



ENVIRONMENTAL HEALTH  
& ENGINEERING, INC.

INDEPENDENT DAY SCHOOLS  
OF GREATER BOSTON  
COVID-19 REENTRY GUIDANCE

Prepared For:  
Independent Day Schools of Greater Boston

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### LIST OF ABBREVIATIONS AND ACRONYMS

<b>ADA</b>	Americans with Disabilities Act
<b>AIHA</b>	American Industrial Hygiene Association
<b>ASHRAE</b>	American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc.
<b>ACGIH</b>	American Conference of Governmental Industrial Hygienists
<b>A/V</b>	audio visual
<b>BAS</b>	building automation system
<b>CDC</b>	U.S. Centers for Disease Control and Prevention
<b>COVID-19</b>	novel coronavirus disease 2019
<b>EH&amp;E</b>	Environmental Health & Engineering, Inc.
<b>EPA</b>	U.S. Environmental Protection Agency
<b>FDA</b>	U.S. Food and Drug Administration
<b>Guide</b>	<i>Guidebook for the Independent Day Schools of Greater Boston Guidance</i>
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>HEPA</b>	high efficiency particulate air
<b>HVAC</b>	heating, ventilating, and air-conditioning
<b>IPA</b>	isopropyl alcohol
<b>NPI</b>	non-pharmaceutical interventions
<b>OSHA</b>	U.S. Occupational Safety and Health Administration
<b>PPE</b>	personal protective equipment
<b>SARS-coV-2</b>	severe acute respiratory syndrome coronavirus 2
<b>SDS</b>	safety data sheet
<b>TAB</b>	testing, adjusting and balancing
<b>WHO</b>	World Health Organization
<b>°F</b>	degrees Fahrenheit

## ACKNOWLEDGEMENTS AND LIMITATIONS

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The information provided by Environmental Health & Engineering, Inc. (EH&E) is intended to offer guidance to assist a group of independent day schools in the greater Boston area regarding current practice considerations in addressing the novel coronavirus (COVID-19). EH&E would like to thank the schools who participated in interviews and review of this guide.

The materials provided reflect the best available information at the time they were prepared. It is possible that the strategies and concepts outlined in the materials may change as understanding evolves regarding the unique challenges that COVID-19 poses. As such, information or resources provided or made available should not be considered as rigid, nor are they intended to supplant professional, informed judgment based on observed conditions or school-specific factors.

The materials have been developed with information from publicly available sources, including public and private entities, nongovernmental organizations, professional associations, as well as based on the knowledge and expertise of select subject matter experts from each of the aforementioned sectors. As the current pandemic is an ongoing, rapidly developing situation, EH&E encourages its clients and their stakeholders to monitor publicly available information and to always follow federal, state and local health agency guidance and government mandates.

EH&E does not warrant, guarantee, or ensure the accuracy or completeness of the materials provided or resources listed and that adherence to these guidelines and suggested practices will prevent any or all injury or loss; nor does EH&E assume any responsibility or liability for any such injury or loss or for any errors or omissions.

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## 1.0 INTRODUCTION

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The objective of the *Guidebook for the Independent Day Schools of Greater Boston Guidance* (the Guide) is to provide educational materials for school administrators to reduce potential exposures to and spread of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19 when resuming on campus operations and instruction. The Guide has been developed considering health and safety recommendations and ongoing monitoring efforts stated by the Massachusetts Department of Elementary and Secondary Education<sup>1</sup> and the U.S. Centers for Disease Control and Prevention (CDC)<sup>2</sup> in determining how to open and operate schools during the COVID-19 pandemic. The CDC [Considerations for K-12 Schools: Readiness and Planning Tool](#) outlines three levels of risk for COVID-19 spread in school settings:

- Lowest risk: Students and teachers engage in virtual-only classes, activities, and events.
- More risk: Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least six feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or staggered/rotated scheduling to accommodate smaller class sizes).
- Highest risk: Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

The recommendations provided in the Guide draw upon current Massachusetts guidance for elementary and secondary education, which independent schools may use as guidance.<sup>3</sup> This Guide is designed to provide school administrators with relevant and practical information during this COVID-19 pandemic regarding:

- Decision making related to mitigation strategies for campus operations,
- Implementing best practices to ensure the ongoing safety of students, faculty, and staff and,
- Recommendations for continued verification of safe operations throughout the school year.

It is important to note that every school is different. As discussed further in Section 2, health impacts of COVID-19 can be mitigated by proper use of controls. There is not one mitigation strategy, but a combination of strategies that substantially reduce the risk of transmission (i.e., a layering of controls). Schools should determine if and how to implement these considerations while adjusting them to meet the unique needs and circumstances of each school and the local jurisdiction. Their implementation should also be informed by what is feasible, practical, and acceptable, which will be different for each school. Given that circumstances are unique to each

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<sup>1</sup> <http://www.doe.mass.edu/covid19/>

<sup>2</sup> CDC. *Coronavirus Disease 2019: Considerations for Schools*. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

<sup>3</sup> <http://www.doe.mass.edu/covid19/faq/fall-reopening-faq.docx>

school, many considerations are presented as options in this Guide, using a good, better, best practice format for schools to consider.

As the planning tool process is implemented, another prime consideration is whether the school opening and operations will be consistent with state and local regulations and requirements. School administrations are encouraged to begin these conversations early to establish working relationships and to learn of any special requirements for opening and operating their campus. State and local health departments can provide guidance and information on assessing the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems, among other relevant factors.

As the current pandemic is a rapidly developing situation, schools should monitor publicly available information and adjust their operations accordingly, when needed. Schools should also monitor as additional information becomes available through governmental agencies, medical authorities, academic institutions, and professional industry associations.

## 2.0 TECHNOLOGY AND CONTROLS

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This section provides a summary of the literature on effectiveness of selected non-pharmaceutical interventions (NPI) for control of transmission of the novel coronavirus SARS-CoV-2. The summary is intended to support school personnel who are responsible for managing the COVID-19 re-entry program.

The NPI addressed in this summary are relevant and applicable to the Independent Schools of Greater Boston and are also described in COVID-19 guidance from relevant authorities including the CDC, Association of Heating, Refrigerating, and Air-Conditioning Engineers, Inc. (ASHRAE), or American Industrial Hygiene Association (AIHA).<sup>4</sup>

This summary begins with background information that is intended to orient the reader to the pathways of SARS-CoV-2 transmission recognized at this time and the conceptual model for a *hierarchy of controls* that is generally accepted and commonly used in environmental and occupational health management. Next, summarized in Table 17.1, is a description of the expected effectiveness of the NPI by drawing upon the relevant scientific literature and the professional judgement of EH&E scientists and engineers. The summary information is intentionally brief to enhance its utility for readers and to facilitate updates as information and knowledge about transmission of the virus continues to grow.

### 2.1 ROUTES OF TRANSMISSION

SARS-CoV-2 is the coronavirus that causes COVID-19 disease. SARS-CoV-2 is transmitted from person-to-person when respiratory droplets that contain the virus are expelled by a contagious person while breathing, vocalizing, coughing, or sneezing and subsequently taken up through the mouth, nose, or eyes of a previously non-infected person. Three possible pathways of transmission are recognized.

- **Close contact transmission** refers to exchange of respiratory droplets, whether large or small, when people are very near to each other. Close contact is commonly defined as within six feet. Strong evidence exists for transmission when people are in close contact.
- **Fomite transmission** refers to transfer of the COVID-19 from an infected person to a surface and subsequently to a previously uninfected person. Transmission by this route is thought to occur less often than by close contact, and few cases of fomite transmission have been reported.<sup>5</sup>

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<sup>4</sup> [CDC Considerations for Institutions of Higher Education](#); [ASHRAE Position Document on Infectious Aerosols](#); [ASHRAE Emerging Issue Brief on Pandemic COVID-19 and Airborne Transmission](#); [AIHA Reopening: Guidance for Institutions of Higher Education](#).

<sup>5</sup> <https://www.cdc.gov/media/releases/2020/s0522-cdc-updates-covid-transmission.html>



- **Long range transmission** refers to exchange of small, microscopic respiratory droplets that can occur when people are more than six feet apart from each other. Some reports of spread between people in crowded, indoor settings are consistent with long range transmission, but could also be explained by undocumented close contact. Long range transmission is thought to occur less often than by close contact.

## 2.2 HIERARCHY OF CONTROLS

Transmission of SARS-CoV-2 and health impacts of COVID-19 can be mitigated by proper use of NPI. The classic hierarchy of controls for management of environmental and occupational health illustrated in Figure 17.1 provides a framework for NPI. Five layers of control comprise the hierarchy: (1) elimination, (2) substitution, (3) engineering, (4) administrative, and (5) personal protective equipment. The labels to the right of the pyramid provide examples of NPI for SARS-CoV-2 by layer in the hierarchy.



**Figure 2.1** Classic hierarchy of controls for environmental and occupational health with examples of its application to control of the novel coronavirus SARS-CoV-2

Selected NPI for control of COVID-19 transmission and their potential effectiveness are presented in Table 2.1, including: testing for the virus, screening for COVID-19 symptoms, use of face masks and shields, cleaning and disinfection, ventilation, air filtration, and air cleaning as well as other controls. Potential effectiveness reflects the relative magnitude of expected reduction on transmission rate or reproduction rate of SARS-CoV-2, if implemented widely and appropriately. In addition, the quality factor reflects the quantity and quality of relevant and applicable information and data available for each NPI. The potential effectiveness of each NPI

has been developed by drawing upon the relevant scientific literature and the professional judgement of EH&E scientists and engineers.

