

Pre-K-Adult Education Public Health Guidance

Introduction

This document provides both advisory and compulsory guidance for school reopening that prioritizes returning as many students as possible to in-person learning—safely, following a comprehensive set of health and safety requirements. This guidance includes best practices developed by the American Academy of Pediatrics, U.S. Centers for Disease Control and Prevention (CDC), and other states.^{1,2,3} Because COVID-19 is a novel disease, scientific literature is growing rapidly with new information emerging almost every day. Guidance will continue to evolve as the science develops. Official minimal standards for schools are included as part of the Maine Department of Education’s [Framework](#) for Returning to Classroom Instruction.

No single action or set of actions will completely eliminate the risk of COVID-19 transmission, but taken together, the following health and safety requirements can greatly reduce that risk. It is crucial that schools establish a culture of health and safety that focuses on regularly enforcing these important practices.

COVID-19 is primarily spread when people are in relatively close proximity, through respiratory droplets generated through coughing, sneezing, or talking with an infected person. Among the most effective preventive measures—when used consistently and in combination—are masks/face coverings, physical distancing, hand hygiene, and cleaning and disinfecting frequently touched surfaces. Preventing person-to-person transmission, via respiratory droplets, is more important than frequent cleaning and disinfection.

¹ As described by the AAP: “Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits. Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity. As such, it is critical to reflect on the differential impact SARS-CoV-2 and the associated school closures have had on different races, ethnic and vulnerable populations.” American Academy of Pediatrics, *COVID-19 Planning Considerations: Guidance for School Re-entry*, <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

² Massachusetts Department of Elementary and Secondary Education, *Initial Fall School Reopening Guidelines*, June 25, 2020, <http://www.doe.mass.edu/>

³ San Francisco Department of Public Health, *Reopening TK-12 Schools for In-Person, On-Site Instruction*, July 8, 2020, <https://www.sfdph.org/dph/alerts/covid-guidance/Preliminary-Guidance-TK12-Schools.pdf>

Best current evidence suggests that children, particularly younger children, are less likely than adults to be infected with COVID-19.^{4,5} In general, rates of COVID-19 infection are lower for children than for adults; 5.2% of all cases in the United States through May 30 were people under 20 years old.⁶ Furthermore, infected children may be less likely to transmit COVID-19 to others.^{7,8} The ability to transmit the virus appears to increase as children age. This fact may partially explain why, to date, schools do not appear to have played a major role in COVID-19 transmission.^{9,10} Informing Maine's guidance is the experience in other countries and states, where schools are already open or where schools and daycares never closed. For instance, in countries such as Denmark, the Netherlands, Finland, Belgium, and Austria, the pandemic has continued to subside, even as schools reopened this spring.^{11,12} This evidence supports a safe in-person return to school if health and safety protocols are followed.

Physical distancing is an important practice that helps mitigate transmission of the virus. There is no precise threshold for safety; indeed, studies suggest that physical distancing of three feet or more leads to reduced transmission, with additional distance providing additional protection. According to the American Academy of Pediatrics, evidence suggest that spacing as close as three feet may approach the benefits of six feet of space, particularly if students are wearing face coverings and are asymptomatic. Simultaneously, attention to adult-adult transmission in school should not be overlooked. Evidence from childcare and summer camp settings to date suggests that adult staff, and not children, are most often the source of COVID-19 exposure in a facility. This fact informs our recommendation of maintaining six feet of distance between adults and between students and adults as much as possible.

⁴ Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:422–426. DOI: <http://dx.doi.org/10.15585/mmwr.mm6914e4>

⁵ Davies, N.G., Klepac, P., Liu, Y. *et al.* Age-dependent effects in the transmission and control of COVID-19 epidemics. *Nat Med* (2020). <https://doi.org/10.1038/s41591-020-0962-9>

⁶ Stokes EK, Zambrano LD, Anderson KN, *et al.* Coronavirus Disease 2019 Case Surveillance — United States, January 22–May 30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:759–765. DOI: <http://dx.doi.org/10.15585/mmwr.mm6924e2>^{external icon}

⁷ Zhu, Y., Bloxham, C. J., Hulme, K. D., Sinclair, J. E., Tong, Z. W. M., Steele, L. E., ... & Gilks, C. (2020). Children are unlikely to have been the primary source of household SARS-CoV-2 infections. Available at <https://www.medrxiv.org/content/10.1101/2020.03.26.20044826v1>

⁸ Mannheim, J., Gretsche, S., Layden, J. E., & Fricchione, M. J. (2020). Characteristics of Hospitalized Pediatric COVID-19 Cases—Chicago, Illinois, March–April 2020. *Journal of the Pediatric Infectious Diseases Society*.

