STAY SAFE MN

2020-2021 Planning Guide for Schools

HEALTH CONSIDERATIONS FOR NAVIGATING COVID-19

Reopening of school is critical during the COVID-19 pandemic, when many children and families are experiencing additional economic hardships, social isolation, and other stressors. Schools are a critical component of communities and have tremendous impact on the health, well-being, growth, and development of students and families. Education is a fundamental determinant of health because it cultivates life skills, knowledge and reasoning, social-emotional awareness and control, and community engagement, which serve people over the course of a lifetime. Schools themselves also function as tools and resources for public health intervention by addressing core needs such as nutrition, access to health and social support services, and engagement and support of families and the community as a whole.

The spring of 2020 brought about unprecedented changes to our society and our education system. As we look forward to the 2020-21 school year in our pre-kindergarten (pre-K) through grade 12 schools, we anticipate that SARS-CoV-2 – the virus that causes COVID-19 – will continue to circulate. Students, teachers, and other school staff will be at risk for transmitting and acquiring infection. It is important that everyone in the school community take steps to reduce transmission, particularly to those at high risk, while balancing the need to maintain a strong education system that effectively supports staff, students, and communities.

We developed this document to provide pre-K through grade 12 (K-12) school leaders guidance around policies, practices, and strategies that districts and schools must implement and recommendations they should consider to optimize education and promote health and safety, while mitigating risk throughout the school year. Use this guidance document in combination with the additional guidance provided by the Minnesota Department of Education, which includes both strategies for implementation of health guidance in schools, as well as other non-health related considerations for the 2020-21 school year. Additional guidance will be published as the COVID-19 response evolves throughout the summer and into the fall.

Planning for fall

School and district administrators are directed to develop three contingency plans to prepare for the 2020-21 school year using the three scenarios described below:

- **Scenario 1: In-person learning for all students.** In this planning scenario, schools should create as much space between students and teachers as is feasible during the day, but will not be held strictly to enforcing 6 feet of social distancing during primary instructional time in the classroom. Activities and extracurricular programming should continue to follow the COVID-19 Prevention Guidance for Youth and Student Programs (www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf). This scenario may be implemented if state COVID-19 metrics continue to stabilize and/or improve. All requirements in this guidance apply to scenario 1.

- **Scenario 2: Hybrid model with strict social distancing and capacity limits.** In this planning scenario, schools must limit the overall number of people in school facilities to 50% maximum occupancy. Sufficient social distancing with at least 6 feet between people must occur at all times. If distancing cannot be achieved in a space, the number of occupants must be reduced. Schools must also limit the overall number of people on transportation vehicles to 50% maximum occupancy. Schools must include plans for contactless pick-up and/or delivery of meals and school materials for days that students and staff are not in the school building, as well as implementation of a school-age care program for critical workers. This scenario may be implemented if COVID-19 metrics worsen at the local, regional, or statewide level. Scenario 2 may also be implemented within a school if they experience clusters of cases within a classroom or the school. All requirements in this guidance apply to scenario 2, with additional requirements noted in the Social Distancing and Minimizing Exposure section noted for scenario 2 only.

- **Scenario 3: Distance learning only.** This scenario may be implemented if local, regional, or statewide COVID-19 metrics worsen significantly enough to require the suspension of in-person learning. The requirements in this guidance regarding in-person protections would not apply to the general school community, as students and staff would be utilizing distance learning and would not be gathering in groups on school grounds. However, schools may be open to provide emergency child care or other functions.

How to use this guidance

This guidance document is organized into sections by topic, and within each section the planning elements are further separated into required and recommended practices for each planning scenario.

Required health practices must be implemented by all Minnesota public schools. These practices are foundational to minimizing the risks of exposure to COVID-19 for students, staff, and families. These practices are considered the minimum level of implementation, and schools may not be less restrictive.

Recommended health practices are additional strategies that schools may choose to use to minimize the spread of COVID-19. MDH and MDE recognize there are diverse learning environments that will require teams to use thoughtful strategies when applying guidance to meet the health and safety needs of all students and staff. Not all recommended practices will be possible in all settings, and therefore should be tailored as appropriate.

The following guidance includes sections addressing:

- COVID-19 program coordinator
- Social distancing and minimizing exposure
- Face coverings
- Delivering direct student support services
- Protecting vulnerable populations
- Hygiene practices
- Cleaning and materials handling
- Monitoring and excluding for illness
- Handling suspected or confirmed positive cases of COVID-19
- Water and ventilation systems
- Transportation
- Support mental health and wellness

COVID-19 program coordinator

Requirements: Scenario 1 and 2

- COVID-19 program coordinator - Identify a point of contact for each school building in collaboration with building or district school nurses. This person will communicate concerns, challenges, and lessons learned related to COVID-19 preventive activities as needed with staff, students/families, school and district leadership, and local health officials.

