

PK-12 and Adult Education Public Health Guidance

Introduction

This document provides requirements and guidance for school operations that prioritizes in-person learning 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 continues to evolve as the science develops. Official minimal requirements 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, completely eliminates the risk of COVID-19 transmission, but taken together, the following health and safety measures can greatly reduce that risk. Schools should establish and maintain 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, cohorting groups, and cleaning and disinfecting frequently touched surfaces. Preventing person-to-person transmission, via respiratory droplets, is more important than frequent cleaning and disinfection.

Accumulating evidence suggests that children are less likely than adults to be infected by COVID-19 and are less likely than adults to transmit COVID-19 to others.⁴ These facts may partially explain why, to date, schools do not appear to have played a major role in COVID-19 transmission.^{5,6} During the fall of

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>

⁴ Viner RM, Mytton OT, Bonell C, et al. Susceptibility to SARS-CoV-2 Infection Among Children and Adolescents Compared With Adults: A Systematic Review and Meta-analysis. *JAMA Pediatr.* Published online September 25, 2020. doi:10.1001/jamapediatrics.2020.4573

⁵ 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?. *Welcome Open Research*, 5(83), 83. Available at <https://wellcomeopenresearch.org/articles/5-83/v2>

⁶ 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

2020, there was minimal in-school transmission of COVID-19 among students and school staff in Maine. This evidence supports the safety of in-person learning in schools 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 suggests 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.^{7,8}

Starting in May 2021, all schools have another risk mitigation strategy provided by the State at no cost: routine pooled COVID-19 PCR testing of unvaccinated students and staff. This will allow early identification and isolation of asymptomatic COVID-19 cases, making in-classroom education safer. As such, Maine is updating its six requirements to change the three-foot distancing *requirement* in schools to a *recommendation*, provided that the school is participating in the State's pooled testing program. Participation is defined as having at least 30% of school staff and students participating in the program (see the School Standard Operating Procedure (SOP) for details.) This program is available now, and will continue to be available through the 2021-2022 school year. Although the Maine CDC continues to recommend a minimum three-foot distancing between and among all students, schools that are participating in the testing program may shift away from this as a requirement after achieving the minimum 30% participation. **The requirement for six-foot distance when unmasked and eating or drinking continues to apply unless a school is participating in pooled testing. The requirement for six-foot distance when unmasked and eating or drinking continues to apply, unless a school is participating in pooled testing. (Updated 6/09/21).**

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.-(Updated 5/14/21).

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.

⁷ World Health Organization. (2020). "Considerations for school-related public health measures in the context of COVID-19: annex to considerations in adjusting public health and social measures in the context of COVID-19," 10 May 2020. World Health Organization. <https://apps.who.int/iris/handle/10665/332052>

⁸ Chu, Derek K; Akl, Elie A; Duda, Stephanie ; Solo, Karla; Yaacoub, Sally; Schünemann, Holger J, "Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta- analysis," Lancet, July 1,2020, [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)31142-9.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31142-9.pdf)

This document is unchanged from previous versions except where noted. Changes to a protocol or practice are called “Updated” with the date of the change. Changes that correct grammar or are made for clarity rather than for substantive reasons are labelled as “for clarity.” If the parenthetical is within the sentence, only the sentence has changed; if it is after the period at the end of the paragraph, the whole paragraph was changed. (Updated 8/12/20)

Public Health Requirements for In-Person Learning

Symptom Screening at Home Before Coming to School (for all Staff and Students) –

Students (parents/caregivers) and staff members must conduct self-checks for symptoms prior to boarding buses or entering school buildings each day. Schools should provide information to families in their primary language to support them in conducting this check. Any person showing symptoms must report their symptoms and not be present at school. Schools must provide clear and accessible directions to parents/caregivers and students for reporting symptoms and absences.

