

2021-22 School Planning Guidelines

**Continuity of Services Plan
(ESSER III ARP PLAN)**

March 2022

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What's New in this Version?

Version 1.5 (March 2022)

- Addition of necessary resources to track COVID-19 community conditions (Page 6)
- Updated statement of COVID-19 community conditions (Pages 6-8)
- Updated masking requirements based on community COVID-19 conditions (Pages 15-16)

Version 1.4 (February 2022)

- Updated Communication with Students, Parents, Employees, Public Health Officials, and Community (Pages 19)
- Updated Communication (Pages 20-21)

Version 1.3 (January 2022)

- Updated Campus Access – Return to School and Return to Work protocols (Pages 9-12)
- Updated Appendix A: Guidelines for Quarantine After Diagnosis or Exposure to COVID-19 (Pages 22-27)

Version 1.2 (November 2021)

- Updated Appendix A: Guidelines for Quarantine After Exposure in K-12 Classroom Setting (Pages 21-23)

Version 1.1 (August 2021)

- Published Appendix A: Guidelines for Quarantine After Exposure in K-12 Classroom Setting (Pages 21-23)

Version 1.0 (August 2021)

- Published initial 2021-22 Health and Safety Guidelines for Accel Schools

Introduction

The COVID-19 pandemic affected entire communities, states, and the world and led us on a journey none of us thought we would experience in our lifetime. Our communities and families have experienced physical, emotional, health, and financial strains. The high levels of stress and trauma experienced during this time have highlighted the resiliency, strength, and power of ourselves and the importance of our schools and the school communities.

Our schools are all working collaboratively with their local county health officials and community partners to plan on how to safely reopen schools. This document intends to be a guide on safely reopening schools. It is not a “one-size-fits-all” document; rather, it is a document that honors the varied local contexts of each of our schools. This guidance document was developed with the most current information known at the time and will be updated as new data becomes relevant. This guide will provide checklists, essential questions for consideration, and examples of best practices and policy. It is also reasonable to expect that the protocols our schools implement will evolve as the local community conditions change.

As information changes, protocol updates and plans will be revised but will always consider the following as key principles:

- School policies must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working.
- It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community and done with close communication with state and/or local public health authorities and recognizing the differences between school districts, including urban, suburban, and rural districts.
- Policies should be practical, feasible, and appropriate for child and adolescent's developmental stage.
- Special considerations and accommodations to account for the diversity of youth should be made, especially for our vulnerable populations, including those who are medically fragile, have developmental challenges, or have special health care needs or disabilities, with the goal of safe return to school.
- No child or adolescents should be excluded from school unless required to adhere to local public health mandates or because of unique medical needs.

Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations when needed.

- School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities. These policies should be consistently communicated in languages other than English, if needed, based on the languages spoken in the community, to avoid marginalization of parents/guardians who are of limited English proficiency or do not speak English at all.

What has been highlighted during this pandemic is the importance of paying attention to the social-emotional well-being of our students, families, and staff. The emotional well-being of all our students, families, and staff are at the forefront of our decision making. We have an unprecedented opportunity to improve how we care for and educate each child and are working diligently to enhance the public good of our schools as we implement new, more student-centered designs.

Health and Safety

The health and safety of students and staff is the top priority when deciding to physically reopen or temporarily close school campuses for use by students, staff, and others. School leadership will be working in collaboration with their local health officials in making the decision(s) to open or temporarily close physical school campuses based on local health conditions.

When decisions are made to temporarily close or reopen, our schools will have established clear plans and protocols to ensure the safety of students and staff. Knowing that there is not a “one-size-fits-all” solution for opening schools across all communities, Accel Schools has created a comprehensive checklist of health and safety items that each school will use to guide the important health and safety decisions they will be making. This checklist was developed utilizing guidance provided by the CDC, State Department of Public Health, the State Division of Occupational Safety and Health, School leaders, and officials from other states to provide a comprehensive menu of considerations for schools.

While the checklist focuses on statewide guidance, the final decision to reopen will be made by each school, working in close collaboration with local health officials and community stakeholders, including families, staff, and partners. When a school is reopened, the school will continue to communicate with local and state authorities to monitor current disease levels and the capacities of the local health providers and health care systems.

In order to maintain the health and safety of our students and staff, school leaders will need to monitor the site listed below to determine school-specific community level.

To find your COVID-19 Community Level, go to www.CDC.gov or call 1-800-CDC-INFO (1-800-232-4636) to view our County Check Tool where you can identify your Community Level, the recommended prevention strategies for your community, and how to find vaccine, testing, and treatment resources in your area.

Local Conditions

- **Based on our current anticipated trajectory, in the coming weeks, fewer and fewer communities will be facing a high COVID-19 Community Level, and more and more measures, such as masks and other restrictions, can begin to lift safely.**
 - As of February 25, 2022, more than half of counties – representing about 70% of Americans – are in areas with low or medium COVID-19 Community Levels. This is an increase from about one third of counties at low or medium community levels last week, and we continue to see indicators improve in many communities.