Recommendations: Scenario 1 and 2

- With older students, consider a student counterpart(s) to the COVID-19 program coordinator role to reflect the student experience. This strategy can support student ownership and responsibility for creating a safe and healthy school environment.

Social distancing and minimizing exposure

Social distancing (also called physical distancing) means keeping space between yourself and other people outside of your home. Social distancing is a critical tool in decreasing the spread of COVID-19.

In this planning scenario, schools should create as much space between people as possible during the day, recognizing that it is not always feasible to have 6 feet of social distancing during primary instructional time in the classroom.

Schools are encouraged to continue to use playground facilities for students in their care and use strategies to limit possible exposures. Students of all ages need to move their bodies and stay physically active. Getting outside for fresh air and movement is important to support physical and mental health on a daily basis.

> **Resource**
>
> - Playground Guidance for Schools and Child Care Programs (www.health.state.mn.us/diseases/coronavirus/schools/playground.pdf)

Requirements: Scenario 1 and 2

- Provide social distancing floor/seating markings in waiting and reception areas.

- Systematically review and evaluate school transportation capacity with the goal of creating as much space between riders as possible, recognizing that it is not always feasible to have 6 feet of social distancing. Consider reducing capacity or adding routes to allow for more physical space between riders. See Additional Requirements: Scenario 2, below, for transportation-related requirements specific to Scenario 2.

- Systematically review and evaluate classroom capacity with the goal of creating as much space between people as possible, recognizing that it is not always feasible to have 6 feet of social

distancing during primary instructional time in the classroom. Consider reducing class sizes or using alternative spaces with greater capacity to allow for more physical space between people.

- Mark 6 feet of spacing to remind students and staff to always stay 6 feet apart in lines and at other times they may congregate (e.g., during lunch, arrival and dismissal, restrooms, locker rooms, etc.).

- Have staff monitor arrival and dismissal to curtail congregating and ensure students go straight from vehicle to their classroom, and vice versa.

- Nonessential visitors, volunteers, and activities involving external groups or organizations should be restricted.

- Discontinue self-service food or beverage distribution in the cafeteria. Meals, snacks, and beverages served at school must be individually packaged, wherever possible. Where individual packaging is not possible, food and beverages must be served directly to students. As always, ensure the safety of children with food allergies.

Additional Requirements: Scenario 2

- Limit the number of people in school facilities and on transportation vehicles to 50% maximum occupancy.

- Ensure sufficient social distancing with at least 6 feet between people at all times when in school facilities. See Additional Requirements: Scenario 2, below, for transportation-related requirements specific to Scenario 2.

- Implement contactless pick up and/or delivery of meals and school materials for days that students and staff are not in the school building.

- Implement a school-age care program for critical workers.

Requirements: Scenario 3

- Implement contactless pick up and/or delivery of meals and school materials.

- Implement a school-age care program for critical workers.

Recommendations: Scenarios 1 and 2

- Develop and keep students and staff in small cohort groups that stay together as much as possible throughout the day and from day to day. Limit mixing between cohort groups as much as possible (e.g., during lunch in the cafeteria, bathroom breaks, arrival and dismissal, free periods, recess, etc.).

  - Cohorting is defined on the Centers for Disease Control and Prevention's (CDC) FAQ for School Administrators on Reopening Schools (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/reopening-schools-faqs.html).

- Minimize opportunities for exposure (especially when students are around each other for 15 minutes or more) by ensuring social distancing of at least 6 feet between people whenever possible. For example, evaluate classrooms and other available spaces to ensure classrooms are large enough or class sizes are small enough to create space between students and staff.

- Arrange classroom seating so that students are separated from one another by 6 feet when feasible. If it is not possible to arrange seating 6 feet apart, consider turning all desks to face in the same direction (rather than facing each other).

- Consider the use of transparent dividers (e.g., plexiglass) to separate people.

- If social distancing is not possible in the cafeteria, have meals delivered to the classroom or have students bring food from the cafeteria back to their classrooms to eat.

- Use visual aids to illustrate appropriate spacing and traffic flow throughout the school building (e.g., designating hallways or entrances as one-way and posting directional reminders on the walls and/or floor).

