

A STRONG AND HEALTHY START

Safety and Health Guidance for Reopening Schools, Fall 2020

Issued by the Vermont Agency of Education and the Vermont Department of Health

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Introduction

COVID-19 presents novel and unprecedented challenges to our society. The pandemic is placing our economic system, our system of government, our health system, and every sector and area of human life under great stress and forcing us to rise to the challenge in new ways.

Education is no exception. Educating students, ensuring they make progress, and safeguarding their health, welfare and nutrition has been made vastly more difficult by the presence of the virus. In Vermont, COVID-19 forced the rapid dismissal of schools in March 2020, followed by a period of maintenance of learning, while we worked as an education system to stand up a Continuity of Learning structure. Our education community has worked incredibly hard and risen to the challenge in truly inspiring ways.

The lessons we have learned from these experiences indicate that we need to resume in-person instruction of students as soon as safely possible, while continuing to strengthen our Continuity of Learning systems and our ability to be nimble and move quickly to respond to future outbreaks of the virus.

The following guidance is written with this in mind. It is one of several sets of guidance our agencies will release in the coming weeks, intended to help School Districts and Supervisory Unions (SU/SDs) and independent schools prepare to reopen school in the Fall of 2020. This document is focused on safeguarding student and staff health while operating in-person instruction.

We expect that the situation will continue to evolve as the pandemic progresses, and we continue to learn more about this novel coronavirus. This document was developed with the input and feedback of Vermonters who are infectious disease experts, practitioners of pediatric medicine, public health experts, and education professionals. It is our best judgement based on the information we have now. However, we expect to update this document as new information becomes available. **Key updates/changes since the last revision are indicated in green.**

Sincerely,

Daniel M. French, Ed.D.
Secretary, Vermont Agency of Education

Mark Levine, M.D.
Commissioner, Vermont Department of Health

Background and Objectives

UPDATED This document provides health guidance to school administrators and school personnel as they plan and implement the reopening of schools for the 2020-21 school year in the context of the COVID-19 pandemic. **Since the original release of this guidance, important new information has become available, including but not limited to, recommendations from the American Academy of Pediatrics and the National Academies of Sciences, Engineering, and Medicine. This new information informs many of the revisions.** Because we continue to learn more about COVID-19 and the conditions surrounding the situation are continually evolving, we expect this guidance may be updated as new information becomes available. This document is one of a series of Strong and Healthy Start guidance documents that the Agency of Education (AOE) is developing in conjunction with partner agencies and stakeholders.

The objectives of this health guidance for schools during the coming year are to:

1. Decrease risk of individuals with COVID-19 from entering the school building through effective public health prevention
2. Decrease transmission of SARS-CoV-2 (the virus that causes COVID-19) among staff and students through effective public health measures
3. Quickly identify individuals with COVID-19 and put containment procedures in place to minimize the impact on students, staff and education
4. Ensure that the special needs of students with physical, emotional and behavioral concerns are thoroughly addressed in a fair and equitable manner
5. Communicate regularly with staff, students, families and the community to provide assurances that schools are working to keep students and staff safe and healthy
6. Ensure that COVID-19 health guidance safeguards an equitable educational experience for all students

NEW **COVID-19 is spread mostly by respiratory droplets released when people talk, cough, or sneeze. Important practices that help reduce the risk of spreading the virus and reduce the risk of infection, including facial coverings, physical distancing, handwashing, staying home when sick and environmental cleaning are discussed in this document. The measures presented here will help school administrators ensure the safest school environments possible during the coming year.**

You will see a number of references to guidance for Steps II and III throughout this document, in accordance with CDC guidelines. These steps, as they pertain to schools, are defined as:

- Step I: Schools are closed for in-person instruction. Remote learning opportunities should be provided for all students. Support provision of student services such as school meal programs, as feasible.
- Step II: Schools are open for in-person instruction with enhanced physical distancing measures and **for children who live in counties that are eligible for quarantine-free travel.**

- Step III: Schools are open for in-person instruction with distancing measures. Restrict attendance to those from limited transmission areas (**counties eligible for quarantine-free travel**) only.¹

NEW Steps will be determined for the entire state by the Department of Health based on the epidemiological data, including indicators based on symptoms, cases and hospital readiness. All schools in Vermont will operate under the same step level, unless epidemiologic conditions warrant otherwise.

NEW Steps apply to the required health strategies necessary to implement in-person instruction. Districts will have the ability to choose among in-person, remote, or hybrid instruction regardless of the step level unless schools are placed on Step I. Step I requires all schools to shift to remote instruction.

NEW Schools will start the 2020-2021 school year at Step II, with the exception of school bus transportation (see Buses and Transportation) which will start at Step III. Schools will open at Step II to ensure they are prepared in the event of an increase in community-wide spread of COVID-19. The goal is to ensure that schools feel comfortable with their own processes and strategies for adhering to Step II recommendations before advancing to Step III, so that if schools are required to return to Step II, they can do this as seamlessly as possible.

NEW After the initial opening of school, the Department of Health will assess the larger public health conditions and consider moving all schools to Step III. A reasonable time frame for making this decision would likely be after the first two weeks of school.

UPDATED Please note: The COVID-19 situation continues to evolve very rapidly – so the information we are providing in this guidance may change. This guidance will be reviewed and updated regularly and timelines for implementation of new guidelines will be made clear.

¹ Vermont is using the following metrics to determine what Phase (Step) it is in:

- Indicators based on symptoms:
 - (1) Downward trajectory of influenza-like illnesses (ILI syndrome) reported within a 14-day period; AND,
 - (2) Downward trajectory of COVID-like syndromic cases (i.e., COVID-like illness or CLI syndrome) reported within a 14-day period
- Indicators based on cases:
 - (3) Downward trajectory of documented COVID-19 cases within a 14-day period; OR
 - (4) Downward trajectory of positive tests as a percent of total tests within a 14-day period (concurrent with a flat or increasing volume of tests)
- Indicators for hospital readiness:
 - (5) Capacity to treat all patients without utilization of crisis care standards; AND
 - (6) Robust testing program in place for at-risk healthcare workers, including antibody testing

The Vermont Department of Health and the Agency of Education would like to thank the following individuals and organizations for their contributions to this guidance and all they do every day on behalf of students, families and schools:

- Jeanne Collins, Vermont Superintendents Association
- Jay Nichols, Vermont Principals' Association
- Mill Moore, Vermont Independent Schools Association
- Sophia Hall, RN, Vermont School Nurses Association
- Jeff Fannon, Vermont—National Education Association
- Traci Sawyers, Vermont Council of Special Education Administrators
- Wendy Davis, MD, General Pediatrician and senior Faculty, Vermont Child Health Improvement Program
- Benjamin Lee, MD, Pediatric Infectious Disease, UVM Children's Hospital
- William Raszka, MD, Pediatric Infectious Disease, UVM Children's Hospital
- Ashley Miller, MD, General Pediatrician, South Royalton
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- Patrick McManamon, Department of Motor Vehicles, State Director of National Association of State Directors of Pupil Transportation Services
- Heather Bouchey, Ph.D., AOE Deputy Secretary
- Ted Fisher, AOE Director of Communications and Legislative Affairs
- Patsy Kelso, Ph.D., State Epidemiologist
- Breena Holmes, MD, Vermont Department of Health
- Ilisa Stalberg, Maternal and Child Health Deputy Director

Impact of COVID-19 on Children & Importance of In-Person Instruction

NEW Schools play a unique and critical role in our communities. This makes them a top priority for reopening this fall and remaining open throughout the academic year. A robust and growing body of evidence now strongly indicates that children younger than age 10 are far less likely to transmit SARS-CoV-2 to other children or adults. Children of all ages are at lower risk for acquiring infection than adults, and when infected are also at far lower risk for developing severe illness.