<b>Table 2.1 Selected Non-Pharmaceutical Interventions for Control of COVID-19 Transmission and Their Potential Effectiveness</b>			
<b>Control Measure</b>	<b>Description</b>	<b>Potential Effectiveness<sup>a</sup></b>	<b>Quality Factor<sup>b</sup></b>
<b>Viral Testing and Symptom Screening</b>			
Surveillance viral testing (molecular), 1-2 times per week	Once or twice-weekly surveillance of SARS-CoV-2 RNA for students and non-students can identify many cases while infectious. A turnaround time for test results of 1 day or less will allow cases to be isolated quickly and contacts to be minimized. Identification of close contacts and quarantining within 48 hours will reduce chance of transmission further. Modeling studies indicate that together these controls have the potential to reduce transmission by 50 – 80%. Surveillance with a test that can detect very low levels of the virus will likely identify non-infectious carriers of the virus as well, which could strain resources for contact tracing and quarantine.	High	High
Daily survey of COVID-like symptoms	Daily surveys of symptoms can identify people for follow-up who may be carrying SARS-CoV-2, but surveys will not control transmission before symptom onset or by cases that never exhibit symptoms. Approximately 40% of cases are thought to never develop symptoms.	Medium	High
<b>Face Coverings</b>			
Face coverings	Universal face covering use, especially indoors, is reported to reduce risk of transmission by up to 80%.	High	High
Eye protection	Safety glasses and goggles can block exposure to airborne SARS-CoV-2 and prevent the wearer from transferring SARS-CoV-2 to their eyes by touch.	Medium	Medium
Face shields	Face shields can block ballistic transport of larger airborne respiratory droplets, but the open sides and bottom allow exit and entry of particles of the size reported to contain SARS-CoV-2.	Medium	Low
<b>Administrative Controls</b>			
Meet outdoors	Provides greater space for physical distancing and substantially dilutes respiratory emissions; sunlight is reported to inactivate SARS-CoV-2.	High	High
Physical distance	Every three feet of physical distance is reported to lower the probability of transmission by one-half in the absence of other controls.	High	Medium
Decrease density	Fewer people per space than normal can reduce the probability that an infectious case is present in the space.	Medium	High
Cohorts	Restricting inter-person interactions to small groups can mitigate transmission by limiting the number of close contacts and facilitating contact tracing but will not directly impact risk of transmission among members of a cohort. In educational settings, cohorting may reduce the number of individuals that need to isolate/quarantine following close contact with an infected person.	Medium	Medium
Decrease loud vocalization indoors	Fewer loud vocalizations can reduce production of respiratory droplets and may lower emissions of SARS-CoV-2 from an infected person if present. Emissions of respiratory droplets during loud vocalizations are reported to be 3-fold greater than during normal speech and breathing.	Medium	Low
Avoid the 3 Cs	Modify start, stop, and transition times; food service schedules and modes of delivery; and other activities to avoid: 1) closed-off spaces with little ventilation, 2) crowded spaces with many people, and 3) close conversations.	Medium	Medium

Table 2.1 Continued			
Control Measure	Description	Potential Effectiveness <sup>a</sup>	Quality Factor <sup>b</sup>
<b>Engineering Controls</b>			
Ventilation	Delivery of outdoor air into occupied spaces per building code or better can lower room-average concentrations of respirable-size airborne particles and SARS-CoV-2, if present, and may reduce the risk of long-range transmission. Effectiveness likely constrained by HVAC system, operable windows and both hot/humid and cold outdoor air.	Medium	High
Cleaning and Disinfecting	According to CDC, cleaning and disinfection is an important control for reducing the risk of exposure to COVID-19. The virus that causes COVID-19 can be killed with certain products, and EPA has compiled a list of disinfectant products that can be used against SARS-CoV-2.	Medium	High
Central filtration	Recirculation of indoor air through a mechanical ventilation system equipped with a high efficiency filter (e.g., MERV 13) can lower room-average concentrations of respirable-size airborne particles and SARS-CoV-2, if present, and may reduce risk of long-range transmission. Effectiveness likely constrained by HVAC system.	Medium	High
Portable air cleaners (HEPA)	Recirculation of indoor air through an in-room high efficiency filter (e.g., HEPA) can lower room-average concentrations of respirable-size airborne particles and SARS-CoV-2, if present, and may reduce risk of long-range transmission. Use may be impacted by noise levels and space availability.	Medium	High
Upper-room ultraviolet germicidal irradiation	Irradiation of indoor air with high-energy ultraviolet light can inactivate airborne SARS-CoV-2, if present, and may reduce risk of long-range transmission. Effectiveness may be limited in spaces with high ceilings.	Medium	High
Barriers or sneeze guards	A plexiglass or similar physical barrier between people may reduce exchange of respiratory droplets by capture or dilution.	Medium	Low
Directional airflow	Manage supply and exhaust air to minimize circulation of indoor air between zones; may control airborne transport of respiratory emissions and SARS-CoV-2 if present.	Low	Low
<sup>a</sup> Reflects relative magnitude of expected effect on transmission rate or reproduction rate of SARS-CoV-2 transmission if implemented widely and appropriately. <sup>b</sup> Reflects quantity and quality of relevant and applicable information and data.			

## 2.3 KEY REFERENCES

- Surveillance viral testing (Kucharski et al., 2020; Larremore et al., 2020; Paltiel et al., 2020)
- Symptom screening (Burke; Menni et al., 2020; Richardson et al., 2020)
- Face masks (Chu et al., 2020; Hendrix et al., 2020; Leung et al., 2020; National Academies of Sciences, 2020; Prather et al., 2020; Wang et al., 2020)
- Eye protection (Chu et al., 2020)
- Face shields (Chu et al., 2020)
- Ventilation (Correia et al., 2020; Evans, 2020; Manassypov, 2020; Pantelic and Tham, 2013)
- Central filtration (Brown et al., 2014; Manassypov, 2020)
- Portable air cleaners
- Upper room UVGI (Nardell et al., 2008; Nardell and Nathavitharana, 2020; Walker and Ko, 2007)

- Meet outdoors (Nishiura et al., 2020; Qian et al., 2020)
- Physical distance (Chu et al., 2020; Courtemanche et al., 2020; Kucharski et al., 2020; MacIntyre, 2020)
- Cohorts (Benzell et al., 2020; Block et al., 2020; Leng et al., 2020; Marcus et al., 2020; Miller et al., 2020)
- Vocalization (Ai and Melikov, 2018; Asadi et al., 2020; Milton et al., 2013)
- Avoid 3 Cs. (Bromage, 2020; Fineberg, 2020; Leclerc et al., 2020)

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## 3.0 SUGGESTED INTERIM GUIDANCE ON COMMUNICATIONS

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School administrations should be in regular communication with students, parents, guardians, faculty, staff, community members, and vendors. Many of these communications may be time sensitive and may contain confidential health information. In addition, school administrations should seek guidance from and work with local health organizations (e.g., town Boards of Health) to develop standard communication. The following provides suggested communication guidelines the Independent Day Schools of Greater Boston can follow prior to, during, and after campus opening.

### 3.1 PREPARATION

- One qualified person or a team of qualified individuals should be designated from the administrative staff to act as the primary contact for students, parents, guardians, faculty and staff. The designee(s) should be prepared to effectively address any questions and concerns related to the COVID-19 pandemic. The designee(s) should be familiar with:
  - General matters relating to the novel coronavirus SARS-CoV-2.
  - Administrative, engineering, and personal protective equipment (PPE) controls (also called nonpharmaceutical interventions or NPIs) the administration has implemented in response to the COVID-19 pandemic designed to reduce risk.
  - Current events as they relate to the COVID-19 pandemic.
  - Policies and procedures the administration has implemented related to the COVID-19 pandemic.
  - **Best practice:** Designate a team consisting of administrative staff, faculty, and program managers to serve as points of contact for questions and concerns from students, faculty, and staff. These team members should convene to discuss issues and answer questions as they are presented.
- Prepare and distribute policy guidelines and educational resources allowing students, parents, guardians, faculty and staff to familiarize themselves with the material.
  - **Best practice:** All campus staff and faculty should receive awareness training regarding COVID-19 related protocols and procedures for the campus. Hold “town hall” type training sessions that allow staff and faculty to voice any concerns.
  - **Best practice:** All students should receive training regarding COVID-19 related protocols and procedures. Consider developing interactive trainings using games that allow students to participate in learning. Additionally, allow students to ask questions or voice concerns during training sessions.
- Prepare and distribute documentation to all school entrants (e.g., students, faculty, staff, and temporary staff) to explain rules and guidelines to follow in school buildings or facilities, including reminders to practice physical distancing and to wear face coverings.



- Protocols for health screenings and reporting requirements of potential cases of COVID-19 should be explained to all persons who may enter school buildings prior to re-opening and once operations have resumed.
- Prepare relevant posters and signage from the [CDC](#), World Health Organization ([WHO](#)), and/or other health agencies and post in appropriate places where intended audiences can be reached. Examples are discussed in detail below.