Physical Distancing and Facilities -

Starting in May 2021, all schools have another risk mitigation strategy provided by the State at no cost: routine pooled COVID-19 PCR testing of unvaccinated students and staff. This will allow early identification and isolation of asymptomatic COVID-19 cases, making in-classroom education safer. As such, Maine is updating its six requirements to change the three-foot distancing *requirement* in schools to a *recommendation*, provided that the school is participating in the State’s pooled testing program. Participation is defined as having at least 30% of school staff and students participating in the program (see the School Standard Operating Procedure (SOP) for details.) This program is available now, and will continue to be available through the 2021-2022 school year. Although the Maine CDC continues to recommend a minimum three-foot distancing between and among all students, schools that are participating in the testing program may shift away from this as a requirement after achieving the minimum 30% participation. (Updated 5/14/21) **In addition, although Maine CDC continues to recommend a minimum six-foot distance between and among students when unmasked and eating or drinking, schools that are participating in the testing program may shift away from this as a requirement after achieving minimum 30% participation. Students should spend fewer than 15 minutes eating in close proximity to other students. Masks must be worn inside except during eating or structured mask breaks. (Updated 6/9/21).**

A “medical isolation space” (separate from the nurse’s office) must be designated for students/staff who exhibit COVID-19 symptoms during the school day. 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.

Masks/Face Coverings –

Adults, including educators and staff, are required to wear a mask/face covering when indoors. Students age five and above are required to wear a mask/face covering that covers their nose and mouth when indoors. (Updated 4/28/21) Masks are recommended for children ages two to four, when developmentally appropriate. (Updated 7/31/20). Masks/face coverings must be worn by all students on the bus. Face shields may be an alternative for those students with documented medical or behavioral challenges who are unable to wear masks/face coverings (Updated 8/12/20). The same applies to staff with medical or other health reasons for being unable to wear face coverings. Face shields worn in place of a face covering must extend below the chin and back to the ears. Face masks/coverings must be worn during voluntary indoor school sports (Updated 4/28/21). Nothing in this framework’s mask/face

covering requirements should be interpreted as preventing a school from making accommodations on an individualized basis as required by state or federal disabilities laws. (Updated 9/15/20).

Hand Hygiene –

All students and staff in a school must receive training in proper hand hygiene. All students and staff must wash hands or use sanitizing gel upon entering the school, before and after eating, before and after donning or removing a face mask, after using the restroom, before and after use of playgrounds and shared equipment, and before and after riding school transportation (9/4/2020).

Personal Protective Equipment –

Additional safety precautions are required for school nurses and/or any staff supporting symptomatic students in close proximity, when distance is not possible, or when students require physical assistance. These precautions must at a minimum include eye protection (e.g., face shield or goggles) and a mask/face covering. (Updated 4/28/21)

Return to School after Illness –

Sick staff members and students must use home isolation until they meet criteria for returning to school.

Public Health Considerations, Recommendations and Strategies

The following sections provide more detailed recommendations about the six health and safety requirements along with additional information to assist with planning and implementation of risk mitigation strategies. (Updated 8/12/20)

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 indoors. (Updated 4/28/21)
2. Students age five and above are required to wear a mask/face covering that covers their nose and mouth indoors. (Updated 4/28/21) 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 documented medical or behavioral challenges who are unable to wear masks/face coverings. The same applies to staff with

documented medical or other health reasons for being unable to wear face coverings. (Updated 8/12/20)

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. In addition to the time during which students may be eating or drinking with a minimum of 6' physical distancing or less in schools participating in pooled testing (Updated 6/09/21), school staff may offer highly-structured and well supervised mask breaks during the school day. Such mask breaks should be limited to 5 minutes each, up to a maximum of 15 minutes per day. Breaks should take place in a classroom cohort when possible. (Updated 5/14/21). During indoor mask breaks, individuals:

- Must be stationary, ideally seated
- Must be at least 6 feet from one another
- Should be facing the same direction
- Should not engage in conversation or other activity that could spread the virus (silent reading or a writing prompt or other individual activity is ideal)

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. 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 a trash container, and then perform hand hygiene (Updated 12/11/20).

11. 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.

12. Schools should provide information on proper use, removal, and washing of face coverings to staff, students, and parents/guardians (Updated 8/12/20 for clarity).