⁹ Leclerc, Q. J., Fuller, N. M., Knight, L. E., Funk, S., Knight, G. M., & CMMID COVID-19 Working Group. (2020). What settings have been linked to SARS-CoV-2 transmission clusters?. *Wellcome Open Research*, 5(83), 83. Available at <https://wellcomeopenresearch.org/articles/5-83/v2>

¹⁰ National Centre for Immunisation Research and Surveillance (NCIRS) (2020). COVID-19 in schools – the experience in NSW. Available at http://ncirs.org.au/sites/default/files/2020-04/NCIRS%20NSW%20Schools%20COVID_Summary_FINAL%20public_26%20April%202020.pdf

¹¹ Vegas, Emiliana, *Reopening the World: Reopening Schools – Insights from Denmark and Finland*, Brookings Institution, July 6, 2020, <https://www.brookings.edu/blog/education-plus-development/2020/07/06/reopening-the-world-reopening-schools-insights-from-denmark-and-finland/>

¹² Couzin-Frankel, Jennifer, Gretchen Vogel, and Meagan Weiland, “School openings across globe suggest ways to keep coronavirus at bay, despite outbreaks,” *Science*, July 7, 2020, <https://www.sciencemag.org/news/2020/07/school-openings-across-globe-suggest-ways-keep-coronavirus-bay-despite-outbreaks>

Schools should aim for six feet of distance between students where feasible. **At the same time, a minimum physical distance of three feet between students has been established *when combined with the other measures outlined in this list of safety requirements (e.g., masks/face coverings, use of outdoor spaces)*.** Because of the reduced susceptibility in children and lower apparent rates of transmission, establishing a minimum physical distance of three feet is informed by evidence and balances the lower risk of COVID-19 transmission and the overarching benefits of in-person school. Schools should seek to maximize physical distance among individuals within their physical and operational constraints. Adult students and staff should adhere to six feet of distancing as much as possible, given their higher susceptibility to COVID-19. *The minimum physical distancing requirement of three feet does not apply to settings outside of schools.*

Families and communities play a critical role in supporting the new culture of health and safety that each school must establish. Most importantly, families can help mitigate the transmission of COVID-19 in their school communities by checking their children daily for any COVID-19 symptoms and keeping them home from school if they are sick or have had close contact with a person diagnosed with or suspected of having COVID-19. Families can also contribute by supporting the use of masks in school and on the bus, arranging alternate transportation whenever possible; communicating with teachers, school leaders and local authorities; and continuing to follow State health and safety guidelines outside of school.

Lastly, alongside the wellbeing of children, the wellbeing of teachers and staff is paramount to opening safely. Scientific evidence about transmission suggests to date that embedded public health protection measures in school operations, including physical distancing and cohorting together with providing protective equipment for staff and teachers, helps prevent spread in the school setting. Teachers and staff can employ and model these normative behaviors for students. Reopening plans will reflect novel solutions to balancing the need to reopen schools with the health and safety of people in the school community.

Public Health Requirements and Considerations for In-Person Learning

Masks/Face Coverings

As the primary route of transmission for COVID-19 is respiratory, masks/face coverings are among the most critical components of risk reduction. Face coverings help prevent respiratory droplets from traveling into the air and onto other people or surfaces when the person wearing the face covering coughs, sneezes, talks, or raises their voice.

Face coverings should cover your nose and mouth, and fit snugly against the sides of your face. Cloth face coverings should have multiple layers of cloth. For additional information about face coverings, review U.S. CDC guidance on how to [make cloth face coverings](#), [wear and remove masks/face coverings](#), and [wash cloth face coverings](#).