## 3.2 STUDENT, PARENT AND GUARDIAN COMMUNICATION

### 3.2.1 Prior to Reopening

- Prepare and distribute documentation containing rules and guidelines for students, parents, and guardians to follow when on school property or in school buildings. Inform students, parents, and guardians about the precautions and procedures implemented on school property to minimize the risk of COVID-19 exposure and transmission.
- Develop procedures to create a “check in” for visitors or anyone who may potentially enter school buildings and indoor facilities. Inform students, parents, and guardians of these procedures.
- **Best practice:** Provide information on any communication platforms, such as [websites](#), [automated text messaging](#), [telephone hotlines](#), smartphone apps/push notifications, and social media, to distribute information.
- Be familiar with answers to [frequently asked questions](#) and common misconceptions related to the COVID-19 pandemic. Refer to the *Independent Schools of Greater Boston Frequently Asked Questions* for more specific misconceptions surrounding school campuses and reentry.
- Consider having flexible policies for students at [higher risk](#) for complications related to COVID-19, and encourage and support them in taking additional precautionary measures (e.g., virtual learning opportunities). Refer to the *Health and Screening* documentation for more details.
- Communicate the importance of staying home if showing any symptoms associated with COVID-19. Share the CDC Symptom Screening List: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Ensure arrival and dismissal protocols are communicated to parents and guardians.

- **Best practice:** Conduct tabletop drills for the event of a suspected/confirmed COVID-19 case at your school, among other scenarios:
  - Ensure roles are defined and designated.
  - Walk through health and safety protocols for each scenario.
  - Walk through administrative protocols for each scenario.
  - Identify current gaps in roles and protocols.

### 3.2.2 When Open

- Continually provide resources to students, parents and guardians outlining behaviors and precautions students should abide by to prevent the spread of COVID-19, including:
  - How and when to effectively wash and sanitize hands
  - How to practice physical distancing in various settings
  - Which symptoms to look out for, when to report them, and to whom
  - When to stay home or self-isolate
  - Coughing and sneeze etiquette
  - Other campus-specific policies or guidelines
- Inform school community about any changes to campus procedures or guidelines.

### 3.2.3 Conversation with Students

- Be calm and reassuring; be careful not only about what you say but how you say it.
- Be a source of comfort.
- Listen for underlying fears or concerns. Ask questions to find out what a concerned student knows about COVID-19.
- Let students know that fear is a normal and acceptable reaction.
- Provide only honest and accurate information. Correct any false information they may have heard.
- If you do not know the answer to a question, say so. Do not speculate. Find answers by visiting the [CDC website](https://www.cdc.gov).
- Make sure students know how the virus can spread and how to prevent it from spreading.
- Talk about what the school is doing to protect the community from getting sick.
- Discuss with students that even though the COVID-19 pandemic is serious, hospitalizations and death are rare, especially in young, healthy individuals.
- Let students know that teens and children seem to get a milder illness when compared to adults.

- Speak in age-appropriate language:<sup>6</sup>
  - *Early elementary school aged children*: Provide brief, simple information that balances COVID-19 facts with appropriate reassurances that adults are there to help keep them healthy and to take care of them if they do get sick. Give simple examples of the steps they make every day to stop germs and stay healthy, such as washing hands. Use language such as “Adults are working hard to keep you safe.”
  - *Upper elementary and early middle school aged children*: This age group often is more vocal in asking questions about whether they indeed are safe and what will happen if COVID-19 spreads in their area. They may need assistance separating reality from rumor and fantasy. Discuss the efforts national, state, and community leaders are making to prevent germs from spreading and keep people healthy.
  - *Upper middle and high school aged children*: With this age group, issues can be discussed in more depth. Refer them to appropriate sources of COVID-19 facts. Provide honest, accurate, and factual information about the current status of COVID-19.
- [Reduce stigma](#), especially against individuals of Asian descent and those who have traveled recently.
- Direct students with questions you cannot answer and/or fears you cannot assuage to administration or the designated faculty member(s) responsible.

### 3.3 FACULTY AND STAFF COMMUNICATION

#### 3.3.1 Prior to Reopening

- Provide training and educational material, including this Guide, to faculty and staff. Include information on:
  - The administration’s responsibilities as they relate to COVID-19
  - Summary of major facility changes
  - Workplace controls, including the use of PPE
  - Their individual roles and responsibilities as they relate to COVID-19
  - Protocols and controls that are in place for the safety of faculty and staff
- Human resources should have processes to address faculty and staff at higher risk for complications related to COVID-19.<sup>7</sup>
- Communicate the importance of vigilantly monitoring their health for symptoms associated with COVID-19 and staying home if they are showing any.

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<sup>6</sup> <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/health-crisis-resources/helping-children-cope-with-changes-resulting-from-covid-19>

<sup>7</sup> <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

- Maintain and communicate flexible leave policies in accordance with applicable regulations and other requirements.
- Communicate strategies for administrative staff to telework from home if possible.

### 3.3.2 When Open

- Continue to provide educational material to faculty and staff and monitor the effectiveness of training requirements. Include information on workplace controls, including the use of PPE.
- Be aware of workers’ concerns about pay, leave, safety, health, and other issues related to COVID-19.
- Make administration available to hear concerns and answer questions related to these issues.

## 3.4 POSTERS/SIGNAGE

- The wording of any sign should be easily read and concise. The sign should contain sufficient information to be easily understood. The wording should make a positive, rather than negative suggestion and should be accurate.
- Post relevant posters and signage from the [CDC](#), [WHO](#), and/or other health agencies in appropriate areas to encourage behaviors that mitigate the spread of disease. Examples:
  - [COVID-19 information](#)
  - [Handwashing](#)
  - [Cough etiquette](#)
  - [Symptoms associated with COVID-19](#)
  - [Don’t Spread Germs at Work](#)
  - [Physical Distancing](#)
  - [Stay Home If You are Sick](#)

### 3.4.1 Signage Placement

- The placement of posters and signage is an important factor when grabbing attention or communicating important information.
- Signage should be placed at eyelevel.
- Consider incorporating the use of “pictograms” into the design of signage.

### 3.4.2 Occupancy Signs

- Post signage that reminds users of occupancy limits.
- Post a “Stop” sign near a limited occupancy room or bathroom reminding students, faculty, and staff of the number of occupants permitted.

### 3.4.3 Bathroom Signage

The following are recommended as signage to use in a bathroom:

- Occupancy limit signage.
- CDC: [Handwashing](#)
- Post handwashing signage on mirror that will be seen while washing hands.
- On/near paper towel dispensers: “Use paper towel to open doors” if the door requires touching a handle to exit (trash can be placed by door).

### 3.4.4 General Hallway and Staircase Signage

- Signs should be posted to communicate which hallways or staircases are designated for one-way foot traffic.
- In wide stairwells or hallways that allow for two-way traffic, consider training occupants to keep to the right whenever possible and develop signs reminding users to “keep right.”
- For one-way stairwells, place stanchions or signage designating that it is an up or down only stairwell.
- Train all staff, faculty, and students that in an emergency situation, these temporary one-way designations do not apply.

## 3.5 IN THE EVENT OF A CONFIRMED OR SUSPECTED COVID-19 CASE

- Pre-plan and practice communications.
- **Best Practice:** Develop template communication tools ahead of time.
- Inform local health officials of any suspected and confirmed cases immediately.
- Before any conversation with staff, address fears and concerns appropriately.
- Interview the confirmed or suspected case and begin contact tracing in coordination with appropriate local and state health resources, as warranted.
- Maintain confidentiality; do not provide the name or any potentially identifying information of the confirmed or suspected case.
- Inform affected students, faculty, and staff about any potential contact had with suspected or confirmed cases after contact tracing has been completed.
- Implement and communicate that school administration is taking the proper steps to address impacted areas, including cleaning procedures that will be taken to address potentially contaminated surfaces and spaces.

### 3.6 VENDOR COMMUNICATION

- Inform vendors that access to campus buildings and facilities will be restricted.
- Request that vendors reduce the frequency of deliveries while simultaneously meeting the demand of ordered goods.
- Request that vendors use the same delivery driver for deliveries, if feasible.
- Notify vendors to suspend deliveries and/or adjust maintenance schedules for services in the event of campus closures.
- Inform vendors that, during deliveries, they are required to take precautions:
  - Maintain physical distancing between themselves and other people
  - Wear face coverings
  - Do not make deliveries if they have symptoms associated with COVID-19

### 3.7 LOCAL HEALTH OFFICIALS COMMUNICATION

- Coordinate with local health officials; they should provide strategic assistance in the decision-making response to the COVID-19 pandemic.
- If possible, work proactively with local health officials to develop a set of strategies appropriate for the campus including likely scenarios in the event a case is suspected or confirmed.
- Alert local health officials of unusually high staff or member absenteeism rates.
  - **Best practice:** Regularly share staff absenteeism data with local health officials, if requested.
- Notify local health officials of suspected and confirmed cases immediately.
- Seek guidance to determine whether to proceed with campus closure or suspension.