13. Masks with exhalation valves should not be used. (Updated 4/28/21)

14. Nothing in this framework’s mask/face covering requirements should be interpreted as preventing a school from making accommodations on an individualized basis as required by state or federal disabilities laws (Updated 9/15/20).

Physical Distancing

Physical distancing is another important practice that helps mitigate transmission of the virus. Schools should aim for increased physical distance between individuals wherever feasible. Maine is updating its three foot distancing *requirement* to a *recommendation*, provided that the school is participating in the State’s pooled testing program- (Updated 5/14/21).

1. Consistent with the requirements, 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, unless the school is participating in the pooled testing program. (Updated 5/14/21).
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, consistent with the requirement. (Updated 8/12/20 for clarity)
 - a. To the extent possible, aim for desks to be spaced six feet apart (but no fewer than three feet apart, unless the school is participating in the pooled testing program) and facing the same direction. (Updated 5/14/21).
 - 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 6 feet of separation between the cohorts/classes provides another option to maximize these spaces safely.
4. Hold classes and activities outside whenever possible. Masks and physical distancing are not required for outdoor classes. (Updated 5/14/21).
5. Additional safety precautions may be required for school nurses and/or any staff supporting students with disabilities in close proximity. These precautions must at a minimum include eye protection (e.g., face shield or goggles) and a mask/face covering. (Updated 5/14/21).
6. Attention to physical distancing should include when students are moving throughout the school, such as in hallways between class periods.

At-Home 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 space” for students/staff who exhibit COVID-19 symptoms during the school day that is a distinct, enclosed area (Updated 8/12/20).

6. Students and staff who travel outside of Maine during the school year must follow the Governor’s Executive Orders related to travel. (Updated 8/12/20)

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 enough 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., near building entrances, classrooms, and cafeteria).
7. Hand hygiene should be performed before and after touching shared equipment, consistent with the requirements (Updated 8/12/20 for clarity).
8. Remind students to avoid touching their face or face coverings.
9. Students using school transportation to and from school or for school activities must use hand sanitizer before and after use of school transportation.
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 the students 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.

Additional Public Health Considerations, Recommendations and Strategies

Stable Cohorts

The US CDC and the National Academies of Science recommend cohorting (sometimes called podding) as a strategy that schools may use to limit contact between students and staff as part of their efforts to limit transmission of SARS-CoV-2 (the virus that causes COVID-19).⁹ This strategy works by keeping groups of students – and sometimes staff – together over the course of a pre-determined period of time, preferably for the duration of the academic term/curriculum. Ideally, the students and staff within a cohort will only have physical proximity with others in the same cohort, including during lunch and recess. This practice may help prevent the spread of COVID-19 by limiting cross-over of students and teachers to the extent possible. The utility of cohorting is in being able to quarantine exposed individuals while maintaining school operations in other cohorts. (Updated 8/12/20)

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. Cohorting strategies may differ between school districts, schools, and classrooms depending on class size, physical space limitations, and community transmission. (Updated 8/11/20)

1. Schools should divide students into small groups that remain with each other throughout each day to the extent feasible. Schools should look for ways to isolate cohorts of students and prevent inter-group contact to the extent feasible.

⁹ U.S. Centers for Disease Control and Prevention, “Preparing K-12 School Administrators for a Safe Return to School in Fall 2020,” Accessed August 6, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html>; National Academies of Sciences, Engineering, and Medicine, 2020, Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities, Washington, DC: The National Academies Press, <https://doi.org/10.17226/25858>.

2. Faculty and staff should remain with a specific cohort to the extent feasible (Updated 8/12/20 for clarity).
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 or semester courses).
 - b. Consider limiting the 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 and may vary, depending on other cohorting and instructional decisions schools are making. (Updated 8/12/20)
 - c. Have teachers rotate instead of students when feasible.
 - d. Support interdisciplinary courses with co-teaching teams (Updated 8/12/20).

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.

The following strategies and protocols are recommended (Updated 8/12/20 for clarity and with deletion of items in the maintenance / facility guidelines):

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. Hand hygiene should be performed before and after touching shared equipment. (Updated 4/28/21)
5. Use only routine maintenance for outdoor playgrounds and other natural play areas, as hand hygiene will be emphasized before and after use of these spaces. (Updated 4/28/21)
6. Install signage and equipment to enable effective health and safety procedures.