1. Adults, including educators and staff, are required to wear a mask/face covering.

2. Students age five and above are required to wear a mask/face covering that covers their nose and mouth. Masks are recommended for children ages two to four, when developmentally appropriate. (7/31/20)
3. Face shields may be an alternative for those students with medical, behavioral, or other challenges who are unable to wear masks/face coverings. The same applies to staff with medical or other health reasons for being unable to wear face coverings.
 - a. Face shields worn in place of a face covering must extend below the chin and back to the ears.
4. [Transparent face coverings](#) may be valuable to teachers and students in classes for deaf and hard of hearing students.
5. Alternatives to mask/face covering requirements must be made for those for whom it is not possible due to medical conditions, disability impact, or other health or safety factors.
6. Mask breaks should occur throughout the day. Breaks should occur in settings where students can be at least six feet apart and outside or at least with the windows open. Teach and direct students to cough or sneeze into their elbow when not wearing a face covering or alternatively, cough or sneeze into a tissue, discard the tissue into trash container, and then perform hand hygiene.
7. Masks/face coverings should be provided by the student/family, but extra disposable masks should be made available by the school for students who need them. Districts and schools with families experiencing financial hardship and unable to afford masks/face coverings should provide masks for students.
8. Reusable masks/face coverings provided by families should be washed by families daily.
9. Masks/face coverings should be replaced when soiled or wet. If the mask/face covering becomes soiled, remove and safely discard disposable masks, or store reusable face coverings in a sealed container or plastic bag for laundering. Perform hand hygiene after changing a soiled mask/face covering.
10. Masks/face coverings—or face shields for those who need them as described above—are required to be worn by everyone on the bus during school bus transportation.
11. Provide information on proper use, removal, and washing of face coverings to staff, students, and parents/guardians.
12. Additional guidance on the use of masks/face coverings by on-site clinical providers is forthcoming.

Physical Distancing

Physical distancing is another important practice that helps mitigate transmission of the virus. Schools should aim for six feet of distance between individuals where feasible. At the same time, a minimum physical distance of three feet between students is adequate when combined with the other measures outlined in this document, including the use of masks/face coverings, stable cohorts, screening, and hand hygiene. Because of the reduced susceptibility in children and lower apparent rates of transmission, establishing a minimum physical distance of three feet is informed by evidence and balances the lower risk of COVID-19 transmission and the overarching benefits of in-person school.

1. Schools should seek to maximize physical distance among individuals within their physical and operational constraints. Schools should aim for a physical distance of six feet when feasible, and three feet is the minimum distance allowed.
2. Evaluate classroom capacity on a case-by-case basis, based on the maximum capacity consistent with health and safety guidelines. Schools should seek to maximize physical distance between students within their physical and operational constraints.
 - a. To the extent possible, aim for desks to be spaced six feet apart (but no fewer than three feet apart) and facing the same direction.
 - b. In classrooms that seat students at tables rather than desks, consider installing tabletop partitions that extend above the seated height of the students.
3. Consider repurposing alternative spaces in the school (e.g., cafeteria, library, and auditorium) to increase the amount of available space to accommodate the maximum distance possible.
 - a. In larger spaces, establishing consistent cohorts/classes with at least 14 feet of separation between the cohorts/classes provides another option to maximize these spaces safely.
4. Hold classes and activities outside whenever possible.
5. Adults and adult staff within schools should attempt to maintain a distance of six feet from other persons as much as possible, particularly around other adult staff. Strategies to increase adult-adult physical distancing in time and space include the following:
 - a. Conduct meetings, trainings, curriculum planning, and parent-teacher conferences virtually, to the greatest extent possible, even if all staff are on the school campus.
 - b. Discourage congregation in shared spaces, such as staff lounge areas, in the copy room, when checking mailboxes, etc.
 - c. Stagger drop-offs and pick-ups. Do drop-offs and pick-ups outside when weather allows.
 - d. Parents should, in general, be discouraged from entering the school building.
 - e. Physical barriers, such as plexiglass, should be used in reception areas and employee workspaces where the environment does not accommodate physical distancing. Limit activities that require staff to enter within six feet of another person, regardless of whether physical barriers are installed.
6. Additional safety precautions are required for school nurses and/or any staff supporting students with disabilities in close proximity, when distance is not possible. These precautions must at a minimum include eye protection (e.g., face shield or goggles) and a mask/face covering.
7. Attention to physical distancing should include when students are moving throughout the school, such as in hallways between class periods.