- Reconfigure common areas by spacing out furniture to minimize crowding. Consider closing off common seating areas if it is observed that social distancing is routinely compromised. Do not allow multiple groups into common areas.

- Stagger arrival and dismissal times to minimize crowding. Whenever possible, student pick-up and drop-off should occur outside.

  - Utilize visual cues, signage, and barriers to direct traffic flow and demonstrate social distancing.

  - Consider dividing entry points rather than funneling all students through the same entry space.

- Provide frequent reminders for students and staff to stay at least 6 feet apart from one another when feasible.

- Place physical barriers such as plexiglass for protection at reception desks or other similar areas.

- Whenever possible, hold physical education and music classes outside and encourage participants to spread out. Consider using visual cues to demonstrate physical spacing.

  - Arrange the space for band and singing classes and rehearsals so that people are separated from one another by at least 6 feet, and encourage more distance (e.g., 12 feet) when possible. Consider having all participants face in the same direction (rather than facing each other).

  - During performances, performers should be separated from audience members by a distance of at least 12 feet.

  - For comprehensive guidance on music and performing arts activities, K-12 schools must consult MDH guidance on Music Activities and Performances During COVID-19 (www.health.state.mn.us/diseases/coronavirus/musicguide.pdf) and the Music, Choir, and Performing Arts Teachers section of the CDC's Strategies for Protecting K-12 School Staff from COVID-19 (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-staff.html).

- Discontinue activities that bring together large groups of people or activities that do not allow for social distancing, including assemblies, in-person field trips, large group use of playground equipment simultaneously, etc.

- Consider allowing staff to use alternate spaces (e.g., telework) for discretionary preparation time.

Face coverings

All students, staff, and other people present in school buildings and district offices or riding on school transportation vehicles are required to wear a face covering.

For schools that have a kitchen, cafeteria, or other food services component licensed by MDH or a local health department, all food services workers must follow the [Industry Guidance for Safely Reopening: Restaurants and Bars (www.health.state.mn.us/diseases/coronavirus/safedining.pdf)](www.health.state.mn.us/diseases/coronavirus/safedining.pdf).

Face coverings are meant to protect other people in case the wearer does not know they are infected.

Types of allowable face coverings include:

- Paper or disposable mask

- Cloth face mask

- Scarf

- Bandanna

- Religious face covering

The covering should cover the nose and mouth completely, should not be overly tight or restrictive, and should feel comfortable to wear. A face covering is not meant to substitute for social distancing, but is especially important in situations when maintaining a 6-foot distance is not possible.

Face coverings should not be placed on anyone under age 2, anyone who has trouble breathing or is unconscious, anyone who is incapacitated or otherwise unable to remove the face covering without assistance, or anyone who cannot tolerate a face covering due to a developmental, medical, or behavioral health condition.

A face shield (a clear plastic barrier that covers the face) allows visibility of facial expressions and lip movements for speech perception and may be used as an alternative to a face covering in the following situations:

- Among students in Kindergarten through grade 8, when wearing a face covering is problematic.

- By teachers (all grades), when wearing a face covering may impede the educational process.

- For staff, students, or visitors who cannot tolerate a face covering due to a developmental, medical, or behavioral health condition.

- For staff providing direct support student services, when a face covering impedes the service being provided.

For optimal protection, the face shield should extend below the chin anteriorly, to the ears laterally, and there should be no exposed gap between the forehead and the shield's headpiece.

Staff, students, and other people present in the school building or in district offices may temporarily remove their face covering or face shield in the following situations:

- Face coverings may be temporarily removed when engaging in indoor physical activity (e.g., during recess, after school sports, or when exercising in a gym) where the level of exertion makes wearing a face covering difficult, and during classes or activities held outdoors. People participating in these activities should maintain 6 feet of distance while doing so to the extent feasible.

- Pre-kindergarten students age 5 years and younger participating in programming in a school building or district office. Pre-kindergarten programs are subject to the Executive Order requirements and related guidance applicable in child care settings; see Masking Requirements for Child Care (www.health.state.mn.us/diseases/coronavirus/schools/masks.html). Pre-kindergarten children who are at least 2 years old may wear face coverings if they can do so in compliance with CDC guidance on How to Wear Masks (www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html) (e.g., without frequently touching or removing the covering).

- Face coverings may be temporarily removed to eat or drink, but care should be taken to maintain as much space as possible between people, recognizing it is not always feasible to maintain 6 feet of distance from others.