7. Ensure organizations that share or use the school facilities follow the health and safety guidelines established in this guidance (Updated 8/12/20 for clarity).
8. In accordance with [US CDC guidelines](#) if less than 24 hours have passed since a person who is sick or diagnosed with COVID-19 has been in a space, clean and disinfect the space. If more than 24 hours have passed since a person who is sick or diagnosed with COVID-19 has been in the space, cleaning is enough. You may choose to also disinfect depending on [certain conditions](#) or everyday practices required by the facility. If more than 3 days have passed since a person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practice) is needed. (Updated 4/28/21)

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. Clean and disinfect frequently touched surfaces (e.g. keyboards) at least daily or between uses as much as possible (Updated 8/12/20 for clarity).
6. Hand hygiene should be performed before and after touching shared materials (Updated 8/12/20 for clarity).

Facility Considerations

1. Communicate and consult with business managers, as well as facilities, grounds, and maintenance teams when preparing the facility 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 based on the ventilation capabilities of each school site. Every building is unique. Use an incremental approach to determine how to achieve indoor air quality without creating other health issues or unmanageable costs. The most effective method for increasing ventilation is maximizing outdoor air intake by increasing the percentage of fresh air input through handling systems and/or opening windows or doors if doing so does not pose a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to individuals using the facility. Information on readying ventilation systems is available from the U.S. CDC and ASHRAE. (Updated 12/11/20)

- a. It may not be feasible to keep windows and doors fully open due to cold weather. On cold weather days, keep windows open at least a crack to provide some supply of fresh air. Communicate with your school community that increasing outside air will affect schools' indoor temperatures. Encourage families and caregivers to send their students to school with plenty of warm layers in winter, as classroom temperatures could fluctuate throughout the day. Visit the Maine Indoor Air Quality Council website for information on managing indoor air quality in Maine's climate. (Updated 12/11/20)
 - b. Introducing more outdoor air may cause dry air conditions that dry out the respiratory tract. Encourage students and staff to stay hydrated. (Updated 12/11/20)
 - i. There are many challenges to using plug-in steam humidifiers in schools, including mold growth and indoor air quality problems. Humidifiers should be used with caution. (Updated 12/11/20)
 - c. Schools that elect to use in-room or portable air cleaners to supplement enhanced ventilation measures should follow ASHRAE and manufacturer guidance on use and maintenance of those units.
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. Reduce lines to the greatest extent practicable. Where lines are unavoidable, three feet of physical distance between individuals standing in line is the minimum amount of distance recommended in the school setting, unless the school is participating in the pooled testing program. (Updated 5/14/21).
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. 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.
12. Plan vehicle traffic flow, drop-off, and pick-up logistics and place signage as needed.
13. If needed, set up additional hand washing or sanitizing stations outside school entrances and at convenient locations outside classrooms and common areas.
14. 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, as applicable. (Updated 5/14/21). Shared surfaces such as counters and computers should be regularly cleaned and disinfected.

Recommendations for Busing/Transportation

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. (Updated 5/14/21).
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.
5. Masks/face coverings are required to be worn by everyone on the bus during school bus transportation.
6. Hand sanitizer should be used before and after riding school transportation. (Updated 12/15/20 for clarity)
7. Assign seating. Students from the same household should sit together.
8. Use tape marks and signage to show students where to sit.(Updated 4/28/21)
9. Drivers must wear a face covering; (Updated 5/14/21).
10. Minimize number of people on the bus at one time within reason.
11. Adults who do not need to be on the bus should not be on the bus.
12. Maintain consistent airflow through the bus by fully opening at least four windows, ideally two windows in the front of the bus (one on each side) and two in the rear of the bus (one on each side). (Updated 12/15/20)

a. In the case of inclement weather, window openings may be reduced to prevent snow, ice, or rain from entering the bus. If window openings are reduced, more windows should be opened. Keeping every other window open an inch should be the minimum in this scenario. (Updated 12/15/20)

13. Routinely clean and disinfect buses or other transport vehicles. See the Cleaning and Disinfecting section of this guidance for additional information.

