference of one student per residential room
- Compliance with quarantine and testing per DC Health *Guidance for Travel*, available at coronavirus.dc.gov/healthguidance.
- Designation of private rooms with dedicated bathrooms for isolation of any students that may test positive for COVID-19
- Designation of private rooms with dedicated bathrooms for quarantining of close contacts of confirmed cases of COVID-19 (this area should be separate from the isolation area)
- Testing access for students showing symptoms of COVID-19 or with known exposure to individuals with COVID-19
- Appropriate and easy access to medical services for COVID-19-related and non-COVID- 19 related conditions; and
- Plan and capability to restrict or eliminate in person activities rapidly in the case of significant community transmission or identified outbreak of COVID-19, including indications and procedures for closure of residential halls and dormitories

Process to review reopening plans:

All Local Education Agencies (LEAs) and private, parochial, and independent schools were required to submit a plan to Office of the State Superintendent of Education (OSSE) that described their plans to safely reopen schools in accordance with the health and safety guidance. OSSE ensured a complete review of reopening plans for all DC public and public charter LEAs and private, parochial, and independent schools. As needed, individual plan reviews included follow-up actions on areas of concern. Plans must be made publicly available at least ten days prior to reopening and should be updated to reflect current guidance.

The guidelines above will continue to be updated as the District's pandemic response evolves. Please visit coronavirus.dc.gov regularly for the most current information.