- During indoor practices or performances involving singing, acting, or playing musical instruments where face coverings cannot be worn or are impractical to wear while playing the instrument or participating in the activity. Because these activities often generate aerosols, performers should maintain *at least* 6 feet of physical distance from each other, but should ideally maintain greater distance (e.g., 12 feet) when possible. Performers should be separated from audience members by a distance of at least 12 feet before removing face coverings.

  - Performers should replace their face covering as soon as the activity is completed. Depending on the activity, face shields or face coverings designed specifically for the instrument or activity (e.g., face coverings designed specifically for brass and woodwinds) should also be considered as an alternative if social distancing cannot be consistently maintained.

  - For comprehensive guidance on music and performing arts activities, K-12 schools must consult MDH guidance on Music Activities and Performances During COVID-19 (www.health.state.mn.us/diseases/coronavirus/musicguide.pdf) and the Music, Choir, and Performing Arts Teachers section of the CDC's Strategies for Protecting K-12 School Staff from COVID-19 (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-staff.html).

- While teachers and students may temporarily remove their face coverings when public speaking (for example, in a debate or speech team competition or in an assembly), lecturing, or engaging in classroom instruction, face coverings should only be removed in such situations when 12 feet of distance from others can be consistently maintained.

  - If a face covering would impede these activities but 12 feet of social distancing cannot be consistently maintained (for example, due to classroom size), a face shield should be considered as an alternative.

- People who are entering the school building during the day may be required by school staff to briefly remove their face covering for the purposes of checking identification.

- Staff working alone in their offices, classrooms, vehicles, or other job locations who do not have any person-to-person interaction.

- Staff working in communal spaces (e.g., at desks or in cubicles) that have barriers such as plexiglass or cubicle walls between employees that are above face level.

- When communicating with a person who is deaf or hard of hearing or has a disability, medical condition, or mental health condition that makes communication with a face covering difficult, provided that social distancing is maintained to the extent possible.

Requirements: Scenario 1 and 2

- Develop and implement policies for face coverings and ensure the policy is clearly posted and communicated to students, staff, families, and potential visitors to the school building.

  - The use of suspension for students as a consequence of not wearing a face covering is strongly discouraged.

  - School leaders should work with students who cannot tolerate face coverings due to legitimate health reasons (e.g. health conditions, disability, etc.) and work to create a school climate that will combat stigma and bullying of these students.

- Schools must provide face coverings and/or face shields to employees and students. Employees and students may choose to wear their own face covering as long as it meets the minimum requirement of covering the nose and mouth. While schools may choose to initially allot a certain number of face coverings and/or face shields to each employee and student, they should also maintain extra supply for staff and students who forget to bring them.

- Teach and reinforce the use of face coverings and/or face shields for students and staff throughout the school day, including on transportation vehicles, inside school buildings, and generally when on school grounds.

Share resources about face coverings and face shields staff, students, and families:

- Executive Order 20-81 (see Executive Orders from Governor Walz: mn.gov/governor/news/executiveorders.jsp)

- Masks and face coverings (www.health.state.mn.us/diseases/coronavirus/prevention.html#masks)

- Face Covering Requirements and Recommendations under Executive Order 20-81 (www.health.state.mn.us/diseases/coronavirus/facecover.html)

- Frequently Asked Questions About the Requirement to Wear Face Coverings (www.health.state.mn.us/diseases/coronavirus/facecoverfaq.html)

- How to Safely Wear and Take Off a Face Covering (www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering.pdf)

- Use of Masks to Help Slow the Spread of COVID-19 (www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html)

- Best Practice for Masks: Considerations for People with Disabilities and Special Health Needs (www.health.state.mn.us/diseases/coronavirus/guidemasks.pdf)

- Moving Personal Protective Equipment into the Community: Face Shields and Containment of COVID-19 (jamanetwork.com/journals/jama/fullarticle/2765525)

- COVID-19 Personal Protective Equipment: Doffing Step by Step (www.nebraskamed.com/sites/default/files/documents/covid-19/covid-19-personal-protective-equipment-doffing-step-by-step.pdf)

Delivering direct student support services

School staff will need to be in close contact with students when they provide certain services within the school setting, including: evaluation for service eligibility; screening for developmental or other health conditions; personal care services; and specialized instruction and related services for students with special health care needs or disabilities. Personal protective equipment must be used to reduce the risk of COVID-19 transmission during the provision of these and other services that require close, physical and prolonged contact.

For more information, refer to the Guidance for Delivering Direct Student Support Services: Staff Protective Equipment (www.health.state.mn.us/diseases/coronavirus/schools/directsupport.pdf). This guidance applies when planning for all scenarios.