14. To the extent possible, maximize the distance between children in the vehicle. Since vehicles have different sizes and capacities, there is no single recommendation for spacing. (Updated 5/14/21).

Student Nutrition Services

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. Masks/face coverings cannot be worn while eating. In order to achieve six feet of physical distance between individuals who are unmasked, consider ways to conduct breakfast and lunch that support physical distancing of at least 6 feet between/among students who are eating or drinking (e.g., coordinate seating and stagger eating times by group so that students who have finished eating or who are waiting for others to eat can use a 3 foot minimum distance provided they are wearing a mask, while those who are eating or drinking are at the 6 foot distance, stagger time, build in other breaks, etc.). (Updated 4/28/21) **As stated previously, this requirement is a recommendation in schools participating in pooled testing. (Updated 6/09/21)**

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

Adults 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. (Updated 8/12/20 for clarity)

1. Post signage reminding staff to keep their masks/face coverings on unless eating, wash their hands before and after eating, and disinfect their area after using it (Updated 8/12/20 for clarity).
2. Discourage staff from eating together, especially indoors. If staff are eating together indoors, they must maintain six feet of physical distance. Consider creating a private outdoor area for staff to eat and take breaks. (Updated 5/14/21).
3. Open windows and doors to maximize ventilation, when feasible, especially if staff are eating or if the room is near maximum occupancy. Additional information about increasing ventilation of indoor spaces is available in the in “Facility Considerations” section of this document.

Gatherings, Visitors, and Field Trips

1. Pursue virtual or outdoor group events, gatherings, or meetings, if possible. (Updated 5/14/21).
2. If schools choose to plan field trips, consider the risk of transportation and minimize contact intensity through physical distancing, use of masks while indoors, and traveling with small, consistent groups. (Updated 5/14/21)
3. In-person performances must follow all applicable guidelines in the Performing Arts Venues checklist. (Updated 4/28/21)

Courses Requiring Additional Safety Considerations (2/12/2021)

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.

Universal Considerations for Choral Ensemble/Group Singing Instruction

Required: Masks should be worn at all times for all who are in the rehearsal room. Because singing is a higher risk activity a well-fitting mask is recommended. (Updated 4/28/21)

Considerations:

- Maintain minimum indoor physical distance of 6 feet between each singer, instructors, and any other people such as conductors, other musicians, or accompanists. (Updated 4/28/21)
- If different rehearsals or performances will take place in the same indoor space, schedule a break between uses of the space to allow the central HVAC system to exchange the air in the space. A minimum of one air exchange (which 20 minutes will generally achieve) prior to the next use of the room is recommended, with three air exchanges preferable. (Updated 4/28/21)
- Ensembles meet in either the music classrooms, theater, or larger area depending on their class size. Schools should consult DHHS Guidance to ensure that practice and performance spaces have ventilation systems that are well maintained and operate as designed.

- Larger groups that preclude appropriate distancing should meet in a larger area (e.g., theater, cafeteria, gym, etc.) or use any outdoor space that meets mandated student distancing requirements.
- Indoor choral performance should only occur in spaces where proper ventilation systems are compliant with DHHS guidance.
- One-way traffic patterns should be established for entering and exiting the room, pick-up, and storage of materials.
- Transition to small group experience whenever possible, especially when facilities and space considerations are limited.
- Focus on solo and small ensemble playing/singing when the ability to maximize physical distancing is limited.
- Pivot instructional strategies to reduce the number of student musicians performing at any given time (e.g., small ensembles perform while others listen and assess.)
- Utilize alternate performance venues including outdoor spaces, large activity centers, etc., to the extent possible.
- Consider producing performances with smaller ensembles. (Updated 4/28/21)
- Consider using live streaming in combination with, or in place of, in-person audiences. (Updated 4/28/21)
- Use physical barriers (e.g., face shields, free-standing acoustic shields) between rows and/or between individual musicians, if available; clean and disinfect each barrier regularly using approved products. (Updated 4/28/21)

Non-Musical Theater

1. If outdoors, these activities can occur without physical distance between individuals. (Updated 5/14/21).
2. If indoors, with masks required, these activities can occur with appropriate physical distancing based on the school’s participation in the pooled testing program. (Updated 5/14/21).