NEW For these reasons, the the Agency of Education and Department of Health, based on the available evidence and the input of the individuals and organizations listed above, recommend full-time in-person learning as soon as practical, especially for children PreK through grade 5.

NEW This does not preclude implementation of initial reopening plans that begin at less than full-time. In those circumstances, we strongly recommend gradual/phased integration of students and adults into the school buildings. As schools design the gradual/phased integration of students into the educational environment, children in PreK through grade 5 should be given

the highest priority for return to full-time in-person learning as these students are most likely to benefit from in-person learning and least likely to become infected with or transmit the virus that causes COVID-19.

COVID-19 Coordination, Planning and Training

UPDATED Each school or SU/SD or independent school should identify a COVID-19 Coordinator to establish, review and implement health and safety protocols. The COVID-19 Coordinator should be a school nurse or other health professional qualified to interpret guidelines and ensure they are implemented to the best standard of practice. **Make sure staff and parents/caregivers know how to contact the COVID-19 Coordinator.** A workgroup should be established to review and implement health and safety protocols (**including policies and procedures, facilities and supplies, education and training, communication and messaging, etc.**). The workgroup should consist of administrators, teachers, paraeducators, custodians and other critical school staff who work with and around students and have knowledge to contribute to the safe and healthy reopening of schools. **Consider including families, especially those whose children have special health and education needs in the workgroup or identify additional strategies to solicit input.**

NEW **Schools should plan for cases of COVID-19. Administrators should have plans in place to manage infection prevention, communication and education programs should anyone in the school test positive for COVID-19. The Health Department is actively developing tools to support this planning for when there is a positive case, including communication plans for staff, families and the community.**

All employers must provide training on details of standard operating procedures for their employees. All employees, including those already working, must complete a mandatory training on COVID-19 health and safety requirements. Training completion must be documented. VOSHA has developed training for this purpose. Employers may choose to adopt an additional training program that meets or exceeds the VOSHA-provided standard, or additional policies and procedures that are applicable to the employment environment and employees' duties, which shall not be less restrictive than those developed by VOSHA.

The VOSHA training may be accessed on the [Vermont Department of Labor website](#).

As influenza viruses may also begin circulating in the community this fall, we also recommend that schools consider setting up a school-located immunization clinic in partnership with the Vermont Department of Health. This infrastructure may eventually prove extremely useful for coronavirus vaccination as well when such vaccines become widely available.

Student and Staff Health Considerations

Health Screenings

NEW *Please note: This is a major change from the previous version, as CDC has released new guidance.*

NEW All students/their families and staff should conduct daily monitoring for COVID-19 exposure and symptoms. We encourage schools to develop processes to receive parental/caregiver and staff reports regarding exposure and symptoms. Schools may choose to ask students/staff to do symptom monitoring at home or upon boarding the bus or prior to entering the school building.

Exposure is defined as: close contact with a person who has COVID-19 within the last 14 days. *Based on our current knowledge, a close contact is someone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated.*

COVID-19 symptoms include the following:

- Cough
- Fever (100.4 or greater)
- Shortness of breath
- Chills
- Fatigue
- Muscle pain or body aches
- Headache
- Sore throat
- Loss of taste or smell
- Congestion or runny nose
- Nausea, vomiting or diarrhea (diarrhea is defined as frequent loose or watery stools compared to child's normal pattern)

NEW Schools should conduct temperature screening of students. This should occur at the first point of contact. If it is not feasible on the bus, then it should be conducted on entrance to the school, as determined by the SU/SD or independent school. Schools should use the protocol provided below. If staff conduct temperature screening at home, they should report this information daily.

UPDATED Students who have COVID-19 exposure, or signs/symptoms of COVID-19 must not come to school or should be returned to their parent/caregiver as soon as possible. SU/SDs and independent schools should work with school nurses to determine a plan for when a student appears unwell or becomes sick at school. Please see [Building Considerations / Modifications](#) regarding isolation rooms in the school building.

Schools must communicate with parents/caregivers about this requirement so that plans are put in place if students do not pass the Daily Health Check upon boarding the bus or upon entry to the school.

UPDATED

Temperature check protocol: *Temperature checks should occur upon entrance to bus/school and near sink/hand sanitizer station. A non-contact thermometer is strongly recommended.*

- Wash/sanitize hands
- Wear a facial covering, eye protection (**goggles² or a face shield**), and a single pair of disposable gloves
- Check each child's temperature
- **If performing a temperature check on multiple children using a contact thermometer, ensure that a clean pair of gloves is used for each child and that the thermometer has been thoroughly cleaned in between each check. Remove and discard gloves in between children**
 - *If disposable or non-contact thermometers are used and the screener did not have physical contact with a child, gloves do not need to be changed before the next check.*
 - *If non-contact thermometers are used, they must be cleaned routinely. Follow instructions provided by the manufacturer for any device used. Instructions may include helpful information such as optimal conditions for using the device, calibration if necessary, or proper cleaning and storage.*

School Staff

The following guidance applies to school staff, as well as contractors.

NEW Some individuals are at higher risk of developing severe COVID-19. Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at higher risk. Older adults in the school and those with specific underlying medical conditions should be encouraged to talk to their healthcare provider to assess their risk and to determine if they should avoid in-person contact in which physical distancing cannot be maintained.

NEW Based on what we know now, those at higher risk for severe illness from COVID-19 are people of all ages with underlying medical conditions, particularly if not well controlled, including, but not limited to:

- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)

² Goggles do not need to be airtight but do need to prevent splashes or droplets from landing in the eye. For this reason, lab goggles with holes are not sufficient.

- **Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies**
- **Sickle cell disease**
- **Type 2 diabetes mellitus**

UPDATED Based on what we know at this time, a list of conditions for individuals who *might be* at increased risk for severe illness from COVID-19 can be found on the [CDC's website](#). **This list is continually evolving, so schools and staff should plan to periodically review the list for revisions and work with their healthcare provider to determine individual risk.**

Stay Home When Sick: Exclusion/Inclusion Policies

Schools should coordinate decision-making around a student's care with the family, school nurse and the family's healthcare provider if there are specific health concerns, chronic disease, or complex social or emotional dynamics in the home.

Students who arrive from out-of-state must follow Agency of Commerce and Community Development (ACCD) and Health Department guidance around quarantine before returning to school, which also applies to travel out-of-state at any point during the school year. More information is available on the [Vermont Department of Health's COVID-19 travel site](#) and the [ACCD website](#).

NEW **Recognizing that community (not school) transmission will be the primary mode of infection, and due to the 14-day incubation of SARS-CoV-2, students, families and staff should make extra effort to avoid large gatherings and other situations that put them at greater risk for SARS-CoV-2 exposure in the weeks leading up to school opening. This will help to create the safest environment possible for return to school.**

Students and staff will be **excluded from in-person school activities**, if they:

- Show [symptoms](#) of COVID-19
- Have been in close contact with someone with COVID-19 in the last 14 days
- Have a fever (temperature greater than 100.4°F)

UPDATED If above signs and symptoms begin while at school, the student (or staff member) must be sent home as soon as possible. Keep sick students separate from well students and limit staff contact as much as reasonably possible, while ensuring the safety and supervision of the sick student(s) until they leave (see [isolation](#) section below). **Schools may want to consider having a small supply of pediatric and adult surgical masks available for students who develop symptoms at school or on the bus. Surgical masks have better ability to trap exhaled respiratory droplets and are preferred for a sick or coughing person to wear when transport, evaluation, or isolation is necessary.**

Additionally:

UPDATED • Students and staff should be excluded from school until they are no longer considered contagious. **The student's or staff member's healthcare provider may be consulted to**

help determine what medical course to take (e.g. whether or not they think COVID-19 testing may be necessary). *The pediatric health care community is working with school nurses to determine return to school decision-making algorithms after illness and also working with adult health care providers to develop similar pathways.*

- Students and staff with fever greater than 100.4°F and no specific diagnosis should remain at home until they have had no fever for 24 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).
- Materials, toys and furniture touched by the student who is sent home should be thoroughly cleaned and disinfected.