Protecting vulnerable populations

The CDC considers the following people to be at high risk for severe illness due to COVID-19:

- Older adults

- Children who are medically complex, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease

- Have underlying medical conditions, including:

  - Chronic lung disease (COPD)
  - Serious heart conditions
  - Compromised immune system
  - Diabetes
  - Chronic kidney disease undergoing dialysis

  - Obesity (body mass index of 30 or higher for adults or a body mass index at or above the 95th percentile in children)
  - Sickle cell disease

Current data regarding the impact of underlying medical conditions and whether they increase the risk for severe illness from COVID-19 is limited and may change as the science evolves. The CDC has noted additional conditions for which people might be at increased risk for severe illness from COVID-19 at People with Certain Medical Conditions (www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html).

Requirements: Scenario 1 and 2

- Create a process for students/families and staff to self-identify as high risk for illness due to COVID-19. Have a plan in place to address requests for alternative learning arrangements or work reassignments.

- Evaluate all current plans (e.g., Individual Healthcare Plans, Individualized Education Plans or 504 Plans) for accommodating students with special health care needs and update as needed to decrease their risk for exposure to COVID-19.

- Offer distance learning to enrolled students who may be medically vulnerable or otherwise unwilling to return to in-person or hybrid learning.

Hygiene practices

Requirements: Scenario 1 and 2

- Ensure the availability of appropriate supplies to support healthy hygiene behaviors (e.g., soap, hand sanitizer, paper towels, disinfectant wipes, and tissues) and strategically place supplies in areas where they may be frequently used.

  - Review MDH's recommended Supplies for Schools (www.health.state.mn.us/diseases/coronavirus/schools/supplies.html).

  - Develop processes to frequently check and refill supplies at the point of use (e.g., hand sanitizer available near shared equipment, hand sanitizer near school building entrances/exits, etc.).

- Build routines of hand hygiene into the daily school schedule for all students and staff, including handwashing and sanitation breaks during or between classroom activities. Teach and reinforce handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer that contains at least 60% alcohol by staff and older students.

  - Supervise the use of hand sanitizer by students.

  - Ensure that children and staff with sensitivity or skin reactions to hand sanitizer can use soap and water.

  - Reinforce handwashing during key times including but not limited to: arrival and dismissal; before, during, and after preparing or eating food; after using the bathroom; after blowing one's nose, coughing, or sneezing; after touching objects with bare hands that have been handled by other people.

Recommendations: Scenario 1 and 2

- Use media, posters, and other tactics to promote health etiquette expectations in highly visible locations.

Hygiene practices resources

- Hand Hygiene (www.health.state.mn.us/people/handhygiene/index.html)

- Cover Your Cough (www.health.state.mn.us/people/cyc/index.html)

Cleaning and materials handling

Requirements: Scenario 1 and 2

- Identify staff who will be responsible for handling antimicrobial products (sterilizers, disinfectants, and sanitizers) and provide initial and ongoing training so staff understand and follow all product label directions and precautions appearing on (or included within) product containers. Some disinfectants can irritate the lungs, skin, and eyes or trigger asthma.

- Encourage staff to read the COVID-19 Cleaning and Disinfecting Guidance for Schools and Child Care Programs (www.health.state.mn.us/diseases/coronavirus/schools/clean.html).

- Establish a daily schedule for routine environmental cleaning and disinfection of high-touch surfaces (e.g., classroom work counters, individual desks, recently used toys, shared equipment) in classrooms and common spaces. Schedule routine environmental cleaning when students and teachers are not occupying the space.

- Evaluate the need to increase the frequency of disinfection in common spaces or classrooms when used by different groups of people or types of activities.

- Encourage users of registered disinfectants and other cleaning products to always carefully read, understand, and follow all product label directions and precautions appearing on (or included with) the containers. Statements such as "Keep out of reach of children" means that students should not use the product and should not participate in cleaning or disinfecting routines. **Securely store products away from students.**

- Ensure there is adequate ventilation when using these products by opening windows and doors to provide air flow.

- Use EPA List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19) (www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19). All antimicrobial products (sterilizers, disinfectants, and sanitizers) that claim to prevent, destroy, repel or mitigate a pest or the growth of unwanted organisms are pesticides and are required to be registered by the U.S. Environmental Protection Agency (EPA).

- Review CDC guidance on alternative disinfection methods prior to purchasing or implementing these methods. For more information, visit: Cleaning and Disinfecting Your Facility (www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html).

- Ensure adequate classroom supplies to minimize sharing of high-touch materials to the extent possible (e.g., by dedicating supplies or equipment to individual students) or limit the use of supplies and equipment to one small classroom cohort group at a time, allowing time to clean between use.