Stable Cohorts

To minimize the number of students who would potentially be exposed in the case of a COVID-19 event, to the extent feasible, elementary schools should aim to keep students in the same group throughout the day for the duration of the academic term/curriculum, and middle and high schools should minimize mixing student groups to the extent feasible. Cohorts of students are commonly known as “pods” or “teams”.

1. Schools should divide students into small groups that remain with each other throughout each day. Schools should look for ways to isolate cohorts of students and prevent inter-group contact to the extent feasible.
2. Faculty and staff should remain with a specific cohort to the extent possible.
3. When in classrooms, all students should have assigned seating.
4. There are no required maximum cohort or group sizes, as long as schools adhere to the physical distancing requirements in this guidance. Schools should utilize the smallest cohort size practicable.
5. Cohorting students in middle and high schools presents unique challenges. Strategies to assist with cohorting in middle and high schools include:
 - a. Block schedules (much like some colleges, intensive 1-month blocks).
 - b. Eliminate use of lockers or assign them by cohort to reduce need for hallway use across multiple areas of the building. This strategy would need to be done in conjunction with planning to ensure students are not carrying home an unreasonable number of books on a daily basis and may vary depending on other cohorting and instructional decisions schools are making.
 - c. Have teachers rotate instead of students when feasible.

Symptom Screening

Families and caregivers can help mitigate the transmission of COVID-19 in their school communities by keeping their children home from school if they are sick or have had close contact with a person diagnosed or suspected of having COVID-19. Checking for symptoms each morning by families and caregivers is critical and will serve as the primary screening mechanism for COVID-19 symptoms. Schools should provide information to families in their primary language to support them in conducting this check.

1. Parents/guardians should screen their children for illness before sending them to school and should not send their children to school if they are ill. The following questions are recommended for screening:
 - a. Do you feel sick with any symptoms consistent with COVID-19? (such as new cough, shortness of breath, or other)
 - b. Have you been around anyone who is unwell?
 - c. Have you been in close contact with a person who has COVID-19?
 - d. Within the past 24 hours have you had a fever (100.4 and above) or used any fever reducing medicine?
2. Universal temperature checks of students upon entry to school premises is not recommended due to the high likelihood of potential false positive and false negative results.
3. Any student or staff member with a fever of 100.4 degrees or greater, symptoms of possible COVID-19 virus infection, or use of any fever reducing medicine in the past 24 hours should not be present in school.
 - a. The U.S. CDC maintains a [list of COVID-19 symptoms](#) that will be updated as more is learned about COVID-19.
 - b. Although children manifest many of the same symptoms of COVID-19 infection as adults, some differences are noteworthy. [According to the CDC](#), children may be less

likely to have fever, may be less likely to present with fever as an initial symptom, and may have only gastrointestinal tract symptoms.

4. Screening procedures are not required at the point of entry to the school. However, school staff, as well as bus drivers, should observe students throughout the day and refer students who may be symptomatic to the school healthcare point of contact.
5. Prepare a “medical isolation room” for students/staff who exhibit COVID-19 symptoms during the school day.
6. Additional guidance on return to school after illness is forthcoming from DOE/MCDC.
7. Students and staff who travel outside of Maine during the school year should follow the Governor’s Executive Orders related to travel.

Screening through Testing

1. Asymptomatic testing of students or staff for COVID-19 in the school setting is not recommended at this time. Testing for symptomatic individuals, however, remains important and should be conducted with the individuals’ health care provider. Those with symptoms should contact their personal health care provider.
2. The Maine CDC and Department of Education will monitor testing protocols and will advise school districts accordingly.

Hand Hygiene

Frequent hand hygiene reduces the risk of transmission of COVID-19 by removing pathogens from the surface of the hands.