Healthy students and staff with the following symptoms/conditions **are not excluded from in-person school activities:**

- Allergy symptoms (with no fever) that cause coughing and *clear runny nose* may stay if they have medically diagnosed allergies and follow medical treatment plans.
- Well-controlled asthma

NEW Children with documented allergies or well-controlled asthma do NOT require a medical clearance note from a healthcare provider to enter school. However, a child with a new diagnosis of asthma during the school year does require written confirmation from the student's healthcare provider.

NEW Schools should monitor absenteeism of students and staff, cross-train staff, and create a roster of trained back-up staff.

NEW The Health Department is currently drafting symptom and testing protocol to support return-to-school determinations for students with COVID-like symptoms. Once finalized, this will be posted on the [Health Department website](#).

Cases of COVID-19 in School

If COVID-19 is confirmed in a student or staff member:

- The person diagnosed with COVID-19 should isolate according to [guidelines](#) set forth by the Vermont Department of Health.
- Staff or students that have been identified as a [close contact](#) should [quarantine](#).
- Open outside doors and windows and use ventilating fans to increase air circulation in the area.

- UPDATED**
- Close off areas used by a sick person (e.g. offices, bathrooms, classrooms and common areas) and keep them closed until disinfected according to the following protocol:
 - If possible, wait 24 hours since the person has been in the space before cleaning.
 - Focus on frequently touched surfaces and shared electronic equipment.
 - Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children.
 - Participate in [contact tracing](#) as requested by the Health Department.

- [Communicate](#) with staff and parents/caregivers with information while maintaining patient confidentiality.

NEW If COVID-19 is confirmed in a student or staff member, schools will work with the Department of Health to determine next steps. Identification of a student or adult with COVID-19 in the school is not an indication to close the entire school. The Department of Health is developing materials and algorithms to use with schools to support response actions and decisions.

COVID-19 Testing

NEW The Department of Health does not recommend routine COVID-19 testing of staff or students. Please visit the Department of Health’s [Testing Site](#) to learn more about who should get tested and where to get a test. In the event of a case of COVID-19 in the school, the Department of Health will identify close contacts and recommend to school administrators who should be tested for COVID-19.

Closing Schools for In-Person Instruction

NEW Other than under Step I, the decision to close schools or certain classrooms for in-person instruction will be made by the local superintendent or head of school after consulting with the Department of Health. The Department of Health epidemiologists will provide guidance based on a number of factors, including the level of community transmission, the number of students, teachers, or staff infected, and other indicators the Health Department uses to assess the status of COVID-19, and the ability of the school to implement mitigation strategies.

NEW Decisions to close for in-person instruction will be determined on a case-by-case basis.

NEW • If the school is grouping students by cohort in a single-classroom, the Health Department recommendation will *most likely* be to close the classroom for in-person instruction and exclude students and staff in the affected classrooms/cohorts/pod for a minimum of 24 hours while contact tracing is conducted.

NEW • If students are moving about in multiple classrooms, the Health Department recommendation will *most likely* be to close all potentially impacted classrooms and exclude students and staff in the affected classrooms or the entire school for in-person instruction for a minimum of 24 hours while contact tracing is conducted.

NEW The Health Department will use this time to gather the facts about the situation, including the period of time in which the individual was at school while infectious. The Health Department will convene a rapid response team with the school and will initiate the investigation, including contact tracing. Based on this information, the Health Department will make further recommendations regarding further closure for in-person instruction and other infection control measures.

Students with Special Health and Educational Needs

Please note: AOE issued specific guidance for [Independent Schools with Student Boarding Programs](#).

Ensuring the physical, emotional and psychological safety of every student must be a priority for all reopening plans. That means systematically considering the heightened risks facing our most vulnerable students and the staff who support them, including, but not limited to, those with compromised immune systems, impulse control issues or other behavioral issues or disabilities who cannot follow public health guidelines. As they already do, schools will need to engage in thoughtful planning with families and experts supporting these students.

In these cases, the focus should be on what is reasonable and appropriate in the school building, including the following:

- It may be necessary to plan for transitioning students between options of remote learning, blended learning, virtual learning and/or alternating or parallel waves of each.
- School practices should account for special education regulatory guidance, CDC public health guidance and federal/state guidance, as well as school operations.
- Schools should prioritize mental health and social-emotional supports for vulnerable students.
- Schools should ensure all students regardless of ability have physical access to the facilities required for safeguarding health (i.e. sinks/sanitizing stations).

School nurses will play an essential role related to high risk populations of students, including those with special health needs. In these cases, a team-based approach to care is recommended to assess risk for this population. Teams include the school nurse, the student's health care provider, IEP team members, parents/caregivers, teachers and paraprofessionals as appropriate. Teams should develop shared goals within and across settings to achieve care that is safe, effective, patient-centered, timely, efficient and equitable. As a health care team member, school nurses connect students and their families to the medical home and can support coordination of care.

UPDATED The current COVID-19 pandemic raises some specific questions when working with youth who may have challenges adhering to basic COVID-19 precautions and who may exhibit behavior that requires more direct contact with staff. **The AOE will be publishing supplemental guidance developed from shared experience in supporting the types of learners who are unable to comply with public health requirements. Additionally, the Department of Mental Health, in partnership with the Department of Health developed [supplemental information to Rule 4500](#) (which outlines policies related to restraint and seclusion in Vermont schools) to help staff and clinicians who work in community-based programs and therapeutic schools be aware of some of these potential issues and to be able to respond to specific situations in ways that minimize the chance of virus transmission.**

School Day Considerations

Buses and Transportation

In general:

- Sick students should not get on the bus. See Stay Home When Sick for more detail.
- NEW** • **Windows in the bus should be kept open except in unusual circumstances. Students should wear appropriate clothing in the event of cold or drizzly weather.**
- NEW** • **If a student is determined to be sick, while on the bus, they should sit in the front seat, with window open, if possible. The student should not sit with any other students.**
- UPDATED** • Bus drivers (**and monitors**) are required to wear facial coverings while transporting students.
- All students are required to wear facial coverings on the bus (with noted exceptions in [Facial Coverings and Personal Protective Equipment](#) section below).
- UPDATED** • Group students by age on the school bus (younger students in the front, middle-age students in the middle, older students in the back). **Students who live in the same household may sit together if needed.**
- Assign seats for students on the school bus.
- NEW** • **If feasible, leave the seat or two behind the bus driver empty.**
- Alternatives to bussing to reduce the number of students riding the bus include:
 - Encourage parents/caregivers or other designated adults to transport their children, whenever possible, to minimize the number of students on the bus.
 - Encourage students to walk or bike to school, if it is safe to do so.
- NEW** • **Schools that utilize public transportation for a large percentage of their student body, should work with public transit companies to best assure for the health and safety of their students. These students will likely need to be screened upon arrival at school and not prior to boarding the bus.**

Cleaning and disinfecting:

- Practice routine cleaning and disinfection of frequently touched surfaces, including surfaces in the driver cockpit commonly touched by the operator.
- Drivers and monitors/additional adults should wash hands regularly with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer containing at least 60% alcohol.
- All buses must have an adequate supply of hand sanitizer.
- If there is a known or suspected case of COVID-19 that has been transported, please follow [CDC Guidance](#).