    - Avoid sharing electronic devices, books, toys, and other games or learning aids when possible, and ensure cleaning between uses.

    - Have students keep personal items in individually labeled cubbies, containers, desks, or lockers.

- Handle nondisposable food service items minimally and wash them with hot water and soap or in a dishwasher. Check product label to ensure product is meant to be used on surfaces that come into contact with food.

Recommendations: Scenario 1 and 2

- When feasible, discourage the use of soft and porous materials (e,g., stuff animals, cloth/fabric chairs, carpeting) that are difficult to clean or disinfect.

Cleaning and materials handling resources

- COVID-19 Cleaning and Disinfecting Guidance for Schools and Child Care Programs (www.health.state.mn.us/diseases/coronavirus/schools/clean.html)

- Frequently Asked Questions About COVID-19 for Facility Services and Cleaning Staff (www.health.state.mn.us/diseases/coronavirus/schools/cleanfaq.html)

- Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes (www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html)

- Playground Guidance for School and Childcare Programs (www.health.state.mn.us/diseases/coronavirus/schools/playground.pdf)

- Six Steps for Safe and Effective Disinfectant Use (www.epa.gov/sites/production/files/2020-04/documents/disinfectants-onepager.pdf)

- How to Properly Label a Cleaning Product Container (wspehsu.ucsf.edu/wp-content/uploads/2015/10/FactSheet_ProperlyLabelCleaningContainer.pdf)

- Safer Green Cleaning, Sanitizing, and Disinfection in Child Care Facilities and Schools During the COVID-19 Pandemic (www.healthandenvironment.org/webinars/96527)

- Safer Disinfectant Use During the COVID-19 Pandemic (wspehsu.ucsf.edu/wp-content/uploads/2020/04/safer_disinfect_fxsht_0405.pdf)

- Cleaning and Disinfecting for COVID-19 (www.health.state.mn.us/communities/environment/childenvhealth/docs/c19safety.pdf)

Monitoring and excluding for illness

Regular screening for symptoms and ongoing self-monitoring throughout the school day can help to quickly identify signs of illness and help reduce exposure. Staff and students should be encouraged to self-monitor symptoms throughout the day. Staff or students who develop symptoms during the school day must notify school health services or another identified point of contact in the school building immediately.

CDC does not currently recommend universal testing to inform admitting students or staff into school. Viral testing only determines infection at the point in time the test occurs, and may miss cases in the early stages of infection. It is not known whether previous infection and recovery from COVID-19 illness protects people from reinfection.

Requirements: Scenario 1 and 2

- Educate staff, students, and families about the signs and symptoms of COVID-19, and when they/their children should stay home and when they can return to school.

- Require that staff and students stay home if:

  - They have tested positive, are waiting for a test result, or are showing COVID-19 symptoms, until they meet criteria (see MDH Decision Tree, below) for return.

    - What to Do if You're Waiting for COVID-19 Test Results (www.health.state.mn.us/diseases/coronavirus/waiting.pdf).

  - They have recently had close contact with a person with COVID-19, until they meet criteria for return.

    - What To Do if You Have Had Close Contact With a Person With COVID-19 (www.health.state.mn.us/diseases/coronavirus/contact.pdf).

  - Follow the COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs (www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf) to determine who must stay home and when staff or students may return.

- Conduct symptom screening where feasible for any person entering the school building. This includes staff, students, family members, and any other visitors physically entering the school building. Several example screening methods are outlined in CDC: Examples of Screening Methods (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren).

If it is not feasible to conduct health screenings given the setting:

- Provide parent education about the importance of monitoring symptoms and staying home while ill through classroom applications and other district messaging.

- Ask about access to thermometers and consider implementing temperature checks for households that do not have one.

- Use existing outreach systems to provide text and email reminders to staff and families to check for symptoms of household members in the morning and evening.

- Communicate expectations and processes for the symptom screening method(s) selected for staff, students, and families.

- Establish action steps to care for students and/or staff who arrive ill and do not pass screening.

- Develop plans for backfilling positions of employees on sick leave and consider cross-training opportunities to allow for changes of staff duties as needed.

Recommendations: Scenario 1 and 2

- Conduct daily temperature screening for all people entering the school facility or boarding a school transportation vehicle.

  - Fever is defined as 100.4°F or greater.

  - Review CDC: Examples of Screening Methods (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren) to determine any personal protective equipment (PPE) needs depending on the screening method selected.

  - Consider offering a parent/guardian a documentation form for temperature screening.