1. All students and staff must receive initial training on good hand hygiene practices and methods and receive frequent and ongoing reminders through verbal prompts, signage, and other means.
2. Require all students and staff to exercise hand hygiene (handwashing or hand sanitizer) upon arrival to school, before and after eating, after using the restroom, before and after using shared or playground equipment, before putting on and taking off masks, and before dismissal. After eating, the mask is put back on, and then hand hygiene should be done.
3. All students and staff should wash their hands using soap and water for at least 20 seconds whenever hands are visibly soiled and after using the bathroom. Dry hands with disposable paper towels.
4. Handwashing is the best option. When handwashing is not practicable, use a hand sanitizer with at least 60% alcohol.
5. Apply hand sanitizer to all surfaces of the hands and in sufficient quantity that it takes 20 seconds of rubbing hands together for the sanitizer to dry.
6. Hand sanitizer should be placed at key locations (e.g., building entrances, classrooms, and cafeteria).
7. Hand hygiene should be performed before and after touching shared equipment.
8. Remind students to avoid touching their face coverings.
9. Students using the school bus for transportation to school or school activities must use hand sanitizer upon entering the bus and exiting the bus.

10. Teach and direct students to cough or sneeze into their elbow when not wearing a face covering or alternatively, cough or sneeze into a tissue, discard the tissue into trash container, and then perform hand hygiene.

Personal Protective Equipment

1. Schools should have an inventory of standard healthcare supplies (e.g., masks and gloves). Use of supplies may be optional based on type of tasks performed (e.g., teachers do not need to wear gloves while teaching but may need to during necessary contact with students, such as when providing physical support to students with disabilities).
2. School health staff should be provided with appropriate medical PPE to use in health suites. This PPE should include N95 masks, surgical masks, gloves, disposable gowns, and face shields and other eye protection. Additional guidance about appropriate use of this PPE by school health staff is available from the [National Association of School Nurses \(NASN\)](#).
3. School health staff should be aware of the CDC guidance on infection control measures.
4. Due to the aerosol-generating nature of nebulizer treatments, nebulizers should be reserved for emergency situations. If a student uses a nebulizer, families should contact their health care provider to discuss switching to metered dose inhalers for school situations.
5. School health staff should wear gloves, an N95 facemask, and eye protection if a student receives a nebulizer treatment or uses a peak flow meter at school. If N95s are not available, the best alternative is a face shield and a procedure mask. (Updated 7/31/20)
6. Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present. Rooms should be well ventilated or treatments should be performed outside. After use of the nebulizer, the room should undergo routine cleaning and disinfection.
7. Work with the MDOE School Safety Center on procurement of Personal Protective Equipment (PPE).
8. School staff working with students who are unable to wear a cloth face covering and who must be in close proximity to them should wear a procedural mask in combination with a face shield or goggles or glasses. Face shields or other forms of eye protection (e.g. goggles or glasses) should also be used when working with students unable to manage secretions.

Building and Operational Considerations

Cleaning and Disinfecting

Cleaning and disinfection of frequently touched surfaces is recommended as the virus can be spread if someone touches a surface contaminated with the virus and then touches their eyes, nose, or mouth. However, as COVID-19 is primarily spread through respiratory droplets, preventing person-to-person transmission is more important than frequent cleaning and disinfection.

1. [Clean and disinfect](#) frequently touched surfaces (e.g., door handles, sink handles, drinking fountains, keyboards, light switches) within the school and on school buses at least daily or between uses as practicable.
2. Develop a schedule for increased, routine cleaning and disinfection.
3. Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children. Use products that meet [EPA disinfection criteria](#).

4. Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.
5. Disinfectants such as bleach and those containing quaternary ammonium compounds should not be used when students are present because these are known respiratory irritants.
6. Students should not participate in disinfecting activities.
7. Users should wash their hands before and after using shared objects. Focus increased cleaning and disinfecting efforts on high-touch items.
8. Outdoor playgrounds and other natural play areas need only routine maintenance as hand hygiene will be emphasized before and after use of these spaces. Outdoor play equipment with high-touch surfaces such as railings and handles should be cleaned and disinfected regularly if used continuously.
9. Install signage and equipment to enable effective health and safety procedures.
10. Organizations that share or use the school facilities should follow the health and safety guidelines established in this guidance.

Shared Objects

1. Discourage sharing of items that are difficult to clean or disinfect.
2. Avoid sharing electronic devices, toys, books, and other games or learning aids.
3. Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
4. Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
5. Per the cleaning and disinfecting guidance, clean and disinfect frequently touched surfaces (e.g. keyboards) at least daily or between uses as much as possible.
6. If the use of shared materials is necessary, ensure hand washing before and after use.