### 3.8 MEDIA INQUIRIES

- Designate an individual or team to prepare a response to media inquiries. Prepared topics can include:
  - Strategies the administration is taking to prevent spread
  - A statement in the event of a positive case connected with the school
  - Notices of reduced operations related to preventing COVID-19 spread

- Note that while the Health Insurance Portability and Accountability Act (HIPAA) allows sharing an individual’s protected health information (PHI) with public health authorities and first responders to control the spread of disease, names or PHI of individuals may not be shared with the media without authorization from the individual (or for youth, their parent/guardian).<sup>8</sup>

### 3.9 REFERENCES AND RESOURCES

American Industrial Hygiene Association. *Protecting Worker Health, Reopening: Guidance for General Office Settings*. [https://aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/Guidance-Documents/Reopening-Guidance-for-General-Office-Settings\\_GuidanceDocument.pdf](https://aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/Guidance-Documents/Reopening-Guidance-for-General-Office-Settings_GuidanceDocument.pdf)

American Red Cross. *Coronavirus: How to Talk to Kids and Keep Them Healthy*. <https://www.redcross.org/about-us/news-and-events/news/2020/coronavirus-how-to-talk-to-your-kids.html>

CDC. *Coronavirus Disease 2019, Interim Guidance for Administrators of US Institutions of Higher Education*. U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-ihe-response.html>

CDC. *Coronavirus Disease 2019, Guidance for Schools & Child Care*. U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>

CDC. *Guidance on Preparing Workplaces for COVID-19*. U.S. Centers for Disease Control and Prevention. <https://www.osha.gov/Publications/OSHA3990.pdf>

CDC. *Coronavirus Disease 2019, Talking to Children*. U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>

Massachusetts Department of Elementary and Secondary Education. *Fall Reopening Facilities and Operations Guidance*. July 22, 2020. <https://www.boston.com/wp-content/uploads/2020/07/Fall-Reopening-Facilities-and-Operations-Guidance-vF.pdf>

National Association of School Psychologists. *Helping Children Cope with Changes Resulting from COVID-19*. <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/school-climate-safety-and-crisis/health-crisis-resources/helping-children-cope-with-changes-resulting-from-covid-19>

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<sup>8</sup> U.S. Department of Health and Human Services. *COVID-19 and HIPAA: Disclosures to law enforcement, paramedics, other first responders, and public health authorities*. <https://www.hhs.gov/sites/default/files/covid-19-hipaa-and-first-responders-508.pdf>

## 4.0 SUGGESTED INTERIM GUIDANCE ON HEALTH AND WELLNESS

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SARS-CoV-2 is the coronavirus that causes COVID-19 disease. SARS-CoV-2 is transmitted from person-to-person when respiratory droplets that contain the virus are expelled by a contagious person while breathing, vocalizing, coughing, or sneezing and subsequently taken up through the mouth, nose, or eyes of a previously non-infected person. Controls should be focused on the three recognized pathways of transmission (see Section 2):

- Close contact transmission
- Fomite transmission
- Long range transmission

To slow the spread of COVID-19 into and within the United States, schools should work with state and local public health partners to implement health precautions for students, faculty, and staff. Overall, health and wellness guidance should address planning for repopulating the campus, monitoring health conditions, containment to limit spread if detected, and factors that could lead to a shutdown of the campus or remote-only teaching.

### 4.1 OPERATIONAL AND ADMINISTRATIVE GUIDELINES

- Evaluate the state of the epidemic in the school's local area . No specific federal or state guidance establishes appropriate conditions upon which it is considered appropriate to reopen a school. In Massachusetts, local boards of health will work with Schools to determine the status of operations for public schools. The following are examples of metrics for tracking potential community spread in the surrounding area or county:
  - Positivity of tests in surrounding community or county >5%<sup>9</sup>
  - Increasing trend in 7-day moving average of new cases for more than 2 weeks in surrounding community or county<sup>10</sup>
  - Daily incidence of cases in the surrounding community or county >25 per 100,000<sup>11</sup>
  - Increasing trend in 3-day moving average of new hospitalizations in the surrounding community or county<sup>12</sup>
- **Best practice:** Schools should review mental health services for students and provide additional training and/or resources related to altered school environment and stress related to the pandemic.

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<sup>9</sup> From [criteria](#) recommended by the World Health Organization

<sup>10</sup> [COVID-19 tracking and reporting](#) by the Commonwealth of Massachusetts.

<sup>11</sup> [Key Metrics for COVID Suppression](#) recommended by the Harvard Global Health Institute

<sup>12</sup> These metrics are derived from [COVID-19 tracking and reporting](#) by the Commonwealth of Massachusetts.



## 4.2 PREVENTATIVE MEASURES

Transmission of SARS-CoV-2 and health impacts of COVID-19 can be mitigated by proper use of non-pharmaceutical interventions including but not limited to: symptom reporting/tracking; physical distancing; face coverings; hand hygiene; cohorts; personal protective equipment for workers; limiting visitor access; testing; and isolation/quarantine/contact tracing.

### 4.2.1 Symptom Tracking

- Good practice: Students, faculty and staff agree to complete self-attestation and report any COVID-19 related symptoms. Presence of symptoms are tracked by the school's designated healthcare staff members or administration for follow-up, if needed.
- **Best practice** Students, faculty, and staff complete an attestation form regarding absence of COVID-19 related symptoms each day. Presence of symptoms are tracked by the school's designated healthcare staff members or administration for follow-up, if needed. See a sample attestation form and sample reminder infographic following the references of this section.
- All students, faculty, and staff that experience fever (greater than 100.4° F), cough, shortness of breath or difficulty breathing, chills, fatigue, muscle and body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea must:
  - Stay home and do not attend class or events.
  - Immediately notify their school's healthcare staff or administration.
- If a student, faculty member, or staff person comes to school or an event with acute respiratory illness symptoms (i.e., cough, shortness of breath) or becomes sick during the day or event they will be:
  - Sent home, preferably with immediate transportation arranged with parents or guardians within a communicated time frame. If medical attention is needed, they should be transported to a hospital or medical facility.
  - Asked to remain in contact with the school's healthcare staff and/or administration regarding medical follow-up and presumptive or laboratory confirmed COVID-19 status.
  - Provide all necessary information for contact-tracing, including close contacts dating to two days before the onset of symptoms.
- If a student, faculty member, or staff person is at a higher risk for severe illness from COVID-19, they are strongly encouraged to self-identify with the school's healthcare staff and/or administration prior to the start of the academic year. According to the CDC, groups at increased risk of severe illness include those with the following:
  - 65 years of age and older
  - Chronic kidney disease
  - Immunocompromised state from solid organ transplant
  - Obesity (BMI of 30 or higher)

- Serious heart conditions such as heart failure, coronary artery disease, or cardiomyopathies
  - Sickle cell disease
  - Type 2 diabetes mellitus
- The CDC also identifies the following as conditions that might put someone at increased risk for severe illness:
    - Asthma (moderate to severe)
    - Cerebrovascular disease
    - Cystic fibrosis
    - Hypertension or high blood pressure
    - Immunocompromised state from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
    - Neurologic conditions such as dementia
    - Liver disease
    - Pregnancy
    - Pulmonary fibrosis
    - Smoking
    - Thalassemia
    - Type 1 diabetes mellitus
  - Good practice: Schools should consider providing full-time remote options for students with pre-existing conditions such as those outlined in aforementioned list.
  - Many symptoms of COVID-19 infection are similar to other common illnesses or conditions, such as allergies. Healthcare staff should develop assessment strategies for differentiating likely non-COVID related symptoms.<sup>13,14</sup>

#### 4.2.2 Physical Distancing

Physical distancing (commonly referred to as “social distancing”) means maintaining space between yourself and other people who you do not frequently interact with. Some people with COVID-19 infections never feel sick or get symptoms, and some people with COVID-19 infections are contagious before they exhibit symptoms. This means, even people who appear well may be contagious. Because people who are infected with COVID-19 can spread the virus into the air through coughing, sneezing, talking and even breathing, it is important to keep a distance from all others you do not frequently interact with.

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<sup>13</sup> <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm>

<sup>14</sup> [https://www.emersonhospital.org/articles/allergies-or-covid-19?utm\\_source=newsletter&utm\\_medium=email&utm\\_campaign=july-2020-newsletter](https://www.emersonhospital.org/articles/allergies-or-covid-19?utm_source=newsletter&utm_medium=email&utm_campaign=july-2020-newsletter)

The greater distance between yourself and others, the smaller the risk, but three to six feet is an accepted physical distance for most situations. To practice physical distancing, stay at least three to six feet (or about two arms' length) away from others in both indoor and outdoor spaces.

- **Best practice:** Maintain six feet of physical distance between all students, faculty, and staff at all times.
- Good practice: Maintain at least three feet of physical distance between all students, when six feet is not possible. Limit amount of time that students are within three feet or place barriers between students.
- Schools should consider lowering the number of occupants in classrooms and other spaces when possible. In addition to facilitating physical distancing, decreased occupant density in a building will lower the probability that an infected person enters the space and thus decrease the risk for infection of others in that space.

#### 4.2.3 Cohorts/Assigned Seating

Cohorting refers to creating discrete, potentially mutually exclusive, groups of people who engage in activities together. Participation by people outside the group is limited or in some cases not permissible. Grouping students into smaller groups that tend to do their activities together (e.g., groups of older students with similar schedules, elementary classes, etc.) can assist in contact tracing if a case occurs and can contain an outbreak within the group, if the cohort is the only close contact for a case. The size of the group dictates the number of contacts for each member of the cohort and thus limits the number of secondary transmissions that may occur amongst these individuals should one or more of them be contagious.