- Establish and enforce sick policies to prevent the spread of disease, including:

  - Enforcing staff staying home if sick.

- Establish liberal use of sick leave for employees and sick days for students.

Handling suspected or confirmed positive cases of COVID-19

One mitigation strategy alone will not eliminate the spread of COVID-19, but the thoughtful combination of multiple strategies taken together may substantially reduce the risk of transmission. All members of the school community, including staff, students, families, visitors, and others must be vigilant in monitoring for symptoms of illness and protect others by staying home when they are feeling ill and following COVID-19 specific exclusion and self-quarantine guidance when appropriate.

Requirements: Scenario 1 and 2

- Designate a staff person who will be responsible for responding to COVID-19 concerns (e.g., school nurse) and will help coordinate with local health authorities regarding positive COVID-19 cases. All school staff and families should know who this person is and how to contact them.

- Put systems in place to allow staff and families to self-report to the school if they or their student have symptoms of COVID-19, a positive test for COVID-19, or had a close exposure to someone with COVID-19 within the last 14 days in a manner that is consistent with applicable laws and privacy policies, including the Family Educational Rights and Privacy Act (FERPA).

- Post signage at main entrance(s) requesting that people who have been symptomatic not enter the building.

- Follow the MDH COVID-19 Decision Tree for People in Schools, Youth, and Child Care Programs (www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf) to determine when a student or staff member may return to school following illness or COVID-19 testing.

  - It is not required for students or staff members to have documentation of a negative viral test or a letter certifying release from isolation in order to return to school, but they must follow guidance regarding when to return to school.

- Establish a dedicated space for symptomatic people who are waiting to go home. Distinguish this space from areas where student health services will be delivered to those who are well and need routine types of care (e.g., medication administration or first aid).

  - The designated space should accommodate social distancing of at least 6 feet for multiple people if needed.

  - Develop cleaning processes for the dedicated space between uses and as needed.

- Immediately isolate symptomatic people in the designated space at school and send them home.

- Ensure that symptomatic students who are waiting to be picked up remain under the visual supervision of a staff member who is at least 6 feet away. Both the symptomatic student and the supervising adults should wear a face covering or a surgical mask.

  - Do not place face coverings or surgical masks on anyone who is unconscious or has trouble breathing, anyone who is incapacitated or otherwise unable to remove the face covering without assistance, or anyone who cannot tolerate a face covering due to developmental, medical, or behavioral health needs.

- Implement cleaning and disinfecting procedures following the COVID-19 Cleaning and Disinfecting Guidance for Schools and Child Care Programs (www.health.state.mn.us/diseases/coronavirus/schools/clean.html).

- Develop a plan for how to transport an ill student or staff member home or to medical care if needed.

- Notify MDH of confirmed COVID-19 cases among students and staff (as required by Minnesota Rules, Chapter 4605.7050). An MDH inbox has been established for school COVID case reporting: health.schoolcc.followup@state.mn.us.

- Develop systems for notifying staff, families, and the public as needed if a person with COVID-19 was on the school premises while infectious. Do this in coordination with local health officials while maintaining confidentiality in accordance with FERPA and all other state and federal laws.

- Develop strategies to maintain engagement and offer distance learning activities for students who cannot be physically present in the classroom due to illness or exposure.

Water and ventilation systems

Reduced use of water and ventilation systems can pose health hazards when reopening a building after it has been closed for a long period of time. Stagnant or standing water in pipes poses an increased risk for *Legionella* species and other bacteria.

Recommendations: Scenario 1 and 2

- Take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains) are safe to use after a prolonged facility shutdown.

  - CDC: Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation (www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html)

  - MDH: Ensuring Water Quality in Building Premise Plumbing: Guidance for Building Owners and Managers During and After COVID-19 (www.health.state.mn.us/communities/environment/water/docs/com/buildowner.pdf)

- Clean and sanitize drinking fountains, and encourage staff and students to bring their own water, use cups, or other alternative procedures to minimize use and touching of water fountains.

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms, etc.) to students and staff using the facility.

- Do not open windows and doors if doing so poses a safety or health risk to staff or attendees (e.g., risk of falling or triggering asthma symptoms).

- If portable ventilation equipment like fans are used, take steps to minimize air from them blowing from one person directly at another person to reduce the potential spread of any airborne or aerosolized viruses.

  - See CDC: Considerations for Events and Gatherings (www.cdc.gov/coronavirus/2019-ncov/community/large-events/considerations-for-events-gatherings.html).