Facility Considerations

1. Communicate and consult with business managers, as well as facilities, grounds, and maintenance teams when preparing the facility for the resumption of in-person learning.
2. Identify and procure necessary equipment, materials, and supplies for supporting the public health requirements (e.g., hand washing stations, hand sanitizer, appropriate cleaning and disinfecting supplies).
3. Adequate ventilation is required for classrooms, with schools having flexibility in implementation such as using properly working ventilation systems or outdoor air exchange using fans in open windows or doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to individuals using the facility. Additional information on [readying ventilation systems](#) is available from the U.S. CDC.
4. To minimize the risk of [Legionnaire's disease](#) and other diseases associated with water, [take steps](#) to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown.
5. Using drinking fountains for refill only is recommended. Staff and students should bring water bottles, and cups should be provided for drinking fountain use for those who do not have a

water bottle. Drinking fountains should be cleaned and disinfected and have signage/instruction for individuals to wash hands after use.

6. Thoroughly clean and disinfect buildings and classrooms prior to the resumption of in-person classes (see the Cleaning and Disinfecting section of this guidance for additional information).
7. Clean and disinfect high-touch areas frequently (doorknobs, desktops, faucets, etc.). See the cleaning and disinfecting section of this guidance for additional information.
8. Eliminate lines to the greatest extent practicable. Where lines are unavoidable (e.g. near doors, sinks, bathrooms, or other places where students may line up), ensure three to six feet of distance between individuals. This can be accomplished by demarcating three- to six-foot distances on floors or walls. Three feet is the minimum amount of distance recommended in the school setting; six feet of physical distance is preferred.
9. Modify building traffic flow to minimize contact between individuals. Consider one-way entrances, exits, and hallways, if possible. Mark hallways to keep traffic flow to the right side where one-way passage is not possible. Use floor decals and/or signage to establish travel patterns.
10. Minimize traffic in enclosed spaces, such as elevators and stairwells. Consider limiting the number of individuals in an elevator at one time and designating one directional stairwells, if possible.
11. Consider installing non-porous physical barriers such as partitions or plexiglass barriers to protect staff in high traffic areas. Barriers should be placed in front office areas, service counters, and other similar locations where it is not possible to maintain a minimum of six feet of physical distance. Limit activities that require staff and/or visitors to enter within six feet of another person, regardless of whether physical barriers are installed.
12. Place signage at entrances and throughout buildings (particularly high traffic areas), alerting staff and students to physical distancing requirements, face covering policies, and hand hygiene protocols.
13. Plan vehicle traffic flow, drop-off, and pick-up logistics and place signage as needed.
14. If needed, set up additional hand washing or sanitizing stations outside school entrances and at convenient locations outside classrooms and common areas.
15. School libraries are not expected to pose a significant transmission risk. Nevertheless, students should wash or sanitize their hands upon entering and leaving libraries. School libraries should post reminders to maintain physical distance and arrange seating areas to allow for appropriate distance. Shared surfaces such as counters and computers should be regularly cleaned and disinfected.

Busing/Transportation

Busing presents unique challenges. Additional guidance will be provided as more evidence surrounding best practices becomes available.

1. Encourage alternative modes of transportation for students who have other options.
 - a. Consider how you will manage increased traffic flow from families who decide to drop off/pick up their children.
 - b. Promote alternatives such as walking and biking.

- c. Advise school staff and families to carpool with the same stable group of people. Open vehicle windows and maximize outdoor air circulation. Everyone in the vehicle should wear a face covering.
2. If transport vehicles (e.g., buses) are used by the school, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings).
3. For students riding the bus, symptom screening should be performed by families prior to being dropped off at the bus.
4. Physical distancing at bus stops and during pick-up and drop-off is recommended.
5. Masks/face coverings are required to be worn by everyone on the bus during school bus transportation.
6. Hand sanitizer must be available and used when entering and exiting the bus.
7. Assign seating. Students from the same household should sit together.
8. Use tape marks and signage to show students where to sit.
9. To minimize contact between passengers, load the bus from back to front and unload the bus from front to back.
10. Drivers should be a minimum of six feet from students; drivers must wear a face covering; consider physical barriers for driver (e.g., plexiglass).
11. Minimize number of people on the bus at one time within reason.
12. Adults who do not need to be on the bus should not be on the bus.
13. Have windows open if weather allows.
14. Routinely clean and disinfect buses or other transport vehicles. See the Cleaning and Disinfecting section of this guidance for additional information.