If Vermont is at Step III at the beginning of the school year, schools and districts may elect to follow Step III recommendations for bussing should they so choose, even though Step II guidance will be recommended for all other operations initially.

Step II Guidance:

- Create physical distance between students and on school buses (for example, seating students one child per seat, every other row).
- Stagger drop-off and pick-up processes to minimize gathering of large numbers of students at any one time.
- Create more bus stops to minimize the number of students waiting together.

Step III Guidance:

- Students should be spaced out for the number of riders.
- Promote physical distance between students at bus stops.

Drop-Off and Pick-up / Arrival and Departure

The following procedures must be in place:

- Signs must be posted at all entrances clearly indicating that no one may enter if they have symptoms of respiratory illness or fever.
- Hand sanitizing stations must be set up at the entrance of the facility or the entrance process could be rerouted through a different entrance nearest the sink, so that students can sanitize/wash their hands before they enter, or immediately upon entry into the facility.
- Assign students to use different entrances at arrival and departure times.
- Stagger arrival and drop off times.
- Students should go directly to their assigned classroom once they have completed all required screening.
- Parents/caregivers should not be allowed to enter the building with the student. Parents/caregivers should drop off their child outside and leave as soon as their child has safely entered the building to avoid congregating.
 - Preschool classrooms may need to identify a separate entrance and exit given the age of the student so the parent/caregiver may briefly walk the child into the classroom and leave.
 - In the first few days of return to school, the parents/caregivers of younger students and students with anxiety may escort their children to the classroom in coordination with the school.
 - If a parent/caregiver needs to talk with school personnel, they should make arrangements to do so in advance.
 - All parents/caregivers who enter the school building must wear a facial covering, be screened upon entry (screening questions and temperature check) and must leave immediately upon completing drop-off.
- Individuals who are self-quarantining due to close contact with a COVID-19 positive individual should not do drop-off or pick-up.

Hand Hygiene

UPDATED Schools should ensure that all staff and students receive education/training on proper hand hygiene. Schools must put the following procedures into practice to ensure effective hand hygiene:

- All students, staff and contracted service providers should engage in hand hygiene at the following times:
 - Arrival to the facility
 - After staff breaks
 - Before and after preparing food or drinks
 - Before and after eating, handling food or feeding students
 - Before and after administering medication or medical ointment
 - After using the toilet or helping a child use the bathroom
 - After coming in contact with bodily fluid
 - Before and after handling facial coverings/face shields
 - After handling animals or cleaning up animal waste
 - After playing outdoors
 - Before and after playing with sand and sensory play
 - After handling garbage
 - Before and after cleaning
 - Prior to switching rooms or locations
- Provide plenty of hand lotion to support healthy skin for students and staff.
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available (monitor for ingestion of hand sanitizer among young children). Steps for proper handwashing can be found on the [CDC website](#).
- After assisting students with handwashing, staff should also wash their hands.
- Place posters describing handwashing steps near sinks. [Developmentally appropriate posters](#) in multiple languages are available from CDC.

Facial Coverings and Personal Protective Equipment

UPDATED All staff and students are required to wear facial coverings while in the building. They must also wear them when outside of the building if adequate physical distancing cannot be maintained. CDC recommends facial coverings in settings where other physical distancing measures are difficult to maintain, especially in areas of significant community-based transmission. Adults doing drop-off and pick-up should wear facial coverings. **Teach about and reinforce the use of cloth facial coverings among staff and students.** Instructions for making, wearing and washing facial coverings can be found on the [CDC website](#). PreK students require special consideration regarding age and child development.

The following stipulations are for students, as well as staff, where applicable:

- Facial coverings are developmentally appropriate when children can properly put on, take off, and not touch or suck on the covering.
- Students who have a medical or behavioral reason for not wearing a facial covering should not be required to wear one. These decisions should be made in partnership with the health care provider and school nurse.

UPDATED

- Students/staff should not wear facial coverings while sleeping, eating or swimming (or when they would get wet)—**reinforce physical distancing during these times.**
- Facial coverings with ties are not recommended for young children as they pose a risk of choking or strangulation.
- Facial coverings may be removed during outdoor activities where students and staff can maintain physical distancing and have ready access to put them back on as needed when activity stops.

NEW

- **In some situations, teachers and staff may prefer to use clear face coverings that cover the nose and wrap securely around the face. Teachers and staff who may consider using clear face coverings include:**
 - Those who interact with students or staff who are deaf or hard of hearing, per the Individuals with Disabilities Education Act
 - Teachers of young students learning to read
 - Teachers of students in English as a second language classes
 - Teachers of students with disabilities

NEW

- **The use of clear facial shields for adults that cover the eyes, nose and mouth is less preferable, but allowable. They must meet all of the health guidance of the Vermont Department of Health. Face shields should extend below the chin and to the ears laterally, and there should be no exposed gap between the forehead and the shield’s headpiece. Staff with minimal contact with students, and students should not wear face shields.**
- Staff may take off their facial covering in select circumstances when physical distancing cannot be maintained, such as when a parent/caregiver is hearing impaired and reads lips to communicate.

NEW

- **Staff that work with students unable to control their secretions should wear a surgical mask and eye protection (either goggles or a face shield) for added protection. If surgical masks are not available, staff may use a KN95 mask if available.**

Additional considerations regarding facial coverings:

NEW

- **Stigma, discrimination, or bullying may arise due to wearing or not wearing a facial covering. Schools should have a plan to prevent and address harmful or inappropriate behavior.**

NEW

- **Not all families will agree with school policies about cloth face coverings. Schools should have a plan to address challenges that may arise and refer parents, caregivers and guardians to Health Department guidance on facial coverings.**

- NEW** • Include cloth face coverings on school supply lists and provide cloth face coverings as needed to students, teachers, staff, or visitors who do not have them available.
- NEW** • Students' cloth face coverings should be clearly identified with their names or initials, to avoid confusion or swapping. Students' face coverings may also be labeled to indicate top/bottom and front/back.
- NEW** • When not in use, facial coverings should be stored in individually labeled containers or paper bags.
- NEW** • Face coverings should be washed after every day of use and/or before being used again, or if visibly soiled.
- NEW** • The CDC website on [Guidance for K-12 School Administrators on the Use of Cloth Face Coverings in Schools](#) has helpful tips and tools to support the use of facial coverings in school.

UPDATED Additional guidance regarding Personal Protective Equipment (PPE) for school nurses and other health professionals in the school building is posted on the [Vermont Department of Health website](#). School nurses will need to determine appropriate PPE based on the care and tasks required.

Operational and Facilities Considerations

Cleaning and Disinfecting

Schools must engage in frequent thorough cleaning each day. All staff should be trained in proper cleaning and disinfecting. **At a minimum, common spaces and frequently touched surfaces and doors should be cleaned and disinfected at the beginning, middle and end of each day.** Schools shall continue to follow regulations regarding cleaning, sanitizing and disinfecting.

General Guidance:

- UPDATED** • **Following the product's directions**, clean and disinfect frequently touched objects and surfaces such as:
 - All surfaces, especially where students eat
 - Bathrooms
 - Frequently used equipment including electronic devices
 - Door handles and handrails
 - Items students place in their mouths, including toys
 - Metal and plastic playground equipment
- Specifically, regarding shared bathrooms, bathroom use should be kept to the groups that are already in cohorts together. Schedule restroom breaks to avoid overcrowding.
- Toys that cannot be cleaned and sanitized should not be used, including items such as soft toys, dress-up clothes and puppets.
- Unnecessary cloth furniture should be removed from the classroom and other spaces.