Resources for ventilation

- CDC: Resuming Business Toolkit (www.cdc.gov/coronavirus/2019-ncov/downloads/community/Resuming-Business-Toolkit.pdf)

- Coronavirus (COVID-19) Response Resources from ASHRAE and Others (www.ashrae.org/technical-resources/resources)

Transportation

Requirements: Scenario 1 and 2

- Systematically review and evaluate school transportation capacity with the goal of creating as much space between riders as possible, recognizing that it is not always feasible to have 6 feet of social distancing. Consider reducing capacity or adding routes to allow for more physical space between riders. See Additional Requirements: Scenario 2, below, for transportation-related requirements specific to Scenario 2.

- All persons driving or riding in a school transportation vehicle must wear a face covering. Please reference the Face Coverings section above for additional details. An extra supply of face coverings should be maintained on school transportation vehicles for riders who forget to bring them.

- Arrange seating to maintain 6 feet of distance between the driver and all riders.

- Clean and disinfect transportation vehicles regularly, focusing on frequent cleaning of touched surfaces in the vehicle (e.g., surfaces near the driver's seat, hard seats, door handles, seat belt buckles, light and air controls, doors and windows, grab handles) between routes.

- Keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.

- Follow the symptom screening protocol outlined in the Monitoring and Excluding for Illness section, above, for any person entering a school transportation vehicle. Consider the option of a parent/guardian attestation. People must stay home and not board transportation if they are experiencing symptoms of COVID-19 or have been exposed to someone positive for COVID-19.

- Require that people who become ill during the day not use group transportation to return home.

  - Create a plan for getting students home safely if they are not allowed to board the vehicle.

  - If a driver becomes sick during the day, they must follow protocols outlined for people who are ill and must not return to drive students.

Additional Requirements: Scenario 2

- Limit the number of people on transportation vehicles to 50% maximum occupancy.

- Create as much space between riders as possible, recognizing that it is not always feasible to maintain 6 feet of social distancing. Household members may be seated in rows together. Consider reducing capacity or adding routes to allow for more physical space between riders.

Recommendations: Scenario 1 and 2

- Provide hand sanitizer to support healthy hygiene behaviors on all school transportation vehicles for safe use by staff and older children.

- Consider using assigned seating for riders to assist with rapid contact tracing in the event there is a positive case who rode on a school transportation vehicle while potentially infectious.

- Consider keeping windows open if appropriate and safe while the vehicle is in motion to help increase air circulation.

Support mental health and wellness

The COVID-19 pandemic is causing a tremendous amount of stress, fear, and anxiety for many people. It's important that Minnesotans have access to the mental health care resources they need to stay well during this challenging time. Schools can play an important role in helping students and staff cope, access needed resources, and build resilience.

Requirements: Scenario 1 and 2

▪ Provide staff, families, and students (age-appropriate) with information on how to access resources for mental health and wellness.

Recommendations: Scenario 1 and 2

▪ Increase capacity to offer social support services by increasing the number of professionals on-site.

▪ Encourage staff, students, and families to talk with people they trust about their feelings and concerns regarding COVID-19.

Resources for supporting mental health and wellness

▪ Supporting Mental Well-being During COVID-19 (www.health.state.mn.us/communities/mentalhealth/support.html)

▪ Mental Health Support (mn.gov/covid19/for-minnesotans/get-help/mental-health.jsp)

▪ Tips and Resources for Children and Parents During COVID-19 (www.health.state.mn.us/communities/mentalhealth/children)

▪ Helping Children Cope (www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/for-parents.html)

Future guidance

This document offers broad guidance to support scenario-based planning. Supplemental guidance and tools will be updated and released by MDH and MDE as more is learned from experiences in Minnesota and as directed by the CDC.

Resources

▪ American Academy of Pediatrics COVID-19 Planning Considerations: Guidance for School Re-entry (services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/)

▪ Minnesota Stay Safe Guidance for Schools, Colleges, and Universities (staysafe.mn.gov/industry-guidance/schools.jsp)

▪ CDC: Schools and Child Care Programs (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html)

- EPA List N: Disinfectants for Use Against SARS-CoV-2 (www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19)

- FDA: Food Safety and the Coronavirus Disease 2019 (COVID-19) (www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19)

- Food Service Worker Safety Information (www.health.state.mn.us/diseases/coronavirus/schools/foodservice.pdf)

- OSHA: Guidance on Preparing Workplaces for COVID-19 (www.osha.gov/Publications/OSHA3990.pdf)

MINNESOTA

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Contact health.communications@state.mn.us to request an alternate format.

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