Food Service

School meals play an important role in addressing food security for students. COVID-19 has not been shown to be a food-borne disease. However, eating together is a high-risk time for COVID-19 transmission because people must remove their face coverings to eat and drink. People often touch their mouths with their hands when eating. In addition, meals are usually considered time for talking together, which further increases risk, especially if children must speak loudly to be heard. Standard food preparation guidelines should be followed, with special consideration for masking and physical distancing between food service staff in the kitchen and when in contact with students/staff.

1. As it is assumed that masks/face coverings will not be worn during meals, in order to achieve six feet of physical distance between individuals, consider ways to conduct breakfast and lunch that support physical distancing (e.g., stagger time, build in other breaks, etc.).
 - a. Prepare to hold breakfast and/or lunch in classrooms or outdoors, instead of the cafeteria or common areas.
 - b. If serving food in the cafeteria, develop staggered schedules that minimize mixing of cohorts and enforce physical distancing protocols.
2. Adjust food preparation and service procedures to minimize shared items (i.e. serving utensils), maintain physical distance, and support compliance with health and safety protocols.
3. In the event students continue with, or transition to, remote learning, provide school meals as needed for days they are not in the school building.

Staff Break Rooms/Teacher Work Rooms

Staff often do not view themselves and colleagues as sources of infection, and forget to take precautions with co-workers, especially during social interactions such as breaks or lunch time, in the copy room, when checking mailboxes, etc.

1. Post the maximum occupancy for the staff rooms, based on 6-foot distancing. Mark places on the floor 6 feet apart for staff to sit or stand.
2. Post signage reminding staff to stay 6 feet apart, keep their facemasks on unless eating, wash their hands before and after eating, and disinfect their area after using it.
3. Discourage staff from eating together, especially indoors. Consider creating a private outdoor area for staff to eat and take breaks.
4. Open windows and doors to maximize ventilation, when feasible, especially if staff are eating or if the room is near maximum occupancy.

Group Singing/Chorus, Band, Physical Education, and Sports

1. Avoid group singing. Suspend choir and wind instruments (band). These activities are higher risk for COVID-19 transmission due to the larger numbers of respiratory droplets produced. Percussion and string instruments are allowed.
2. Limit physical education and extracurricular sports to activities that do not involve close contact with other students or shared equipment, until advised otherwise by local public health officials.
3. Plan for options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

Gatherings, Visitors, and Field Trips

1. Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least six feet between people if events are held. Limit group size to the extent possible. Groups must not exceed the Governor's gathering size limits.
2. Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as much as possible—especially with individuals who are not from the local geographic area (e.g., community, town, city, and county).
3. Field trips should be suspended at this time. Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as much as possible.

Courses requiring additional safety considerations (Updated 7/31/20)

Students and staff must follow all required health and safety measures while on school grounds or engaged in school courses in other locations. Certain classes such as music, theater, dance, physical education, and the visual arts have unique characteristics that require special consideration. Research into how to safely engage in these types of activities is ongoing, and the following guidance will be updated as the research evolves.

At this time, for courses and activities that require increased respiration, including chorus, singing, brass or woodwind instrument use, physical education, dance, and theater, holding courses and

activities fully or partially online is highly recommended. If they are held in person, it is strongly recommended – and at times required – that these activities occur outdoors.

Safety requirements for these activities are as follows:

For chorus, singing, musical theater, and using brass or woodwind instruments:

- **If outdoors, with masks encouraged if possible**, these activities can occur with at least 14 feet of distance between individuals.
- **Note: At this time, these activities are not permitted indoors.**

For non-musical theater:

- **If outdoors, with masks encouraged if possible**, these activities can occur with 6 feet of distance between individuals.
- **If indoors, with masks required**, these activities can occur with 6 feet of distance between individuals.
- **Note: These activities cannot occur indoors without a mask.**

For physical education activities and dance:

- **If outdoors, without masks**, these activities can occur with 14 feet of distance between individuals.
- **If outdoors, with masks required**, these activities can occur with 6 feet of distance between individuals.
- **If indoors, with masks required**, these activities can occur with 6 feet of distance between individuals.
- **Note: These activities cannot occur indoors without a mask.**

Chorus and singing instruction

Singing carries a relatively higher risk of virus transmission because voice projection can aerosolize respiratory droplets to a distance of at least 13 feet. Chorus and singing must follow the relevant guidance related to indoor/outdoor activities, masks/face coverings, and physical distancing on page 15 of this document. In addition:

1. All students should face in one direction instead of facing one another. Avoid singing in a circle or semicircular formation.
2. Students and teachers should avoid sharing materials (e.g., music stands) when feasible. If materials must be shared, follow the guidelines in the “Shared Objects” section of this guidance.