- **Of course, we simply don't know what the future of this virus may bring, and we need to be prepared and ready for whatever comes.**
 - If a new and worse variant arrives, we may need to take different actions
 - We want to give people a break from masks and other precautions, when COVID-19 Community Levels are lower, and be able to reach for them again, should things worsen in the future. We will follow the science and the epidemiology to make recommendations and guidance based on the data.
 - Like all guidance during the pandemic, our COVID-19 Community Levels may be updated or changed in the future as the situation evolves.
 - The tools we have amassed – from vaccines and treatments, to tests and preventive measures, such as high-quality masks and proper ventilation – have made us better prepared than we've ever been to face the future.
- **We have more tools than ever before to protect ourselves and prevent COVID-19 from having a severe impact on our communities and overwhelming our hospitals.**
 - Vaccines, boosters, tests, treatments, and high-quality masks are all available, offering more layers of prevention than we had in our toolbox in 2020 and even 2021.
 - Going forward, this broad array of tools will help people protect themselves and communities minimize the strain COVID-19 places on the healthcare system, while we continue to enhance the tools, we must protect those at increased risk for severe illness and death.
 - Our prevention recommendations need to meet this moment in the pandemic.
 - To find your COVID-19 Community Level, go to www.CDC.gov or call 1-800-CDC-INFO (1-800-232-4636) to view our County Check Tool where you can identify your Community Level, the recommended prevention strategies for your community, and how to find vaccine, testing, and treatment resources in your area.
- **The whole community can only be safe when we all take steps to protect each other, including the people most at risk from COVID-19.**
 - Even if the level is lower in many communities and things improve for many of us, there are people in our communities who are immunocompromised, have underlying health conditions, have disabilities, or are older – and we can all ensure they have a safer, healthier life in the months ahead.
 - Some people may still choose to wear masks more often. And that's okay – we all should support and encourage efforts to protect those of us at high risk.
 - Some settings may still have additional protections in place because COVID-19 is more likely to spread quickly or cause additional strain if introduced there. These places include hospitals, nursing homes, and other congregate settings.
 - We all need to take the precautions we know work:
 - Please get vaccinated and get boosted when eligible.

- If you get sick, stay home, avoid being around people who are at increased risk of getting severely ill, and do what we've always known works to prevent spreading this disease to others.

As of February 25th, 2022 the following conditions are in place:

- Flexibility or Lifting of State Stay-Home Order
 - The state has lifted or relaxed the stay-home order to allow schools to physically reopen.
 - [Arizona](#)
 - [California](#)
 - [Colorado](#)
 - [Ohio](#)
 - [Michigan](#)
- Flexibility or Lifting of County Stay-Home Order
 - The county has lifted or relaxed the stay-home or shelter-in-place order to allow schools to physically reopen.
- Local Public Health Clearance
 - Testing Availability. The local public health officials have ensured adequate tests and tracking/tracing resources are available.
 - Local public health officials have reported a sufficient duration of decline or stability of confirmed cases, hospitalizations, and deaths.
 - Local public health officials have reported sufficient surge capacity exists in local hospitals.
- Equipment Availability
 - Schools will have sufficient protective equipment to comply with the Department of Public Health guidance for students and staff appropriate for each classification or duty, as well as relevant Division of Occupational Safety and Health Administration (OSHA) requirements.
 - Schools will have plans for an ongoing supply of protective equipment (masks, etc.).
 - Schools have purchased no-touch thermal scan thermometers for symptom screenings.
- Cleaning Supply Availability
 - Schools will have enough school-appropriate cleaning supplies to continuously disinfect the school site following DPH guidance.
 - Schools will ensure there are sufficient supplies of hand sanitizers, soap, tissues, no-touch trash cans, gloves, and paper towels.

Plan to Address Positive COVID-19 Cases or Community Surges

- ❑ Plans are in place to close schools again for physical attendance of students, if necessary, based on public health guidance and in coordination with Accel Schools SVP Operations and local public health officials.
- ❑ Following DPH guidance, when a student, teacher, or staff member or a member of their household tests positive for COVID-19 and has exposed others at the school implement the following steps:
 - In consultation with the Accel Schools and local public health officials, the appropriate school official will determine whether school closure is warranted, and length of time-based on the risk level within the specific community as determined by the local public health officer.
 - Following standard guidance for isolation at home after close contact, the classroom or office where the COVID-19-positive individual was based will typically need to close temporarily as students or staff isolate.
 - Additional areas of the school visited by the COVID-19-positive individual may also need to be closed temporarily for cleaning and disinfection.
 - Alternative plans for continuity of education, medical and social services and meal programs will be in place during temporary closures to school classrooms or facilities.

Campus Access

During a community surge these guidelines should be used to minimize access to school campuses, and limit nonessential visitors, facility use, and volunteers include:

- ❑ Schools are to exclude entry for any student, parent, caregiver, visitor, or staff showing symptoms of COVID-19 (reference CDC guidelines for COVID-19 symptoms). If students are showing symptoms, staff will discuss with the parent or caregiver and refer to the student's health history form or emergency card to identify whether the student has a history of allergies, which would not be a reason to exclude.