- Students' books, art supplies and other paper-based materials such as mail or envelopes, are not considered high risk for transmission and do not need additional cleaning or disinfection procedures.

NEW • **Develop a protocol to ensure safe and correct use and storage of cleaners and disinfectants, including storing products securely away from students.**

NEW • **Given the regular cleaning and disinfecting, additional deep cleaning is not needed on a weekly basis, unless there is a case of COVID-19 in the school.**

The following products may be used for cleaning:

NEW • **Products certified as environmentally preferable by an independent third party (e.g. EPA's Safer Choice, Green Seal or ECOLOGO)**

NEW • **Environmentally preferable cleaning products under state contracts with the Department of Buildings & General Services**

NEW The following products may be used for disinfecting:

- **Most common EPA-registered household disinfectants – products that contain ethanol, isopropanol (isopropyl alcohol, hydrogen peroxide, L-lactic acid or citric acid are preferred because they are safer for health and the environment**
- **See [List N: Disinfectants for Use Against SARS-CoV-2](#) (Environmental Protection Agency)**
- **Alcohol solutions with at least 70% alcohol**
- **Diluted household bleach solutions**

NEW Schools should ensure adequate supply of the following:

- **Soap**
- **Hand sanitizer (at least 60% alcohol)**
- **Paper towels**
- **Tissues**
- **Cleaning and disinfection supplies**
- **Cloth face coverings (as feasible)**
- **No-touch/foot pedal trash cans**
- **No-touch soap/hand sanitizer dispensers**
- **Disposable food service items**

Group Size, Integrity of Group/Cohort/Pod, Physical Distancing and Modified Layouts

Physical distancing in order to reduce the frequency of close contact between individuals is still one of the most effective way to slow the spread of the SARS-CoV-2.

NEW **An expanding body of scientific evidence continues to support the finding that children younger than 10 years are least likely to acquire COVID-19 and least likely to transmit to others when infected, even in very close-contact scenarios, such as within households. Therefore, the added benefits of strict physical distancing in this age group is likely to be far**

lower than for other age groups. With these considerations in mind, the following guidance is provided on who should physically distance, and how and when this should occur:

- NEW** • Adults and adult staff within schools should maintain a distance of 6 feet from other adults as much as possible.
- NEW** • Teachers and staff should maintain a distance of 6 feet from students as much as possible. However, brief periods of closer contact, such as when a student may need one-on-one guidance, clarification, or assistance are expected and permitted. In these cases, staff should stand/kneel/sit side-by-side students (rather than face-to-face) for brief amounts of time (less than 15 minutes).
- NEW** • Younger students (PreK through Grade 5) should be spaced at least 3 feet apart.
- NEW** • To the extent possible, older students (Grade 6 and up) should be spaced 6 feet apart. If installed properly, plastic/plexiglass barriers between students would eliminate the need for the 6-foot distancing.
- NEW** • When physical distancing is not possible, it is even more important for students and staff to adhere to the facial covering requirement.

General principles to promote physical distancing and reduce viral spread:

- Students must be kept in groups, not to exceed the maximum number allowed by state guidance, including teachers and staff.
- Install physical barriers in reception areas and employee workspaces where the environment does not accommodate physical distancing.
- Students standing in line should be spaced apart (consider tape marks on the floor).
- Limit sharing of materials:
 - Keep each student's belongings separated from others' and in individually labeled containers, cubbies or areas. Used items should be taken home each day and cleaned.
 - Ensure adequate supplies to minimize sharing of high touch materials (art supplies, lab equipment, computer equipment etc. assigned to a single student) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
 - Do not share electronic devices, toys, books, musical instruments, games or learning aids.
- NEW** ○ **Library books may be safely returned to circulation after three (3) days since last use.**

Step II Guidance:

- Whenever feasible, keep classes together to include the same group of students each day, and keep the same teachers and staff with the same group each day. This will need to be addressed differently to meet the education needs of high school (and maybe middle school) students.
- Restrict mixing between groups.

- UPDATED**
- Space seating/desks and bedding (head-to-toe positioning) to 6 feet apart, **3 to 6 feet is acceptable in younger students (PreK through Grade 5)**
 - Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
 - Require students to stay in an assigned section of the school yard as opposed to mingling with other classes.
 - Close the staff/teacher’s lounge.
 - Hold virtual meetings with students, families and staff.
 - Rearrange employee workstations to ensure they are separated by six feet.

Step III Guidance:

- UPDATED**
- Consider keeping classes together to include the same group of students each day.
 - To the extent possible, continue to space out seating and bedding (head-to-toe positioning). **3 to 6 feet is acceptable in younger students (PreK through Grade 5)**

Additional strategies to consider:

- UPDATED**
- Move classes outdoors — **students and staff should continue to wear facial coverings when physical distancing cannot be achieved.**
 - Minimize students and employees traveling to different buildings; staff and students should wear facial coverings and avoid congregating during these transitions.
 - Broadcast in-class instruction to multiple rooms to allow students to spread out.
 - Implement a homeroom stay where the teachers rotate, as opposed to the students.
 - Only allow supervisors and staff who are required for instruction to be in the classrooms.
 - Discourage the use of attendance awards or perfect attendance incentives for students.
 - Plan activities that do not require close physical contact between multiple students.
 - Rearrange furniture to avoid clustering in common areas.

Communal Spaces, Large Group Activities and Public Use of Schools

General guidance (Step II and Step III):

- Large group activities must conform to the maximum number allowed by current state guidance.
- School sponsored or school supported before- and after-school programs may continue, but attendance records must be kept.
- Libraries can be opened if physical distancing can be achieved (no congregating) and restricted to one consistent cohort of students (pods). If the library cannot be opened or must be closed, schools need to work with librarians and officials to find alternative ways to ensure their students’ access to library materials.
- Fire and safety drills must continue to occur according to state regulations. Administrators and school safety teams must develop protocols to do this safely in the context of this guidance and for physical distancing of staff and students.

- Outdoor recess space where students can keep physical distance may be opened.
- Indoor group activities with the potential to generate increased respiratory droplets and aerosols should be avoided. This includes activities such as singing (e.g. choir, glee club, a cappella groups, musical theater, etc.) and music that involves woodwind or brass instruments. However, if students are outside and spaced six feet apart, singing may be permissible and use of woodwinds and brass instruments is permissible.
- School-sponsored/associated events and extracurricular activities (sports, theater, etc.) may occur in accordance with parameters outlined by the Governor.
 - Guidance on organized sports can be found on the [ACCD's Restart website](#).
- Students may use playground equipment only under the following conditions:
 - NEW** ○ **Playground equipment should be cleaned according to routine cleaning procedures, though school staff should ensure that children thoroughly wash or sanitize their hands prior to, and after, designated play times such as recess. Physical distancing and the wearing of masks or cloth facial coverings should also be employed in line with the school's reopening plan.**
 - Hand washing/sanitizing stations must be set up on the playground.
- The public may use school grounds, but may not use school buildings, including restrooms. Signs should be posted about wearing facial coverings and physical distancing. Schools should also be aware that they might come back in the morning to find empty sanitizer dispensers.
- The Secretary of State's office has [issued guidance on local elections](#), including use of facilities.