Theater

Singing and voice projection, both common in theater, carry a relatively higher risk of virus transmission. Theater courses and activities must follow the relevant guidance related to indoor/outdoor activities, masks/face coverings, and physical distancing on page 15 of this document. In addition:

1. Avoid sharing equipment as feasible. Any sharing of equipment, including props, set pieces, rails, and voice amplification equipment, should follow the guidelines in the “Shared Objects” section of this guidance. Do not share makeup or anything that comes into close contact with mouth or eyes (e.g., microphones). Avoid sharing costumes and wigs.

2. Any rental equipment should be thoroughly disinfected upon receipt and before returning and regularly cleaned and disinfected, as with other equipment.

Band and the use of musical instruments

Some musical instruments carry a relatively higher risk of virus transmission. Instruction for brass and woodwind instruments must follow the relevant guidance related to indoor/outdoor activities, masks/face coverings, and physical distancing on page 15 of this document. In addition:

1. Instruction for musical instruments that require air blowing (e.g., flute, oboe, clarinet, trumpet, saxophone, trombone) can only occur outdoors when individuals are at least 14 feet apart. These instruments should never be shared.
2. Instruction for musical instruments that do not involve air blowing (e.g., strings, percussion, and piano) may continue indoors or outdoors as long as health and safety requirements are met. If needed, these instruments can be shared between students in accordance with the guidelines in the “Shared Objects” section of this document.
3. Students should be encouraged to clean their instruments regularly, especially the mouthpiece and high-touch surfaces, such as finger pads.

Dance

While dance does not typically involve vocalization, it is an intense physical activity, similar to physical education, and can result in an increased risk of transmission due to increased respiration. Dance courses and activities must follow the relevant guidance related to indoor/outdoor activities, masks/face coverings, and physical distancing on page 15 of this document. In addition:

1. Prioritize forms of dance that allow for adequate distancing or adapt dances reliant on close proximity to allow for physical distancing.
2. All sharing of equipment should follow the guidelines in the “Shared Objects” section of this document.
3. Consider keeping music at a volume that minimizes the need for the instructor to project their voice.

Physical education

With physical activity, individuals tend to breathe more heavily and speak louder or yell, which increases the potential for dispersal of respiratory droplets. Physical education classes and activities must follow the relevant guidance related to indoor/outdoor activities, masks/face coverings, and physical distancing on page 15 of this document. In addition:

1. No physical education classes can include activities with close physical contact.
2. Physical education should prioritize activities that do not require shared equipment. If any shared equipment is used, clean and disinfect equipment between uses and at least daily.
3. Prioritize outdoor activities, whenever possible.
4. Students must wash or sanitize hands before and after physical education. Particular attention should be paid to washing and sanitizing hands before and after masks are removed and put on, if applicable.
5. No sharing of water bottles, towels, mouth guards, helmets or other equipment that comes into contact with the nose or mouth is allowed.

6. If feasible, close communal areas, including athletic locker rooms. If not feasible, stagger locker assignments and access such that students who need to use lockers at the same time (e.g., those in the same physical education class) will be able to maintain physical distancing. Athletic locker rooms should be cleaned and disinfected at least daily.
 - a. Students may be encouraged to wear comfortable clothing and safe footwear to school that allows for safe movement and is appropriate for the weather in order to participate in physical education without the use of a locker room.

Visual arts

Visual arts courses and activities may involve the sharing of specialized equipment among students, such as paint brushes, paints, and cameras.

1. Minimize the use of shared equipment, as possible. If equipment must be shared, follow the guidelines in the “Shared Objects” section of this document.
 - a. Add disposable protective covers to shared cameras and any other equipment that requires close eye or mouth contact.