Monitoring of Students and Staff

- ❑ Students will be monitored throughout the day for signs of illness.
- ❑ Students entering school campuses will require symptom screening which includes:
 - Passive Screening - parents are recommended to [screen students](#) before leaving for school (check temperature to ensure temperatures below 100.4 degrees Fahrenheit, observe for symptoms outlined below) and to keep

students at home if they have symptoms consistent with COVID-19 or if they have had close contact with a person diagnosed with COVID-19.

- Symptoms consistent with COVID-19 include:
 - Fever above 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
 - All students are recommended to wash or sanitize hands as they enter campuses.
 - Schools will provide supervised, sufficient points of access to avoid larger gatherings.
 - If a student is symptomatic while entering campus or during the school day:
 - Students who develop symptoms of illness while at school will be separated from others right away and isolated in an area through which others do not enter or pass. If more than one student is in an isolation area physical distancing measures will be in place.
 - Any students or staff exhibiting symptoms will be required to immediately wear a face covering until they can be transported home or to a health care facility.
 - Students will be under staff supervision and care until picked up by an authorized adult.
 - Schools will follow established guidelines for triaging students, recognizing not all symptoms are COVID-19 related.
 - Parents will be advised of sick students and that students are not to return until they have met the criteria to discontinue [home isolation](#).
- Return to School after illness and exposure including after students recover from COVID-19 or complete recommended home isolation after exposure to a person with COVID-19.
- Students with a current vaccination status (defined as completion of the primary series* of Pfizer or Moderna vaccine less than six months ago OR completion of the primary series* of Johnson and Johnson vaccine less than two months ago OR received a booster dose of any COVID-19 vaccine. A primary series consists of one dose of Johnson & Johnson vaccine; or two doses of Moderna or Pfizer vaccine; or three doses of Moderna or Pfizer vaccine if you received an additional dose because you are

immunocompromised) should follow the following guidelines for discontinuing home isolation and return to school:

- Exposure with no symptoms (Asymptomatic):

All Students:

- During School Day – student in close contact during the school day with someone diagnosed with COVID-19 and followed COVID-19 mitigation protocols do not need to quarantine and may return to school. Students will be recommended to wear a mask around others in school and in public places for 10 days after last exposure.
 - Testing – Students will be recommended to test on day five after last exposure.
 - Testing Results – If Students test results are negative, resume activities with a mask for the next five days. If Students develop symptoms or test results are positive, stay home and follow diagnosis (Symptomatic) protocols below.
- All students who are not vaccinated should follow the following guidelines for discontinuing home isolation and returning to school:
 - Exposure with no symptoms (Asymptomatic):

All Students:

 - During School Day – Student in close contact during the school day with someone diagnosed with COVID-19 should stay at home for five days after last exposure, then wear a mask for the next five days.
 - Outside School Day - Attest that at least five (5) days have passed since last contact with a person diagnosed with COVID-19; and Attest that at least twenty-four (24) hours have passed without use of medication.
 - Testing – Students will be recommended to test on day five after last exposure.
 - Testing Results – If Students test results are negative, resume activities with a mask for the next five days. If Students develop symptoms or test results are positive, stay home and follow diagnosis (Symptomatic) protocols below.
 - All Students regardless of symptoms or vaccination status:
 - Exposure with symptoms or diagnosis of COVID-19 (Symptomatic):
 - All symptomatic or positive diagnosed Students must follow the following guidelines for discontinuing quarantine and returning to school.
 - Quarantine for five days preceding first signs of symptoms or positive test diagnosis.

- Attest that at least five (5) days have passed since symptoms first appeared or since positive test diagnosis.
- Day six - Attest that at least twenty-four (24) hours have passed without fever and use of medication; all symptoms have improved and are resolved.
 - If symptoms exist, stay home until fever is gone and symptoms have improved and are resolved.
 - If all symptoms are resolved, Student's may resume normal activities with a mask for the next five days.

If all the above criteria have been met but the student has medical documentation stating they are not cleared to return to school, that student may not return until cleared by medical provider.

- Staff entering school campuses are asked implement the following guidelines:
 - Wash or sanitize hands as they enter worksites.
 - Employees who are exhibiting symptoms are asked to use discretion in reporting to work. Twenty-four (24) hour fever-free without use of medication is required.
 - Staff members who develop symptoms of illness will be sent to medical care. School leaders will administer the use of emergency substitute plans.
 - Sick staff members will be advised not to return until they have met the criteria to discontinue [isolation](#).
- Return to work after illness and exposure including after staff recover from COVID-19 or complete recommended home isolation after exposure to a person with COVID-19.
 - All staff with a current vaccination status (defined as completion of the primary series* of Pfizer or Moderna vaccine less than six months ago OR completion of the primary series* of Johnson and Johnson vaccine less than two months ago OR received a booster dose of any COVID-19 vaccine. A primary series consists of one dose of Johnson & Johnson vaccine; or two doses of Moderna or Pfizer vaccine; or three doses of Moderna or Pfizer vaccine if you received an additional dose because you are immunocompromised) should follow the following guidelines for discontinuing home isolation and return to work:
 - Exposure with no symptoms (Asymptomatic):
 - All Staff:
 - During School Day – staff in close contact during the school day with someone diagnosed with COVID-19 and followed COVID-19 mitigation protocols do not need to quarantine