Step II Guidance:

- Communal spaces such as gymnasiums and cafeterias should be closed for their intended use; these spaces, however, may be used as an extension of the classroom to allow for physical distancing.
- Limit school-sponsored/school-associated gatherings, events and extracurricular activities to those that can maintain physical distancing, support proper hand hygiene and restrict attendance of those from higher transmission areas.

Step III Guidance:

- If possible, keep communal use spaces, such as cafeterias and gymnasiums, closed. However, these spaces may be used for their intended purposes in smaller groups, staggering use, and cleaning and disinfecting between uses.

Volunteers, Visitors, Field Trips

Schools must implement the following requirements for Volunteers, Visitors and Field Trips:

- No outside visitors and volunteers except for employees or contracted service providers for the purpose of special education or required support services, as authorized by the school or district.

- NEW** • **Individuals who ensure the health and safety of the school, such as licensors, fire inspectors, maintenance, etc. are allowed when following proper procedures and do not count in the group size.**
- NEW** • **Student teachers, interns and other learners from established educational programs are allowed. These individuals must comply with all screening measures and follow all precautions outlined in this guidance. These individuals also count towards group size requirements.**
 - Field trips are only allowed if the program is able to maintain all health guidance, as well as guidance from the [Agency of Commerce and Community Development](#), as it relates to public outdoor spaces and pools.
 - Minimize parent/family visits and require them to occur only in the school office.
 - Post maximum occupancy numbers on doors.
 - Restrict the number of people in the school building that are not students or staff to a minimal number and ensure that someone is assigned to enforce the rules.
- NEW** • **Continue to pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings and spirit nights, if possible.**

Building Considerations/Modifications

Guidance for operating and modifying school buildings:

- Hand sanitizing stations must be set up at the entrance of the facility, or the entrance process could be rerouted through a different entrance nearest the sink, so that students can sanitize/wash their hands before they enter, or immediately upon entry into the facility.
- Open additional entrances for drop-off and pick-up.
- Make hallways or entrances one-way, when possible.
- UPDATED** • **Water fountains and vending machines may be used with frequent cleaning and disinfecting. Touchless water bottle filler stations should be cleaned/disinfected regularly.**
- Prior to the restart of schools, all buildings must secure two separate areas (Clean and Isolation) to serve the school population.
 - A Health Office should serve as the school's clean office space to accommodate medication administration, triage students, health screenings, etc.
 - The school must have separate isolation spaces (the area must be structured with a door and must allow for ventilation to the outside) to serve as an extension of a Health Office to accommodate symptomatic students and staff. Isolate symptomatic students/staff as soon as possible. Set up separate, well-ventilated triage areas and place student/staff with suspected COVID-19 in an isolation room with the door closed.
- Add signage to clearly mark all closed areas.
- Place (tape) markings at all entrances so distancing is easy to establish.

- With regard to ventilation and HVAC, follow these recommendations:
 - Prior to re-occupancy, ensure school ventilation system is properly cleaned and meets all required operating standards per manufacturer.
 - Prior to re-occupancy, operate HVAC systems in occupied mode for a minimum period of one week while assuring the outside air dampers are open.
 - Encourage staff to provide additional outside time and open windows frequently when air conditioning is not being used. Do not open windows and doors if they pose a safety or health risk (e.g., risk of falling, noise or triggering asthma symptoms).
 - Ensure ventilation systems operate properly and increase circulation of outdoor air.
 - NEW** ○ **Natural ventilation through windows can be effective but is dependent on factors that drive pressure differentials between outdoors and indoors, like wind pressure and stack (or buoyancy) effects. Therefore, airflow into the building, even with open windows, is not guaranteed. To help address this, schools can consider using window fans or box fans positioned in open windows to blow fresh outdoor air into the classroom via one window and indoor air out of the classroom via another window. Note that devices that simply recirculate the same indoor air without filtering it or replacing it with fresh air are not helpful in reducing any airborne virus present in the room (including most window air conditioning units, fans used in rooms with closed windows, and fan coils and radiators).**
 - The following modifications to building HVAC system operation should be considered, as recommended by the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE):
 - Increase outdoor air ventilation (disable demand-controlled ventilation and open outdoor air dampers to 100% as indoor and outdoor conditions permit).
 - Improve central air and other HVAC filtration to MERV-13 (ASHRAE 2017b) or the highest level achievable. Change filters every 3-4 months.
 - Keep HVAC systems running longer hours (24/7 if possible, but a minimum of two hours prior to occupancy and through the duration of occupancy). Keep bathroom exhaust fans operating 24/7 on school days. Ensure staff understand the importance of ventilation fans – they must run all day.
 - Add portable air cleaners to classrooms. Use HEPA or high-MERV filters with due consideration to the clean air delivery rate (AHAM 2015).
 - Maintain temperature and humidity as applicable to the infectious aerosol of concern. Typically, temperature should be maintained between 68-78°F and humidity between 40-60%.
- Take appropriate precautions when servicing HVAC Systems and replacing filters (wear appropriate personal protective equipment (PPE), bag and dispose of filters in regular

trash, immediately wash hands with soap and water or use an alcohol-based hand sanitizer).

- Where feasible, the school nurse’s office/isolation room should have:
 - Dedicated HVAC system
 - Dedicated restroom (ideal)
 - Exhaust directly outdoors
 - Maintain negative pressure to adjoining spaces
 - Nurse office suite design should follow health care facilities design practices as described in standards such as ASHRAE Standard 170 and other applicable guidelines and design information.
- For more information see [ASHRAE Epidemic Taskforce Schools & Universities](#)

Food Services Guidance

Because of the lifelong impacts on health and learning caused by malnutrition, it is important to ensure that students have uninterrupted access to adequate nutrition through the food service program, no matter whether the school is in Step I, II or III. This is particularly important because the ongoing economic impacts of COVID-19 may mean that many more children are currently facing food insecurity at home. Current information suggests that food and food packaging are not known sources of SARS-CoV-2 transmission. School Food Service staff receive regular food safety training and are already knowledgeable about preventing foodborne illness. Ask for their input when designing food service models.

Communicate to households that school meals programs are a safe and nutritious source of food, and make [school meals applications](#) available to households throughout the year to ensure that households with changing economic circumstances are aware of this form of assistance. Because households are especially likely to be facing food insecurity this year, consider [referring households to additional forms of food assistance](#), such as 3SquaresVT and WIC. Consider offering free meals to all students (“Universal Meals”) using [Provision 2](#) or the [Community Eligibility Provision](#). Because of temporarily higher rates of household poverty this year, this may be more financially achievable for the SU/SD than in prior years.

General Guidance (Step I, II and III):

- Continue to follow all food safety requirements in the [Vermont Food Code](#). Have food service staff conduct frequent self-audits to ensure that these practices are being followed. Key areas to check include:
 - Correct dishwasher temperatures for sanitization
 - [Employee handwashing](#)
 - [Cleaning and sanitizing surfaces](#)
 - Procedures for employees to calling in sick or doing non-food related duties when sick
- HACCP plans may need to be adjusted to include new procedures.