Band and the Use of Musical Instruments

Some musical instruments carry a relatively higher risk of virus transmission. Instruction for brass and woodwind instruments presents particular challenges. The following guidance is for extracurricular or elective music programs (updated 1/13/21) for clarity. Organizers should suspend extracurricular music ensembles in counties categorized as “Yellow” or “Red.”

PROTOCOL	ADDITIONAL CONSIDERATIONS
Students and adults must wear face coverings at all times if indoors. Masks with a slit for a mouthpiece may be used when playing brass or woodwind instruments.	Students should not share classroom materials that come into contact with the mouth or bodily fluids (i.e., reeds, mutes etc.)

Maintain a minimum of 6 feet of physical distancing between all persons within indoor rehearsal/performance space.	All musicians should face the same direction to the extent possible.
<p>Shorten the duration of rehearsals to the extent possible. Optimize ventilation in the practice space; use larger spaces and outdoor spaces when possible.</p> <p>Practice rooms should be assessed for size and ventilation of space. Consider relocating to larger spaces if available. Increase ventilation where possible, and if ventilation is a concern, consider practicing remotely. There should be a period of nonuse of indoor practice spaces between rehearsals to allow for air exchange. Although the physical characteristics of practice spaces vary greatly (e.g. HVAC systems, windows, etc.) and there is a lack of data to support any specific time period that would eliminate the risk of COVID-19 transmission in a space, a one-hour period of nonuse is recommended.</p>	
Nylon or cloth bell coverings must be used on all wind instruments and must consist of at least two layers of cloth.	One-way traffic patterns should be established for entering and exiting rehearsal/performance spaces.
Students must be assigned instruments for their sole use; students may not share instruments or instrument equipment (reeds, mouthpieces, oils, wax, etc.).	Transition to small group experiences when facilities and space considerations are limited.
<p>Cleaning of spit valves is a higher risk activity that requires close attention to mitigation strategies. Musicians must maintain 6 (Updated 5/14/21). feet of physical distance from others while servicing their spit valves. No discharge of spit valves should occur on the floor. Absorbent pads or dedicated containers to discharge valves should be provided in rehearsal locations. Spit valves should be positioned as close to the absorbent pad/container as possible prior to clearing (lift pad to position of valve, if possible.) Rehearsal spaces must have hand sanitizer available for use after cleaning spit valves and lined trash bins available for safe disposal of absorbent pads.</p>	Focus on solo and small ensemble playing/singing when the ability to maximize physical distancing is limited.
Utilize alternate performance venues including outdoor spaces, large activity centers, etc., to the extent possible.	Use physical barriers (e.g., face shields, free-standing acoustic shields) between rows and/or between individual musicians, if available; clean and disinfect each barrier using appropriate

	products after each use.
Produce performances of individual ensembles rather than full program concerts, to the extent possible. Pursue musical pieces that are at a lower volume and use microphones to increase volume.	Pivot instructional strategies to reduce the number of student musicians performing at any one time (e.g., small ensembles perform while others listen and assess.)
Maintain 6 feet (Updated 5/14/21) of physical distancing between performers and audience members. For operational considerations related to hosting performances review the Performing Arts Checklist .	Host performances in outside venues, if possible. Avoid interactions between performers and audiences. Consider eliminating any performances or components in which performers go into the audience or audience members are encouraged to come on-stage.
Maintain observance of all standing Executive Orders from the Governor’s Office related to indoor and outdoor public gatherings.	

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.

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.

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 should follow the relevant guidance related to indoor/outdoor activities, masks/face coverings, and physical distancing described in this document. In addition:

1. Physical education classes must not include activities with close physical contact (Updated 8/12/20 for clarity).
2. Physical education should prioritize activities that do not require shared equipment. (Updated 4/28/21)
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.
8. All sharing of equipment should follow the guidelines in the "Shared Objects" section of this document (Updated 8/12/20).