- and may return to work. Staff will be recommended to wear a mask around others for 10 days after last exposure.
- Outside School Day – Staff will be recommended to wear a mask around others for 10 days after last exposure.
 - Testing – Staff will be recommended to test on day five after last exposure.
 - Testing Results – If Staff test results are negative, resume activities with a mask for the next five days. If Staff develop symptoms or test results are positive, stay home and follow diagnosis (Symptomatic) protocols below.
- All staff who are not vaccinated should follow the following guidelines for discontinuing home isolation and returning to work:
 - Exposure with no symptoms (Asymptomatic):
 - All Staff:
 - During School Day – Staff in close contact during the school day with someone diagnosed with COVID-19 should stay at home for five days after last exposure, then wear a mask for the next five days.
 - Outside School Day - Attest that at least five (5) days have passed since last contact with a person diagnosed with COVID-19; and Attest that at least twenty-four (24) hours have passed without use of medication.
 - Testing – Staff will be recommended to test on day five after last exposure.
 - Testing Results – If Staff test results are negative, resume activities with a mask for the next five days. If Staff develop symptoms or test results are positive, stay home and follow diagnosis (Symptomatic) protocols below.
 - All Staff regardless of symptoms or vaccination status:
 - Exposure with symptoms or diagnosis of COVID-19 (Symptomatic):
 - All symptomatic or positive diagnosed Staff must follow the following guidelines for discontinuing quarantine and returning to work.
 - Attest that at least five (5) days have passed since symptoms first appeared or since positive test diagnosis.
 - Day six - Attest that at least twenty-four (24) hours have passed without fever and use of medication; all symptoms have improved and are resolved.
 - If symptoms exist, stay home until fever is gone and symptoms have improved and are resolved.
 - If all symptoms are resolved, Staff may resume normal activities with a mask for the next five days.

If all the above criteria have been met but the employee has medical documentation stating they are not cleared to return to work, that employee may not return until cleared by medical provider.

- Outside Visitors and Groups
 - Access to campus for parents will be limited and based on the school's evaluation as to whether and to what extent external visitors can safely utilize the facilities and campus resources. All individuals that use the facilities will be required to follow the school's health and safety plans and DPH guidance.
 - Protocols will be enforced for accepting deliveries safely.

Hygiene

Hygiene practices will be enforced to ensure personal health and safety in school facilities.

- Handwashing protocols will include:
 - Providing regularly scheduled opportunities for students and staff to meet handwashing frequency guidance.
 - Ensuring sufficient access to handwashing and sanitizer stations. Portable handwashing stations will be located throughout the facilities and near classrooms to minimize movement and congregations in bathrooms to the extent possible.
 - Ensuring a fragrance-free hand sanitizer (with a minimum of 60 percent alcohol) is available and supervised at or near all workstations. Children under age nine will use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222. Note: frequent handwashing is more effective than the use of hand sanitizers.

- Staff and students will be trained on proper handwashing techniques and PPE/EPG use, including the following:
 - Scrubbing hands with soap for at least 20 seconds or use hand sanitizer if soap and water are not accessible. Staff and students should use paper towels (or single-use cloth towels) to dry hands thoroughly.
 - Wash hands when: arriving and leaving home; arriving at and leaving school; after playing outside; after having close contact with others; after using shared surfaces or tools; before and after using scheduled restroom times; after blowing the nose, coughing, and sneezing; and before and after eating and preparing foods.

- Refer to [CDC guidance](#) on proper PPE use.

Protective Equipment

Plans to address protective equipment needs to ensure personal health and safety in school facilities are based on COVID-19 Community Levels combined with hospital capacity and COVID-19 hospital admissions with cases to identify when a community is facing low, medium or high level of risk from COVID-19.

- These data tell us how many people in the area are getting sick enough to require medical care, and if the area's healthcare system has the resources to provide care for all patients, including those who need care for something other than COVID-19.
- This approach provides a better picture of COVID-19 in our communities by helping us distinguish between the impact of a mild or asymptomatic illness and more severe disease.
- This approach also helps us understand when communities are likely to experience future healthcare strain, so they can take steps to protect those most at risk of severe illness and minimize additional strain on the healthcare system.
- These thresholds are designed to signal the need for additional precautions before the worsening trend leads to crisis.
- CDC evaluated how well COVID-19 Community Levels predict what will happen in communities up to 6 weeks later across several previous variants (e.g., Alpha, Delta, Omicron).
- **Going forward, we will be able to adjust our recommendations based on the level of COVID-19 in a community and the strain on healthcare.**
 - When communities are at a "**low**" level: Things are looking pretty good. In this circumstance, masks are not needed in most settings. At the low level, we recommend people stay up to date with their vaccines and take a test and stay home if they are sick. Businesses should continue to ensure increased ventilation.
 - When communities are at a "**medium**" level: Hospitals are seeing more sick patients and there is likely more disease in the community. Our focus is on protecting the people who are most likely to get severely ill and die from COVID-19. In this circumstance, we would recommend:
 - If you are at high-risk for severe COVID-19, you may choose to wear well-fitting masks indoors in public.
 - If you regularly interact with someone who is immunocompromised or at high risk for severe disease, you may want to take a test before you see them and take more precautions, like wearing a mask around them.