- Good practice: Group students and faculty into cohorts by academic and/or activity groups to allow for isolation of potential outbreak and for contact tracing.
- Good practice: Assign seating to students in classrooms and on buses. Consider assigning dining areas or seating to dining cohorts.

#### 4.2.4 Face Coverings

- **Best practice:** Faculty and staff must wear face coverings, covering the nose and mouth, at all times indoors, with the exception of eating.
- **Best practice:** Face coverings should be worn by all students, faculty, and staff outdoors when at least six feet of physical distance cannot be maintained.
- Students should bring appropriate, reusable, cloth face coverings for their own personal use to school. Schools may consider providing face coverings.
- Good practice: schools should have available face masks for students who need them.

- Students should wear one face covering and have at least a second one in a sealed plastic bag handy in case the first becomes wet or otherwise soiled during the school day.
- Students are suggested to own and maintain an adequate number of cloth face coverings so that one or two can be worn each day and they can be washed regularly.
- Face coverings should be identified by the student's name or initials inside.
- Face coverings should not be shared with anyone else unless in a case of need; it must be unused and unsoiled.
- Students should be responsible for maintaining and washing their own face coverings. Cleaning instructions depend on the cloth used to make the face covering. In general, cloth face coverings can be washed regularly along with general laundry using water and a mild detergent, dried completely, and stored in a clean container or bag.
- While wearing face coverings, students, faculty, and staff must avoid touching their face and the face covering as much as possible.
- Face coverings should only be put on, taken off, and handled with clean hands.
- Good practice: Schools should develop other guidelines for acceptable face coverings according to school policies and/or dress code requirements.
- Good practice: For fabric face coverings chose those with two to three layers of permeable fabric. CDC provides detailed guidance on use of face coverings.<sup>15</sup>
- In Massachusetts, exceptions to 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. Schools should consider these exceptions on a case by case basis.

#### 4.2.5 Hand Hygiene

##### *When to Wash or Disinfect Hands – Students, Faculty, and Staff*

- Before eating food (e.g., when entering the dining area)
- Upon entering dorm rooms, classrooms, fitness areas
- After being in contact with someone who may have been sick
- After touching a frequently touched surface (e.g., railings, doorknobs, counters, etc.)
- After using the restroom
- After using common items, such as sports equipment, computer keyboards and mice, craft supplies, etc.
- After coughing, sneezing, or blowing your nose

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<sup>15</sup> <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>

### *When to Wash Hands – Cafeteria and Dining Staff*

Existing best practices for food preparation apply. The virus that causes COVID-19 is not foodborne, but food service workers who are infected can transmit the virus to coworkers or diners. Refer to the *Dining* section for more information. Handwashing is equally important whether gloves are used, and all recommendations apply regardless of glove use.

- Before and after using gloves
- Before, during, and after preparing any food
- After handling raw meat, poultry, seafood, and eggs
- After touching garbage
- After using the restroom
- After wiping counters or cleaning other surfaces with chemicals
- After coughing, sneezing, or blowing your nose
- Before and after breaks

### *How to Wash Hands*

1. **Wet** your hands with clean, running water. Turn off the tap and apply soap.
2. **Lather** your hands by running them together with the soap. Make sure to lather the back of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds (about the time it takes to sing the “Happy Birthday” song twice.)
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or an air dryer.

You may use paper towels to turn off the faucet and/or open doors of the bathrooms.

### *How to Use Alcohol-Based Hand Sanitizer*

Hand sanitizers should contain greater than 60% ethanol or greater than 70% isopropanol. Hand sanitizers are not a substitute for handwashing for kitchen and dining staff.

1. Apply the product to the palm of one hand.
2. Rub your hands together. Make sure the product contacts the back of your hands, palms, between your fingers, and fingertips.
3. Continue to rub your hands together until your hands are dry (about 20 seconds).

## *Handwashing Misconceptions*

- Water temperature is not important. Clean cold and warm water work equally well.
- Antibacterial soap is not more effective than regular soap.
- Bar soap and liquid soap are equally effective.
- Soap and water are more effective than alcohol-based hand sanitizer if hands are visibly dirty or greasy.

### **4.2.6 Personal Protective Equipment**

#### *Terminology and Definitions*

**Eye Protection:** goggles, safety glasses, and reusable, or disposable face shields that fully cover the front and sides of the ocular region of the face to protect part of a wearer's face from contact with a substance.

**Face Mask:** a device worn over a wearer's mouth and nose that creates a physical barrier between the mouth and nose of the wearer and potential contaminants in the immediate environment. Note that in general a face mask does not provide substantial filtering efficiency or protection to the wearer during inhalation but rather helps arrest droplet dispersion from the wearer when coughing, sneezing, talking, and breathing. Face masks are not considered PPE for protection from COVID-19. Examples: Cloth masks, surgical masks, bandanas, etc. Cloth face coverings should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

**N95 Respirator:** a disposable respirator, which when properly fitted, worn and maintained, can provide a wearer with a filtering efficiency, during inhalation, of at least 95% of particulate matter (including virus-containing droplets from coughing, sneezing, talking, and breathing) in the surrounding environment. Dust masks, cloth masks, and surgical masks do not meet this definition.

**Personal Protective Equipment (PPE):** specific equipment worn to minimize exposure to hazards that may cause illness or injury. PPE relevant to schools during the COVID-19 pandemic include eye protection, N95 respirators, disposable gloves, and disposable gowns.

**Respirator:** a device worn over a wearer's mouth and nose, which when properly fitted, protects from inhalation of specific hazards (gases, vapors, and particulate matter). Example: N95 Respirators. Note: all respirators are not designed to filter all hazards. Understanding the particular hazards, the respirator is designed to protect against is the responsibility of those that provide the respirators to wearers, as well as the wearer themselves.

## Administrative

### Policy

- Keep necessary PPE near areas of the school where they will be used.
- Respirators (e.g., N95 Respirators) require annual [medical clearance](#), training, and [fit testing](#) per OSHA.
- **Best practice:** Store larger inventory of PPE in a locked area that is dry and free from environmental temperature extremes. Restrict access for distribution to a limited number of specified, responsible individuals that understand the appropriate use of N95 respirators.

### Training

- Ensure that all staff (healthcare staff, kitchen/dining staff, etc.) have been trained to correctly don, doff, maintain, and dispose of PPE and face masks relevant to their respective level of protection.
- Train staff on hand hygiene after removing gloves.
- **Best practice:** Provide both initial and refresher training on the different types of PPE that are needed for specific tasks and the reasons they are necessary; this will lead to more effective use and conservation of PPE.

### Supply

- Shortages of all PPE are anticipated during the COVID-19 pandemic. Refer to the CDC Guidance on how to optimize the supply of PPE, including:
  - [N95 Respirators](#)
  - [Face masks](#)
  - [Eye protection](#)
  - [Disposable gowns](#)
  - [Disposable gloves](#)
- N95 respirator alternatives: Some studies have determined the filter efficiency of substitutes such as imported KN-95 respirators are not always comparable to the approved N95. This [blog post](#) can help guide individuals toward not selecting counterfeit products. Only in the absence of supply of N95 respirators should alternative be considered. In some cases, using N95 and/or KN-95 respirator alternatives that approach 95% efficiency may be considered. If an insufficient supply of N95 respirators are found to exist, seek professional guidance as to appropriate alternatives.
- Use the [CDC PPE Burn Calculator](#) or the Disposable Mask breakdown in the Massachusetts DESE [Guidance on Required Safety Supplies for Re-Opening Schools](#) to determine how much PPE the school will require.

- Reusing disposable PPE, including N95 respirators, gowns, and gloves, is not recommended.
- **Best practice:** Monitor and record the inventory of PPE and anticipate the need to restock.

## Staff

### When to Wear What

PPE needs for staff will vary based on their job tasks, their ability to maintain appropriate physical distancing, and their potential for contact with confirmed or suspected COVID-19 cases. It is important that specific use scenarios are considered as part of the school reopening plan to ensure an adequate supply of PPE is available. Please refer to specific sections for detailed guidance on PPE.

- N95 Respirators and eye protection or face shields should be worn when staff anticipate contact with or close proximity to confirmed or suspected COVID-19 cases or when cleaning and disinfecting areas known or suspected to have been in contact with confirmed or suspected COVID-19 cases.
- Face masks, while not technically PPE, should be worn by:
  - Staff whenever interacting with others closer than six feet for extended periods, i.e., greater than 10 to 15 minutes, as well as other times to the extent possible.
  - Kitchen staff should always wear face masks. Refer to *Dining* section.
  - Custodial staff should always wear face masks when cleaning and disinfecting. Refer to the *Cleaning and Disinfection* section.
  - Staff should wear cloth masks when interacting with outside vendors or outside community members when physical distancing cannot be maintained.
- Disposable gloves should be worn by:
  - Staff when anticipating contact with confirmed or suspected COVID-19 cases or when handling belongings known to have been in contact with confirmed or suspected cases.
  - Kitchen staff should follow existing best practices for food preparation and storage. The virus that causes COVID-19 is not foodborne, but food service workers who are infected can transmit the virus to coworkers or diners. Refer to *Dining* section.
  - Custodial staff should always wear disposable gloves when cleaning and disinfecting. Refer to the *Cleaning and Disinfection* section.