- Consider how the kitchen receives deliveries of food and supplies. Often, delivery drivers enter the school through the kitchen entrance, so may not be subject to normal visitor procedures. In some cases, it may be usual practice for the delivery driver to bring food directly into the walk-in refrigerator or freezer. These are small spaces frequently entered by kitchen staff. Work with kitchen staff and vendors to determine the safest way to handle deliveries. If the vendor will now deposit deliveries outside of the entrance, consider investing in dollies or having other staff members assist kitchen staff with moving deliveries into the kitchen to avoid workplace injuries.
- Evaluate kitchen workstations and modify them to allow for physical distancing.
 - If the kitchen is small, move workstations into the cafeteria/gym, if the cafeteria/gym is not in use.
 - Face workstations away from each other, such as towards the wall instead of toward the center of the room.
- If there is a large food service staff, consider having the staff work in shifts during the day to reduce transmission opportunity. In Step I, consider two-week rotations with one shift working for two weeks, and the other shift staying at home.
- Consider methods for ensuring food service continuity if food service staff become sick or need to quarantine.
 - This could include setting up coverage from other schools within the SU/SD, or even setting up a reciprocal agreement with a neighboring SU/SD to provide meals.
 - The school could look into purchasing a supply of shelf-stable meals to be available in the event that food service staff need to stay home.
- Ensure that food service substitutes have food safety training. Free web-based food safety training is available at any time from the [Institute for Child Nutrition](#). Child Nutrition Programs also recommends these [very basic training videos on hygiene, temperature control and sanitization](#) from Iowa State University Cooperative Extension.

Step I:

- Continue providing access to meals to students when the school building is closed, using the Summer Food Service Program during an unanticipated school closure. The AOE will be applying for USDA waivers to allow meal service to continue as it did in Spring 2020. These methods included:
 - Sending meals home with students on the last day of school for days when school is not in session (short-term closures)
 - Delivering meals to residences or bus stops
 - Providing meals for pickup
- The AOE has issued [extensive health and safety guidance](#) on providing meals using these distribution methods.
- School food service staff are already very familiar with how to handle this situation. Discuss with them what additional resources they will need to be able to continue providing meals under this scenario.

Step II:

UPDATED

- With cafeterias closed, students should be offered school meals in their classrooms.
- If it is not feasible to provide service directly to classrooms, grab-and-go meal carts could be placed in dispersed locations for students from nearby classrooms to collect their meals in small groups. Or, students may go to the cafeteria classroom by classroom to collect their meals and return to their classroom to eat. If that method is used, sanitize all high touch surfaces in between groups. **If students are receiving meals in the cafeteria and bringing them back to the classroom, meals do not need to be covered on their way to the classroom.**
- Food safety practices should be followed when serving perishable meals in the classroom. The best option is to serve meals immediately. However, if the meals will not be served immediately, hot holders and coolers should be used to keep hot foods hot and cold foods cold.
- Plan for sanitization of eating areas, such as desks or tables. Classroom teachers may need to be provided with appropriate supplies for sanitizing desks and tables.
- Additional trash and janitorial services may be necessary when serving meals in the classroom.
- Meals should not be self-serve.
- Meals should be unitized, or an advance ordering system can be used to allow student choice about meal components. Advance ordering could be done through a paper pre-order system in a smaller school, or web-based ordering systems are available from some food service software vendors.
- Food Service Programs may need to purchase additional equipment to package meals efficiently for delivery to classrooms. Many types of packaging systems are available. Speak to other food service programs, particularly those that have experience offering breakfast in the classroom or summer meals, about which equipment works best for them.
- Ideally, a designated staff member or student should place meals on students' desks, to avoid students congregating to collect their meals from one location.

Step III:

- While students may return to eating in the cafeteria, consider maintaining meals in the classroom if it is working well.
- Meals should not be self-serve. Staff members can serve students, or pre-portioned items could be provided for students to choose from.
- If students are eating in the cafeteria, assign seating so students eat with their classmates and do not mingle with other classes. If the building has multiple cafeterias or common areas where students may eat, consider consistently assigning classrooms to one area or the other to reduce interaction between cohorts.
- Take steps to ensure social distancing when students are waiting to receive their meals.

- Stagger the classrooms going through the line or cafeteria to reduce interactions and number of students waiting at one time.
- If pin numbers are used, have a staff member enter the pin number on behalf of students.
- If student ID cards are handed in to count meals, sanitize the cards in between uses.
- Engineering controls such as sneeze guards should be installed in the cafeteria.

For both Step II and Step III:

- If staggered student schedules are used to reduce the number of students in the building at any one time, ensure that schedules allow students access to both breakfast and lunch. This may mean following Step I options for providing meals to students at home.
- Napkins and silverware should be provided directly by staff, not for individuals to grab.
- Pre-portion condiments and remove bulk condiment dispensers.
- NEW** • **Trays, utensils and dishes/cups that are washed and sanitized between uses can be used. Transportation of food should happen, as usual, on clean equipment, with proper handwashing before handling.**
- NEW** • **To avoid the use of plastic bottles, setting up a water cooler with dispensing spigot in the classroom may assist with reducing handling and can be cleaned and sanitized daily or as used. Additionally, if there is a water filling station near the classroom that might be an option for reducing handling.**
- Allow time for students to wash their hands prior to and after eating.
- Adults assisting students with their food should wash their hands before handling the student's plate or lunch box, and wash or use hand sanitizer between the handling of the next student's lunch box. This includes staff helping students open milk cartons or peel fruit.
- Prohibit or limit food-sharing activities. Unless further guidance on how to operate share tables safely is issued by AOE and the Health Department, schools should discontinue the use of share tables for unwanted foods.
- Vending machines, drinking fountains and water bottle fillers should be frequently sanitized. Determine which staff members in the school will be responsible for this, particularly for vending machines and drinking fountains that are not operated by the food service program.
- Additional COVID-19 guidance for food service programs can be found on the [Agency of Education's COVID-19 webpage](#). The School Nutrition Association's [Thought Starters in Reopening Schools for SY2020-21](#) is another good tool for thinking through all aspects of school food service during COVID-19.

Additional Considerations

Social-Emotional Health of Staff and Students

NEW *Please note, additional guidance from AOE, the Department of Health, and the Department of Mental Health on Social-Emotional Health is forthcoming.*

In General:

UPDATED Schools will coordinate with families, school staff, and community and State resources to assess and assist in the **ongoing emotional health** of staff and students:

NEW • **In partnership with mental health professionals, develop a process for staff and student re-entry check-ins, weekly well-being checks and, if staff can be appropriately trained, universal social and emotional screenings to identify students and staff who need support.**

NEW • **Promote the following among all staff and students:**

NEW ○ **Encourage staff members and students to talk with people they trust about their concerns and how they are feeling.**

NEW ○ **Support students and staff to establish healthy routines during uncertain times, including:**

- **Eating healthy, exercising, getting sleep and finding time to unwind.**
- **Taking breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed.**

NEW ○ **Consider posting signages to local resources and the Employee Assistance Program (EAP) for individuals in distress.**

UPDATED • **Recognize that all students have had different experiences** from COVID-19 and not everyone in the school will be in the same place. Be prepared to validate that some students are disappointed, some had fun, some are grieving, some are exhausted from added responsibilities at home, some have experienced trauma and some preferred remote learning and are reluctant to return.

• Establish a process, including community, social services and mental health partners, to help identify and provide support to students or staff at potentially higher risk for significant stress or trauma from COVID-19. This should involve triage to see who needs crisis intervention and support. Consider:

- Those who have experienced a death
- Those with significant disruptions to their lifestyle (food insecurity, financial insecurity)
- Those with a history of trauma and chronic stress or pre-existing mental health problems
- Those with exposure to abuse and neglect
- Those who have experienced significant anxiety, depression and/or suicidal ideation

- Develop a referral system for individuals who need targeted supports and/or community services.
- Develop strategies and supports for students, families and staff members for each phase of recovery (before reopening, immediately after reopening and long-term support).
- Develop social emotional supports for the potential of schools re-closing and/or a need to stay home and isolate due to exposure to the virus or becoming infected with the virus.
- Teach students how to screen themselves, take care of themselves and protect themselves during COVID-19.
- Explain, in a developmentally appropriate way, to students why school looks different and how changes are linked to individual, family and community safety.