- Certain settings may want to enhance screening measures to identify infections quickly to prevent spread in these locations (e.g., healthcare, schools) earlier.
 - When communities are at a **"high"** level: There is potential the healthcare system could soon become strained.
 - **We would recommend community-wide policies to wear masks indoors.**
 - If those policies do not exist, we would still recommend people wear masks in all indoor public settings, including in schools – where masks are critical to keeping classrooms open for in-person learning – and workplaces.
 - Those who are immunocompromised or at increased risk for severe disease may choose to wear a respirator or a mask with greater protection.
 - **Importantly, people may choose to mask at any time.**
 - People who are at high-risk for severe disease should talk to their healthcare provider about wearing a mask regardless of COVID-19 Community Level.
 - For example, even when the level is low, someone who is at risk for severe disease could still get COVID-19 and become severely ill.
 - Also, there are some situations where we should always wear a mask. People with symptoms, people with a positive COVID-19 test, and people who have been exposed to someone with COVID-19 should wear a mask.
 - We are recommending prevention strategies, such as wearing a mask in public, when they are needed. This allows people to take a break from masks and other measures when things are better and lets us reach for them again if things are getting worse.
- Continue to follow CDC guidance:
- [Training and information](#) will be provided to staff and students on proper use, removal, and washing of cloth face coverings.
 - Face coverings are not recommended for anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the covering without assistance. Schools will make reasonable accommodations such as a face shield with a cloth drape for those who are unable to wear face coverings for medical reasons. Face shields should include a cloth drape attached across the bottom and tucked into a shirt.
 - Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected (many people carry COVID-19 but do not have symptoms). Cloth face coverings are not surgical masks, respirators, or personal protective equipment.

The following policies should be implemented (in addition to masking) when communities are a “high” level and there is potential for the healthcare system to soon become strained.

Physical Distancing

Physical distancing protocols will be in place throughout school facilities, specifically during times of medium or high community surges. The school facility plans will define how staff can honor physical distancing recommendations, yet meet student medical, personal, or support needs. Determining adequate space and facilities to be utilized which maintain the health and safety of students and staff will vary by school.

- ❑ Schools will limit the number of people in all campus spaces to the number that can be reasonably accommodated while maintaining a recommended three (3) feet of distance between individuals. Three (3) feet is the current preferred recommendation but it is important to pay attention to future modifications in public health recommendations.
- ❑ To the extent possible, and as recommended by the CDC, schools will attempt to create smaller student/ educator cohorts to minimize the mixing of student groups throughout the day. Minimize the movement of students, educators, and staff as much as possible.
- ❑ In circumstances where sufficient physical distancing is not possible, the school may recommend to all individuals, including staff and students, that facial coverings be worn consistent with [public health guidance](#).
- ❑ Student Physical Distancing plans include:
 - School plans will include limitations on the number of students physically reporting to school to maintain physical distancing.
 - Schools will determine student and staff capacity of each school meeting 3 foot physical distancing objectives.
 - To accommodate capacity limitations, various educational modalities and alternative schedules will be utilized.
 - Schools will be recommending virtual activities instead of field trips and intergroup events.
 - Schools will be posting signage and installing barriers to direct traffic around campus.
 - Playgrounds/Outside Spaces/Athletics

- Physical education (PE) and intramural/interscholastic athletics will return to normal activities until advised otherwise by state/local public health officials.
- Classrooms
 - Schools will determine the maximum capacity for students of each classroom in consideration of physical distancing objectives.
 - Desks are to be arranged in a way that minimizes face-to-face contact (i.e. forward-facing) and meets the considerations of physical distancing objectives.
 - If necessary, other campus spaces will be utilized for instructional activities (i.e., lecture halls, gyms, auditoriums, cafeterias, outdoors).
 - Classroom arrangements of developmentally appropriate activities for smaller group activities and rearrangement of furniture and play spaces to maintain separation will be accommodated where possible.
 - Physical distancing objectives will be communicated and addressed as students move between classrooms.
- Food Service
 - Food services will return to normal activities until advised otherwise by state/local public health officials.
- Staff
 - Vaccinated staff are exempt from the physical distance recommendations.
 - All unvaccinated staff members are recommended to maintain safe physical distancing between students and staff.

Cleaning and Disinfecting

Plans to meet cleanliness and disinfecting standards in school facilities and property include:

- Overall Cleanliness Standards. Schools must meet high cleanliness standards before reopening.
- Following CDC guidance, schools shall avoid the sharing of electronic devices, toys, books, and other games or learning aids.
- Schools will limit items that are difficult to clean and sanitize.
- Following CDC and local public health official guidance, schools will institute the following ongoing cleanliness and disinfecting standards:

- Conduct [safe and correct application](#) of disinfectants using personal protective equipment and ventilation recommended for cleaning.
- Disinfect the following surfaces between unique cohort uses, such as:
 - Desks and tables
 - Chairs
 - Keyboards, phones, headsets, copy machines
- Disinfect high touch surfaces frequently, at least daily, which include:
 - Door handles
 - Handrails
 - Sink handles
 - Restroom surfaces
 - Shared instructional materials
- When cleaning, air out space before children arrive. Plan to do a thorough cleaning when children are not present whenever possible.
- Close off areas used by any sick person and do not use space before cleaning and disinfection are completed. To reduce the risk of exposure, wait 24 hours before cleaning and disinfecting. If it is not possible to wait 24 hours, wait as long as possible.
- Provide adequate outdoor air circulation:
 - Following CDC guidance, ensure that ventilation systems and fans operate properly and increase the circulation of outdoor air as much as possible by opening windows and doors and other methods. Do not open windows and doors if doing so poses a safety or health risk to children using the facility (for example, allowing pollen in or exacerbating asthma symptoms). Maximize central air filtration for heating, ventilation, and air conditioning (HVAC) systems.
- Keep each child's belongings separated and in an individually labeled storage container, cubby, or area.

Employees

Engage employees on COVID-19 plans and provide necessary training and accommodations.

Staffing Ratios

- Ensure staffing levels are sufficient to meet unique facility cleanliness, physical distancing, student learning, and health and safety need to address COVID-19.
- Develop staffing plans which consider physical distancing objectives, staffing ratios, and duty-free meal breaks.

Develop and provide staff training or utilize state-provided training on:

- Disinfecting frequency, tools, and chemicals used in accordance with the CDC, local public health officials, and OSHA regulations. For staff who use

- hazardous chemicals for cleaning, specialized training will be required (Public School Works).
- The physical distancing of staff and students.
 - Symptom screening, including temperature checks.
 - Updates to illness prevention strategies and best practices.
 - State and local health standards and recommendations, including, but not limited to, the following:
 - Proper use of protective equipment, including information on limitations of some face coverings that do not protect the wearer and are not PPE but can help protect people near the wearer. Face coverings do not replace the need for physical distancing and frequent handwashing. Cloth face coverings are most essential when physical distancing is not possible. Proper use of removal and washing of cloth face coverings.
 - Cough and sneeze etiquette.
 - Keeping one's hands away from one's face.
 - Frequent handwashing and proper technique.
 - Training for school health staff on clinical manifestations of COVID-19, pediatric presentations, and [CDC transmission-based precautions](#).
 - Training on trauma-informed practices.
 - Training on confidentiality around health recording and reporting.
- The Principal and assigned liaisons will be responsible for responding to COVID-19 concerns. Employees should know who they are and how to contact them.
- Reasonable Accommodations
- Protection and support for staff who are at higher risk for severe illness ([medical conditions that the CDC says may have increased risks](#))
 - If reasonable accommodations are not practicable, Human Resources will work with the School and the employee to develop a leave plan.

Communication with Students, Parents, Employees, Public Health Officials, and Community

- School leaders will engage families, staff, health officials, and the school community, to formulate and implement the plans in this checklist.
- Communication will be ongoing to staff, students, and parents about new, COVID-19-related protocols, including:
- Proper use of PPE/EPG.
 - Cleanliness and disinfection.
 - Transmission prevention.

- Guidelines for families about when to keep students' home from school.
 - Systems for self-reporting symptoms.
 - Criteria and plan to close schools again for the physical attendance of students.
- Communications will be in place if a school has a positive COVID-19 case.
- The school will address its role in documenting, reporting, tracking, and tracing infections in coordination with public health officials on a weekly basis.
 - Notifications to staff and families of any possible outbreaks of COVID-19.
 - Schools will advise sick staff members and children not to return until they have met the health and safety criteria to discontinue home isolation.

Communication

Communication

To prevent and minimize the spread of COVID-19 throughout our schools and communities, procedures to facilitate the documentation, reporting, tracking, and tracing of positive infections will be followed for the entirety of the current school year.

- Parents or guardians of students and school staff who have been diagnosed with COVID-19, whether by laboratory test or through clinical examination are required to notify their school no later than twenty-four (24) hours after receiving a confirmed diagnosis.
- To facilitate timely contact tracing and prevent further transmission of COVID-19, parents, guardians of students and staff must report positive tests and/or cases of COVID-19 to covidreporting@accelschools.com, a centralized and actively maintained reporting system for confirmed cases. If schools receive reports on positive tests and/or cases of COVID-19 by parents or staff using existing phone lines, emails, or attendance tracking systems, the reported case must be entered into the covidreporting@accelschools.com.
- Reported case notifications must include the following information:**
 - School Name
 - Submitter Name
 - Submitter Email
 - Submitter Phone Number
 - Notification of positive diagnosis of COVID-19
 - Role: Student or Staff
 - Current Modality: Virtual, Hybrid, or Traditional
- All schools will appoint a COVID-19 coordinator to facilitate health and safety requirements of the school, including coordination and reporting needs of local health departments. The appointed coordinator name and contact information shall be provided to the local health department.
- If an outbreak of cases occurs (within twenty-four (24) hours), the school will notify parents, guardians, and staff of the existence of the outbreak in writing and share as much information as possible without disclosing protected health information which includes:
 - Written notification shall also be provided to all parents or guardians of students at the school building notifying them of an outbreak. Notifications will be made using school communication tools and website platforms. Schools are required to provide this notification with each case, although schools may consolidate notifications if necessary.