### How to Use PPE

Procedures on donning (putting on) and doffing (taking off) PPE may vary depending on what pieces of equipment are to be used, in which settings, and for what purpose. Detailed training should be provided to staff in the use of respirators, face masks, gloves, eye protection, and disposable gowns. Below is a general procedure which may, or may not, be applicable in all



scenarios. CDC provides numerous [posters and training videos](#) pertaining to PPE donning, doffing, and use.

### *Instructions for Donning:*

1. Gather the PPE to don and ensure each piece is the correct size.
2. Perform hand hygiene; wash hands using soap and water for at least 20 seconds or disinfect hands using alcohol-based hand sanitizer.
3. Don disposable gown (if applicable) and tie all the ties.
4. Don respirator or face mask (if applicable).
  - a. Respirator: The top strap should be placed on the crown of the head and the bottom strap should be placed at the base of the neck. If the respirator has a nosepiece, fit it to the nose with both hands. Perform a user seal check.
  - b. Face mask: Items vary; tie or place straps according to the manufacturer instructions.
5. Put on face shield or goggles.
6. Perform proper hand hygiene again.
7. Don gloves.
  - a. **Best practice:**
    - 1) Check for punctures or tears before using
    - 2) Do not re-wear same gloves after you take them off
    - 3) Immediately replace damaged gloves

### *Instructions for Doffing:*

1. Remove gown by untying ties, holding it by the shoulders and pulling it down and away from the body and disposing it in a garbage can.
2. Remove gloves and ensure that doing so does not cause contamination of hands by using a safe removal technique (e.g. glove-in-glove, or bird beak).
  - a. **Best Practice:** Place [signage of proper glove removal procedures](#) where applicable.
3. Perform hand hygiene.
4. Remove face shield or goggles by grasping the strap and pulling it up and away from the head. Do not touch the front of the face shield or goggles.
5. Remove respirator or face mask and dispose (if disposable) or launder while avoiding touching the front of it.
  - a. Respirator: Remove the bottom strap by grasping only the strap and bringing it over the head. Remove the top strap by grasping only the top strap and bringing it over the head and pulling the respirator away from the face without touching the front.
  - b. Face mask: Items vary; untie or unstrap it according to manufacturer instructions and by pulling the mask away from the face without touching the front.
6. Perform hand hygiene.
7. **Best Practice:** Provide and properly label designated, cleaning areas, disposal areas, and bins for all used PPE.

### 4.3 VISITORS

- **Best practice:** Do not allow non-essential visitors (including parents) to enter the school buildings during drop off, pickup, or visiting days. Limiting non-essential visitors to the campus will aid in reducing transmission, especially considering some families are not from the local geographic area.<sup>16</sup> Limiting visitor access also allows for facilitated contact tracing in the event of an exposure.
- Good practice: Limit visitors to campus as much as possible.
- Good practice: Ensure that visitors and vendors complete health screening questionnaires. Visitors should report locations visited while on-campus to assist with contact tracing if needed.

### 4.4 TESTING

Testing should be conducted by individual's healthcare providers and should be done on an as-needed basis to contain the spread related to a potential case by testing anyone that is symptomatic or a close contact of a confirmed or suspected case.

The Commonwealth of Massachusetts currently does not recommend routine viral testing in schools, based on concerns about accuracy, but has stated their guidance may be updated as testing accuracy and availability changes.<sup>17</sup> Schools should monitor state guidance on this issue. As discussed in Section 2, testing can be an effective way to identify non-symptomatic individuals who should isolate. Should a school plan to implement testing programs, it is important to consider the following:

Viral testing for SARS-CoV-2 is diverse and evolving rapidly as numerous research laboratories and companies develop new measurement endpoints, methods, and devices, and importantly, the U.S. Food and Drug Administration (FDA) authorizes additional test methods. As of July 28, 2020, FDA had authorized more than 100 viral diagnostic test methods.<sup>18</sup> Sample collection methods range from nasal, oral or throat swabs to saliva collected in a sampling cuvette. Some tests are self-administered with healthcare professional oversight and others are clinically administered. A variety of analytical techniques are currently being used including different types of polymerase chain reaction (PCR) assays, enzyme-linked immunoassays (ELISA), and others.

Four types of testing may be performed during the academic year. They include:

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<sup>16</sup> U.S. Centers for Disease Control and Prevention. *Considerations for Institutions of Higher Education*. <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html>

<sup>17</sup> <http://www.doe.mass.edu/covid19/>

<sup>18</sup> <https://www.centerforhealthsecurity.org/resources/COVID-19/molecular-based-tests/current-molecular-and-antigen-tests.html>

- Prescreening testing carried out within 14 days or preferably 72 hours prior to on-campus arrival or the start of the academic year for day students
- On-site screening conducted upon arrival to school
- Mitigation testing carried out in response to potential cases
- Surveillance testing carried out at regular intervals during the academic year

Key factors to consider in developing a testing program are:

- Background infection rate in the nearby community as well as in the home communities of students, faculty, and staff.
- The time from sample collection to results should be as short as possible, preferably within 24-hours. The amount of time between when the sample is obtained, and the result is reported ranges from 15 minutes to several days.
- Sensitivity and specificity of the test being used. The minimum recommended sensitivity of a test is dependent upon the frequency of administration of the test. A less sensitive test that can provide results within an hour or as much as 24 hours would be preferable if the test will be administered frequently, such as multiple times per week. Most tests are highly specific to SARS-CoV-2 because they test for multiple genes or regions of genes to ensure results pertain only to SARS-CoV-2. However, some tests are non-specific to certain coronaviruses, so technically could report results for SARS or MERS, if those are identified in the population.
- The frequency of testing for students, faculty, and/or staff should be related to their relative risk of infection. For example, residential cohorted students and faculty could be tested less often than student-facing staff commuting to campus on a daily basis.

#### 4.5 HEALTH CENTER

- Better practice: Provide medical waiting rooms separate from nurse's office or health services station for those exhibiting COVID-19 symptoms.
- **Best practice:** Provide a minimum of two medical waiting rooms for those exhibiting symptoms of COVID-19, separate from the nurse's office or health services station. If feasible, this space must remain a self-contained space.
- **Best practice:** Isolation rooms should be established and operated in accordance with ASHRAE Standard 170, *Ventilation of Health Care Facilities*. This recommends 6 air changes per hour with 100% outdoor air.
- **Best practice:** According to ASHRAE, screening areas for sick students should include physical barriers to protect staff and separate healthy from sick students.

- **Best practice:** Isolation areas, medical waiting rooms, and health services offices should accommodate at least six feet of physical distancing. In isolation areas, individuals should be as far apart as possible, even when masked.
- **Best practice:** Face coverings are required for all faculty, students, and staff upon entry to a health center.
- **Good practice:** Ventilation of waiting/screening areas should achieve 6 air changes per hour of “clean” air (for example may be a combination of outdoor air in addition to air that has been filtered with a high efficiency particulate air [HEPA]-filter).
- **Good practice:** Waiting area should include at least one isolation room.
- **Good practice:** Where possible replace fabrics, porous casework, and carpeting with non-porous materials that can be readily cleaned.
- **Best practice:** Consider implementing measures to induce a negative pressure in isolation rooms to mitigate the risk of transmission to occupants in adjoining areas. Slight negative pressure of approximately 0.01 inches of water is sufficient. Portable HEPA-filtered negative-air machines are a typical means of achieving this pressure differential.
- **Good practice:** Biohazard waste storage in anteroom and iso-room for PPE.
- **Best practice:** Isolation beds with private bathrooms and healthcare-trained supervision.

#### 4.6 ISOLATION AND QUARANTINE PROCEDURES

- If a student, faculty, staff or critical infrastructure<sup>19</sup> staff member becomes ill, send them home immediately. Notify the school’s health care staff, administration, and the student’s parents.
- Healthcare staff should notify the local health department of confirmed cases for additional contact tracing.
- Schools should send a communication to the other families in the student’s class (e.g., cohort) that there has been a positive test without naming the individual student or staff member who tested positive.
- Schools should have a list of available test sites. Staff and students who have symptoms should also contact their primary care physician for further instructions.
- Restrict access to any areas the suspected case has spent significant time in the last two days until it can be disinfected.

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<sup>19</sup> <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

- If possible, wait 24 hours before entering spaces used by the suspected or confirmed case to clean and disinfect impacted areas.
- Keep ventilation systems running to allow for air turnover in spaces where a potentially infected case has been present.
- Clean and disinfect (ensuring those that perform the cleaning are provided with and use appropriate PPE) using disinfectants recommended by the EPA for use against SARS-CoV-2. Ensure the following cleaning and disinfection takes place:
  - The individual’s locker, classrooms, desks and an area extending 12 feet in all directions from the areas used, focusing on high touch objects (e.g., fitness equipment, chairs, computers, keyboard, mouse and telephone).
  - Bathrooms, kitchens, and other shared spaces.
  - Other high touch objects in common areas used by the student or staff member such as gym equipment, stairwell handrails, door handles, cabinet handles, beverage dispensers, etc.