Addressing Staff Needs:

Schools recognize that the social emotional health and well-being of staff is important to the social emotional health and well-being of the students and their families:

- Identify community resources available to support school staff.
- Increase communication efforts to ensure school staff are aware of the district's employee wellness benefits (e.g., employee assistance programs, mental health and wellness insurance coverage, FMLA).
- Work with human resources to determine procedures for staff to take sick leave due to COVID-19 concerns for themselves and/or their family.
- Establish system-wide approaches to address secondary traumatic stress and compassion fatigue (e.g., tap in, tap out; buddy classrooms; boundary setting; self-care).

Addressing Family Needs:

Schools understand that families will need support to feel comfortable sending their children back to school and to help implement the new guidelines during COVID-19:

- Ensure that all efforts to engage and communicate with families are culturally sensitive. Ensure all written and oral communications are available in easily accessible formats, with multiple languages and translation services upon request.
- Provide activities to help families feel comfortable sending their children back to school such as:
 - Back-to-school open houses at the school or in the community, with the ability to ask questions, meet teachers and request opportunities to talk with school employed mental health staff, with appropriate COVID-19 precautions in place.
 - A dry run of getting to school before school starts.
- Engage families to get a better understanding of their concerns regarding student needs and ways to collaborate to support a successful re-entry plan.
- Work with families to identify those who may need assistance with food, clothing and other basic needs.
- Determine and communicate procedures for schools conducting home visits.

Communication Systems

Schools should have clear, consistent and regular communication with staff, students, families and community members during this time, including changes to policies and operations, such as health screenings, drop-off/pick-up, classroom arrangements, etc.

Communications should include:

- UPDATED**
- Post signs on how to stop the spread of SARS-CoV-2, properly wash hands, promote everyday protective measures and properly wear a face covering in visible areas for students and staff to view, **including: entrances, dining areas, restrooms, classrooms, administrative offices, cafeteria, auditorium, custodial staff areas, etc.**
 - Employee handbooks and student handbooks should include information on how to recognize the signs of infection and directives not to come to school if sick.
 - Basic information on COVID-19 and measures families can take to stay safe when not at school.
 - Clear direction in student handbooks on when to keep a student home and the process for notifying the school.
 - Communicate your expectations for modeling respiratory etiquette, physical distancing, wearing facial coverings, refraining from touching their face, staying home when sick and supporting employees who need to take care of sick family members.
 - The importance of mandatory immunizations and locations where they can be obtained, as well as the importance of flu vaccinations.
 - Information on trauma-informed practices and helping students cope with stress and tragedies (see section on social emotional health).
 - Availability of community resources, including:
 - Mental health resources
 - Food security
 - Medical/dental providers
 - Health insurance
 - Economic aid
 - Housing assistance
 - Prepare communications to the public sharing the practices that the school is implementing to keep staff, students and community members healthy.
 - Identify a school nurse leader for the SU/SD or independent school who is or works closely with the COVID-19 Coordinator. That nurse can develop consistent health forms for enrollment, illness, COVID-19 notices and return to school consistent across all schools in the SU/SD or independent school.
 - Use all communication channels available to you, including direct communications (face-to-face, letters), electronic communications (your program's or school's website or social media pages), and remote parent meetings to share updates.
 - Ensure all communications are culturally and linguistically appropriate as well as accessible for individuals with disabilities.

- Intentionally and persistently combat stigma. Misinformation about SARS-CoV-2 and COVID-19 can create fear and hostility that hurts people and makes it harder to keep everyone healthy. We are stronger as a community when we stand together against discrimination. Take advantage of these [resources from the CDC](#) to prevent, interrupt and respond to stigma.

Contact Tracing

Role of the Health Department

- NEW** Contact tracing is a strategy used to identify people who have been in close contact with a person who has tested positive for COVID-19 during their infectious period. **Close contact** is defined as being within 6 feet for more than 15 minutes with a person with COVID-19 while they were contagious. Close contacts are at higher risk of becoming infected, so it is recommended that they quarantine to help prevent spread of the virus.
- NEW** A contact tracing team from the Vermont Department of Health calls anyone who has tested positive for COVID-19. They ask the person questions about their activities and people they have been in contact with while they were contagious. This helps identify the people who were in close contact with the person diagnosed with COVID-19. These might include family members, classmates and coworkers.
- NEW** When there is a confirmed case of COVID-19 identified in a school, a member of the contact tracing team will reach out to the person with COVID-19 to identify who had close contact with them. The contacting tracing team will also reach out to school administration who will work with the health team to determine next steps. The contact tracing team will work with the school to notify the students and staff who were possibly exposed to the virus that causes COVID-19. The Health Department will work with school administrators or school nurses to address and mitigate the situation if more than one case is identified in the school.

Role of Schools

- NEW** School administration should develop a proactive plan for when a student or staff member tests positive for COVID-19. The Health Department is actively developing materials to support schools in making these plans. Take measures so that persons potentially exposed to the virus can be more easily identified:
- Use assigned seating for each class.
 - Take attendance for every class and include all staff/contractors who were in the classroom.
 - Use sign-in sheets for in-person meetings to document attendees.
- UPDATED** • Keep accurate records of any persons other than students and staff that enter the building, their reason for being there, names of the people **they interacted with (if within 6 feet for >15 minutes) and the locations in the building they visit.**

- Provide a name and contact number for the COVID-19 Coordinator or school or SU/SD leadership to any family with a positive COVID-19 case so they can notify the coordinator during off hours and share with the contact tracing team.
- Staff should be encouraged to keep a daily list of other people they are in close contact with. As the state reopens, Vermonters should consider keeping a contact journal. If you do get sick, this will make it easier to get in touch with those people, and so they can take proper precautions to prevent further spreading of SARS-CoV-2.

Health Resource for Schools

Schools should reach out to their school district’s school nurse leadership or COVID-19 Coordinator/Workgroup with any questions. Additionally, the Vermont Department of Health has public health nurses available to schools and child care programs to answer health related questions from 8 a.m. to 3 p.m. Monday through Friday. Call: [\(802\)863-7240](tel:8028637240), select the option for “**Schools and Childcare Providers.**” After hours there will be a mailbox to leave a message and Health staff will return your call the following business day.

Resources

General questions about COVID-19? **Dial 2-1-1**

[Vermont Department of Health COVID-19 site](#)

- [Schools, Child Care and Summer Programs page](#)
- [Child Safety Fact Sheet](#)
- [Coping with Family Stress During COVID-19](#)

[Vermont Agency of Education COVID-19 Guidance for Vermont Schools](#)

[Help Me Grow Vermont](#)

[Vermont Center for Children, Youth and Families COVID 19 Resources](#)

[Building Bright Futures Statewide COVID 19 Resources](#)

[CDC Guidance for Schools and Day Camps](#)

[Let’s Grow Kids: Coronavirus Resources](#)

[Vermont Federation of Families for Children’s Mental Health COVID-19 Resources](#)

[Vermont Health Connect](#)

[National Association of School Nurses Coronavirus Disease 2019 Resources](#)

[National Association of School Psychologists COVID-19 Resource Center](#) (including guidance for social-emotional health during reopening)

[Parent and Caretaker guide for helping families cope with COVID 19](#)

[Just For Kids: A Comic Exploring The New Coronavirus](#)

[Talking to Children About COVID-19 \(Coronavirus\) - A Parent Resource \(English Resource\)](#)

[Talking to Children About COVID-19 \(Coronavirus\) - A Parent Resource \(Spanish Resource\)](#)