- Schools must use approved Accel Schools notification templates.
- Each school shall report the case(s) to their local health department on a weekly basis.

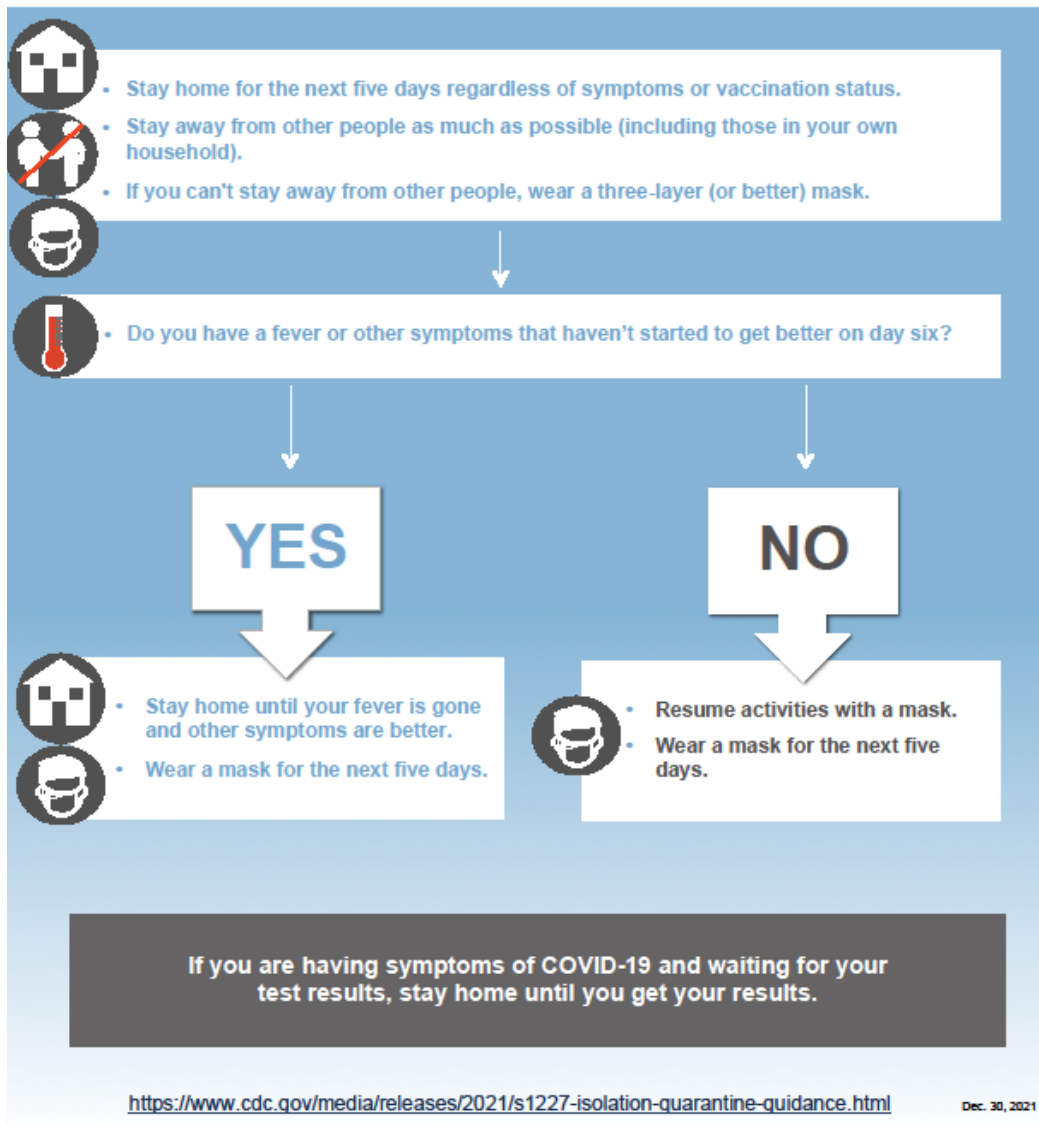
Appendix

A. Guidelines for Quarantine After Diagnosis or Exposure to COVID-19



WHAT TO DO IF YOU HAVE COVID-19

Regardless of Symptoms or Vaccination Status





WHAT TO DO IF YOU WERE EXPOSED TO SOMEONE WHO HAS COVID-19**

And, Your COVID-19 Vaccines Are Up-to-Date

- If you received a booster dose of any COVID-19 vaccine.

OR

- If you completed the primary series* of Pfizer or Moderna vaccine less than six months ago.

OR

- If you completed the primary series* of Johnson & Johnson vaccine less than two months ago.



- Wear a mask around others for 10 days after your last exposure.
- Test on day five.
- If you develop symptoms or test positive, stay home.

If you tested positive for COVID-19 in the 90 days before your exposure.

- Wear a mask around others for 10 days.
- If you develop symptoms, get tested and stay home.