#### 4.6.1 Asymptomatic COVID-19 Positive Case

If an asymptomatic student or staff member tests positive for COVID-19:

- The student, faculty, or staff member should be sent home immediately.
- Restrict access to any areas the case has spent significant time in the last two days until it can be disinfected.
- If possible, wait 24 hours before entering spaces used by the suspected or confirmed case to clean and disinfect impacted areas.
- Healthcare staff should interview the student or staff member to determine when close contact may have occurred two days prior to the test.
- Healthcare staff will identify potential close contacts. CDC defines close contacts as individuals that have been within six feet for more than 15 minutes of a COVID-positive person.<sup>20</sup>
- Close contacts should remain in room isolation until testing can be arranged by healthcare staff.
- Healthcare staff should notify the local health department of confirmed cases for additional contact tracing.

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<sup>20</sup> <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

- Clean and disinfect (ensuring those that perform the cleaning are provided with and use appropriate personal protective equipment) using disinfectants recommended by the EPA for use against COVID-19. Ensure the following cleaning and disinfection takes place:
  - The individual’s locker, classrooms, desks and an area extending 12 feet in all directions from the areas used, focusing on high touch objects (e.g., fitness equipment, chairs, computers, keyboard, mouse and telephone).
  - Bathrooms, kitchens, and other shared spaces.
  - Other high touch objects in common areas used by the student or staff member such as gym equipment, stairwell handrails, door handles, cabinet handles, beverage dispensers, etc.

#### 4.6.2 Managing Isolation/Quarantine and Return to Work

- When a person has a positive COVID-19 test, it is the local board of health or the Massachusetts Community Tracing Collaborative that will reach out to provide support so that these individuals can remain safely in medical isolation. Healthcare staff should interview the student or staff member to determine when initial exposure may have occurred. They will also identify close contacts who may have been exposed, dating from two days before the onset of symptoms until a diagnosis was made.
- Massachusetts defines close contacts as individuals that have been within less than six feet for 10 – 15 minutes of a confirmed case. In school settings, close contacts include other students and staff who were within six feet of the student or staff for at least 10-15 minutes in a classroom, in other school spaces, on the bus, or at an extracurricular activity. In elementary and other school situations where the students are in self-contained classrooms for an extended period, all students/staff within this “cohort” are considered close contacts as they may have been within six feet of the person with a positive test result.<sup>21</sup>
- Schools should be able to identify the student’s or staff member’s possible “close contacts” (e.g., based on the assigned seating charts and/or cohort). The lookback period should begin two days before symptoms appeared (or two days prior to the date of the positive test if there were no symptoms) and include up until the time the student was isolated. Consider students and staff members who were within six feet of the individual for 10-15 minutes in class, on the school bus, or at extracurricular activities.
- Massachusetts school procedures for quarantining and isolation and return to school are outlined in the table below.

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<sup>21</sup> <http://www.doe.mass.edu/covid19/on-desktop/2020-0717protocols-document.docx>

- After returning to school, the student or staff member will continue to wear face coverings, use respiratory hygiene, practice frequent handwashing, and monitor themselves for any recurrence of respiratory symptoms. Students must be cleared by healthcare professional prior to return to practices, games, and/or events.

<b>Table 4.1 Massachusetts Quarantine and Isolation Procedures for Schools</b>			
<b>Event</b>	<b>Location of Event</b>	<b>Testing Result</b>	<b>Quarantine</b>
<b>Individual is symptomatic</b>	If an individual is symptomatic <u>at home</u> , they should stay home and get tested.	Individual tests <b>negative</b>	Return to school once asymptomatic for 24 hours
	If an individual student is symptomatic <u>on the bus or at school</u> , they should remain masked and adhere to strict physical distancing. Students will then be met by the nurse and stay in the medical waiting room until they can go home. They should not be sent home on the bus. If an individual staff member is symptomatic at school, they should find coverage for their duties and then go home and get tested.	Individual tests <b>positive</b>	Remain home (except to get medical care), monitor symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or MA Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days <b>and</b> until at least 3 days have passed with no fever and improvement in other symptoms.
		Individual <b>is not tested</b>	Remain home in self-isolation for 14 days from symptom onset
<b>Individual is exposed to COVID-19 positive individual</b>	If an individual is <u>at home</u> when they learn they were in close contact with an individual who tested positive for COVID-19, they should stay at home and be tested 4 or 5 days after their last exposure.	Individual tests <b>negative</b>	Return to school, if asymptomatic or once asymptomatic for 24 hours
	If an individual is <u>at school</u> when they learn they were in close contact with an individual who tested positive for COVID-19, they should be masked for the remainder of the day (including K-1 students) and adhere to strict physical distancing. At the end of the day, they should go home and should not take the bus home. They should stay at home and be tested 4 or 5 days after their last exposure.	Individual tests <b>positive</b>	Remain home (except to get medical care), monitor symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or MA Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days <b>and</b> until at least 3 days have passed with no fever and improvement in other symptoms.
		Individual <b>is not tested</b>	Remain home in self-quarantine for 14 days from exposure

## 4.7 CONTACT TRACING

Contact tracing is the process of identifying individuals who may have been infected by a confirmed or suspected COVID-19 case. When combined with isolation and quarantine, contact tracing can disrupt chains of infectious disease (Beidas et al., 2020). For SARS-CoV-2, contact tracers seek to identify individuals who have been in close contact with the case. The CDC definition of close contact is: *Someone who was within six feet of an infected person for at least 15 minutes starting from two days before the illness onset (or for asymptomatic patients, two days prior to specimen collection) until the time the patient is isolated.*<sup>22</sup> Information on the process of contact tracing for COVID-19 are available from CDC and other resources.<sup>23</sup>

- **Best practice:** Contact tracing is conducted in conjunction with local Board of Health within 24 to 48 hours of testing results or onset of symptoms. Contact tracing must be done in accordance with local, county or state public health officials. School should gather necessary information to assist with efficient contact tracing efforts.
- **Best practice:** Those that test positive, show symptoms of COVID-19, or are close contacts of cases are isolated or quarantined within 24 hours.
- **Good practice:** Phone apps can be used to track students' movements around campus to aid in rapid contact tracing.
- **Good practice:** Emergency contact applications can be used to inform students, faculty, and staff that may have been a close contact of a confirmed or suspected case.

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<sup>22</sup> <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>

<sup>23</sup> <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>



## 4.8 SAMPLE ATTESTATION FORM

### COVID-19 DAILY ATTESTATION

Name: \_\_\_\_\_

SYMPTOM	YES	NO
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
Fever (more than 100.4 °F)	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>
Muscle aches	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Nausea/Vomiting/Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Congestion or runny nose	<input type="checkbox"/>	<input type="checkbox"/>
Headache	<input type="checkbox"/>	<input type="checkbox"/>
Severe Fatigue	<input type="checkbox"/>	<input type="checkbox"/>

Have you been in contact with a COVID-19 Positive Person within the last 14 days?

Yes

No





If you have answered Yes to any of the above questions, do not report to games, training, work, or events. Please call school healthcare staff immediately.

By placing your signature below, you attest that your answers are accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4.9 SAMPLE REMINDER INFOGRAPHIC

### COVID-19 Case Management Plan

Day -2	Day -1		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
<b>Contract Tracing</b> (back 2 days)* • Conduct interviews to identify close contacts • Personal interactions • Locations visited * Per CDC Guidance		 <b>Symptomatic Positive COVID-19 Person</b>	<b>Start of Symptoms</b>	<b>Isolate and Recover at Home or Hospital</b>									<b>Return to School/Work</b> • 10 days after onset of symptoms AND • At least 3 days since recovery, no fever AND • Improvement in respiratory symptoms (e.g., cough, shortness of breath) • Viral load is believed to be minimal at this point.			
<b>Contract Tracing</b> (back 2 days)* • Conduct interviews to identify close contacts • Personal interactions • Locations visited * Per CDC Guidance		 <b>Asymptomatic COVID-19 Positive Person</b>	<b>Date of Test</b> (Specimen Collection)	<b>Quarantine in Housing (10 days) – Schools follow state guidance on follow-up testing</b>									<b>Return to School/Work</b> (10 days after test date) Or follow state guidance on testing			
		 <b>Close Contact</b> (Exposed to a COVID-19 Positive Person)	<b>Date of Last Potential Exposure to COVID-19 Positive Person</b>	<b>Quarantine in Housing (14 days) – Schools follow state guidance on follow-up testing</b>									<b>Return to School/Work</b> (14 days) Or follow state guidance on testing			
		 <b>Critical Infrastructure Worker Close Contact</b> (Exposed to a COVID-19 Positive Person)	<b>Date of Last Potential Exposure to COVID-19 Positive Person</b>	<b>Continue Work</b> • Healthcare staff must measure their temperature and assess symptoms before returning to work. • Self monitor for symptoms. • Wear a face mask and eye protection in the workplace for 14 days after last exposure. • Maintain 6 feet from others as much as possible. • Disinfect and clean equipment and/or workspaces. • Practice infection prevention: wash hands frequently and use respiratory hygiene												

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Massachusetts Department of Elementary and Secondary Education. *Memorandum: Guidance on Required Safety Supplies for Re-Opening Schools*. June 5, 2020.