<https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html>

Dec. 30, 2021



WHAT TO DO IF YOU WERE EXPOSED TO SOMEONE WHO HAS COVID-19**

And, You are Unvaccinated or Your Vaccines Are Not Up-to-Date

- If you are unvaccinated or only received one dose of Pfizer or Moderna.

OR

- If you completed the primary series* of Pfizer or Moderna vaccine more than six months ago.

OR

- If you completed the primary series* of Johnson & Johnson vaccine more than two months ago and no booster.



For 5 days

- Stay home for five days after your last exposure, then wear a mask around others for the next five days.
- Test on day five.
- If you develop symptoms or test positive, stay home.

*A primary series consists of one dose of Johnson & Johnson vaccine; or two doses of Moderna or Pfizer vaccine; or three doses of Moderna or Pfizer vaccine if you received an additional dose because you are immunocompromised.

Thank you to Clark County Combined Health District for sharing its graphic with the Ohio Department of Health.

<https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html>

Dec. 30, 2021

Mask to Stay/Test to Play Option

Quarantining students at home who have been exposed to COVID-19 in a school environment has the unintended consequence of reducing in-school learning and can be an added strain on parents, schools, and local health departments (LHDs). While vaccination and mask usage are critical components to ensuring a safe school environment, we offer an in-school alternative to quarantining students and school staff at home who have been exposed to COVID-19 in a school environment to support in-school learning and reduce the strain.

This recommendation is informed by a growing body of national experience, a pilot in Warren County, and experience shared by other LHDs that points toward a low number of individuals with direct contact to a COVID-19 positive individual within a school setting who convert to positive cases. Based on this information and the success of the Warren County pilot, we recommend the following for K-12 students and staff exposed to COVID-19 in a school setting.

Please note: Eligibility to participate in mask to stay/test to play is contingent on the exposure being in the school setting or school-related activities. This does not apply to household exposures or exposures outside of the school setting or school-related activities.

Mask to Stay

Direct contacts, regardless of vaccination or masking status, may remain in the classroom environment if they do the following:

- Wear a mask for 10 days after their last date of exposure.
- Self-monitor, or parent-monitor, for [symptoms of COVID-19](#).
- Isolate and get tested if they start to experience symptoms associated with COVID-19 (regardless of level of severity).

Direct contacts for COVID-19 are those individuals who are identified as being directly exposed to COVID-19 by the positive case. Remember, COVID-19 is a respiratory virus and does not require physical contact to spread. It is spread through sneezing, coughing, talking, and breathing. These factors should be considered when determining level of exposure and direct contacts. Best practice for distancing is 3 ft with everyone masked, 6 ft if the individual is not masked.

Testing on day 5 after exposure is recommended.

Parents and students are responsible for symptom monitoring; however, if nurses/school staff see a child exhibiting symptoms they should act [accordingly](#).

We recognize that some students are unable to wear a mask because of a medical condition or developmental disability as recognized by their medical provider. In these instances, we recommend that LHDs and schools work together to determine if there is a safe way of allowing these students to remain in the school setting. When making this determination, the level of risk and the safety and health of other students must be considered.

To assess whether an unmasked student can safely remain in the classroom setting, consider:

- **The masking policy of the school.**
 - *Universal masking policies reduce the risk of spread.*
 - *The more students who are wearing masks, the less the virus can spread. This reduces risk.*
- **The testing policy of the school.**
 - *Testing is another strategy that schools could choose to implement.*
 - *The more testing a school does, the greater the chance of identifying and isolating positive cases to reduce the risk of infecting others.*
 - *If districts are planning to allow an unmasked student to remain in the classroom setting, the student should be tested daily.*
- **The social distancing strategy of the school.**
 - *Maintaining a distance of 6 feet or more around the exposed and direct contact without a mask reduces risk.*
- **The ability of the student to follow mitigation strategies/behaviors.**
 - *Proper hand hygiene.*
 - *Proper cough etiquette.*
 - *Maintaining personal distance.*
- **Community transmission rates.**
 - *Community transmission rates should be considered.*
 - *High level of transmission rates in communities creates increased risk of transmission within the school environment and a greater chance for outbreaks.*

When used in combination, these strategies provide an increased layer of protection for the exposed direct contact and other students and staff. Layering mitigation strategies including masking, testing, social distancing and appropriate hygiene measures helps reduce the risk of virus spread.

Test to Play

Asymptomatic contacts may continue to participate in extracurricular activities if they do the following:

Wear a mask when able. *(This includes: transportation; locker rooms; sitting/standing on the sidelines; and anytime the mask will not interfere with breathing, the activity, or create a safety hazard.)*

- Test on initial notification of exposure to COVID-19.
- Testing on day 5 after exposure is recommended.

Please Note: The tests referenced above are SARS-CoV-2 viral (PCR or antigen) tests. They should be proctored/observed by someone and cannot be an over the counter, at-home test that was self-administered without a proctor.

Districts should consider same day testing for athletic competitions where there is the potential of school-to-school exposure. If students involved in competitions become positive for COVID-19, contact tracing with other team does not need to occur; instead, send a general letter to notify the other team of the potential exposure.

These proposed changes incorporate mask wearing and testing to reduce the chance of spread of COVID-19 within structured school settings and provides a safe alternative to quarantine.