Occupational Safety and Health Administration. *Personal Protective Equipment*.  
<https://www.osha.gov/SLTC/personalprotectiveequipment/>

## 5.0 SUGGESTED INTERIM GUIDANCE ON CLEANING AND DISINFECTION

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To minimize potential transfer of COVID-19, cleaning methods can be employed to reduce the risk of exposure to faculty, students, and staff. Cleaning methods should follow the Massachusetts Department of Elementary and Secondary Education,<sup>24</sup> such as the *Fall Reopening Facilities and Operations Guidance*, and the CDC<sup>25</sup> guidance, such as the *Interim Guidance for Administrators of U.S. K-12 Schools and Child Care Programs*<sup>26</sup> and CDC Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes.<sup>27</sup>

Recommended methods for typical cleaning procedures include two-stage cleaning and disinfecting.<sup>28</sup> “Cleaning” entails washing with a detergent and water to remove soil, organic matter, and some microorganisms from a surface. Following a detergent and water wash, “disinfecting” entails use of an EPA-approved disinfectant that must be applied in accordance with product manufacturer guidelines. Refer to the EPA List of Disinfectants for Use Against SARS-CoV2: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. A dilute bleach solution can be substituted for EPA-approved disinfectants. See *Cleaning Solution Selection and Preparation* below for more detail on cleaning products.

### 5.1 PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR CLEANING STAFF

Always refer to and follow the Safety Data Sheet (SDS) and manufacturer use instructions of the product or products being used to obtain PPE requirements.

- Good practice: Eye protection and gloves must be worn when preparing cleaning solutions, including dilute bleach solutions.

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<sup>24</sup> Massachusetts Department of Elementary and Secondary Education. *Fall Reopening Facilities and Operations Guidance*. July 22, 2020. <https://www.boston.com/wp-content/uploads/2020/07/Fall-Reopening-Facilities-and-Operations-Guidance-vF.pdf>

<sup>25</sup> CDC. *Coronavirus Disease 2019: Considerations for Schools*. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

<sup>26</sup> U.S. Centers for Disease Control and Prevention. *Interim Guidance for Administrators of US K-12 Schools and Child Care Programs*. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html>

<sup>27</sup> U.S. Centers for Disease Control and Prevention. *Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes*. <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

<sup>28</sup> U.S. Centers for Disease Control and Prevention. *Cleaning and Disinfection for Community Facilities: Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019 (COVID-19)*. <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

- Better practice: Eye protection, disposable gloves, and gowns/aprons are worn for all tasks in the cleaning process, including handling trash.
- When finished, all cleaning staff must remove gowns/aprons first, being careful not to contaminate the surrounding area. Next gloves are to be removed by grasping from the inside and peeling inside out. Hands must be thoroughly washed for at least 20 seconds using soap and water. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

## 5.2 CLEANING METHODS

### 5.2.1 Cleaning Solution Selection and Preparation

For cleaning, general purpose residential cleaners that are ready to use or diluted with water per product instructions are sufficient and should be used according to manufacturer's instructions. According to CDC, normal routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure.

For disinfection, products that are specific to coronavirus, that have an “emerging viral pathogen” claim, and that require less than one minute of contact time are preferred. Make sure products have not passed their expiration date. If disinfecting products are not available, a dilute bleach solution can be used, comprising four teaspoons of bleach to a quart of water.<sup>29</sup>

Many disinfecting products can be skin and respiratory irritants. Green Seal, a non-profit certification organization, recommends selecting products with the following active ingredients:

- Hydrogen peroxide
- Citric acid
- Lactic acid
- Ethyl alcohol (also called ethanol)
- Isopropyl alcohol (70%)
- Hypochlorous acid

Note: Many of the products on the EPA list contain either quaternary ammonium or sodium hypochlorite (also known as bleach). Cleaning products containing these two ingredients should not be used together or even in series, meaning one after the other. Disinfectant products should

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<sup>29</sup> See Appendix J, Selecting an Appropriate Sanitizer or Disinfectant in AAP. 2019. *Caring for Our Children (CFOC): National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Fourth Edition. Itasca, IL: American Academy of Pediatrics.

be kept out of reach of children and used according to the guidelines provided by the manufacturer.

#### *Prepare Detergent Spray Solution*

1. Any staff member preparing spray bottles with detergent must wear eye protection/goggles gloves, and appropriate respiratory protection if required.
2. Using the manufacturer's instructions, fill spray bottle with the appropriate amount of detergent solution and water, if the manufacturer recommends dilution. A funnel (not to be used for consumables) can be used to reduce spills and splashing.
3. Replace the spray bottle cap and label the detergent bottle with the contents using a permanent marker.
4. The manufacturer's detergent instructions must be provided to all staff carrying out cleaning activities, and applicable Safety Data Sheets must be kept on file.

#### *Prepare Disinfectant Spray Solution*

1. Any staff member preparing spray bottles with disinfectant must wear eye protection/goggles and gloves, appropriate respiratory protection if required, and follow manufacturer's instructions.
2. Using the manufacturer's instructions, fill spray bottle with the appropriate amount of disinfectant solution and water, if the manufacturer recommends dilution. A funnel (not to be used for consumables) can be used to reduce spills and splashing.
3. A dilute bleach (sodium hypochlorite) solution can be used by adding 4 teaspoons of bleach per quart of water.
4. Replace the spray cap and label the disinfectant bottle with the contents using a permanent marker.
5. The manufacturer's disinfectant instructions must be provided to all staff carrying out cleaning activities, and applicable Safety Data Sheets must be kept on file.

### **5.2.2 Typical Cleaning for Non-Porous Surfaces**

1. Cleaning staff should wear eye protection, disposable gloves, and appropriate face covering or respiratory protection.
2. Using a detergent cleaning solution, spray 6 to 8 inches from the non-porous surface and wipe with clean paper towels (or according to manufacturer's instructions) to remove visible contamination, if present.
3. Make sure the surface is dry before applying disinfectant.
4. Review the instructions provided by the disinfectant manufacturer to note the concentration, application method, and necessary contact time. This will vary by product and type of cleaning activity.

5. Allow the disinfectant to remain on the surface for the instructed time and wipe with paper towels.
6. After a cleaning task is complete, remove PPE and dispose, as discussed in the *PPE for Cleaning Staff* section above. Carefully wash hands for at least 20 seconds with soap and water as described in the PPE section. Hand sanitizer may be used if water is not available and no visible dirt is observed on hands.
7. Reusable aprons or work clothing may be used, if laundered or washed after use.

### 5.2.3 Typical Cleaning for Porous Surfaces

CDC recommends removing or limiting use of soft and porous materials, such as area rugs and couches, as they are more difficult to clean and disinfect.

At this time few products for use on porous surfaces are EPA approved. Products identified contain the active ingredients quaternary ammonium and hydrogen peroxide, both of which should be used carefully by trained staff.

1. Eye protection, gloves, and appropriate face covering, or respiratory protection should be worn during cleaning activities.
2. First remove visible contamination, if present, and clean with appropriate cleaners indicated for use on porous surfaces.
3. Launder items, if applicable, in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely. See *Laundry* section below.
4. Otherwise, use disinfectant products suitable for porous surfaces.

## 5.3 WHAT TO DO IF THERE IS A CONFIRMED OR PROBABLE CASE OF COVID-19

If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection. If less than 7 days, close off areas that were used by the person who is sick and carry out the following:

- Open outside doors and windows to increase air circulation in the areas, if possible.
- Wait up to 24 hours or as long as practical before cleaning and disinfecting the space to allow respiratory droplets to settle before cleaning and disinfecting. Outdoor venues and equipment could be cleaned without delay.
- Clean and disinfect all areas used by the person who is sick. Run ventilation system during cleaning.



- Use dedicated cleaning and disinfecting materials to disinfect a potential source area. The cleaning equipment should not be used to clean other areas until they are thoroughly cleaned and disinfected.
- Enhanced cleaning is recommended if it is determined that a person with COVID-19 was present in a building (e.g., dining hall, gym, classroom, etc.) or used outdoor furniture (e.g., bench, tables, etc.) for at least 10-15 minutes.

For a suspected or confirmed COVID-19 case, the following enhanced cleaning protocol should be followed:

- First clean visibly dirty surfaces then perform disinfection. For specific cleaning instructions see sections above: *Typical Cleaning for Non-Porous Surfaces* and *Typical Cleaning for Porous Surfaces*. Note: Products that are specific to COVID-19, have an “emerging viral pathogen” claim, and require less than 1 minute of contact time are preferred. Make sure products have not passed their expiration date.
- Use disposable wipes/paper towels to clean surfaces if possible, rather than reusable cloth wipes, as the latter can re-contaminate surfaces. All cleaning and disinfecting materials (e.g., paper towels, cloth wipers, sponges, mop heads, etc.) should be disposed in sealed bags or containers after use.
- In each area, pay particular attention to high touch areas, including, but not limited to, handrails, door handles, cabinet and drawer handles.
- Clean and disinfect the area, focusing on all horizontal surfaces and high touch objects. Clean and disinfect areas identified as locations visited by the individual who is sick or that the individual used or occupied, including the entire bathroom and any common areas. These include high touch objects in common areas including handrails, exterior door entry handles, cabinet handles, and restroom door handles.
- Use dedicated cleaning and disinfecting materials to disinfect a potential source area. These materials should not be used to clean other areas until they are thoroughly cleaned and disinfected.
- Clean a potential source area by progressing from the most distant point back to the entrance (your exit) to avoid re-contaminating surfaces that have been disinfected (i.e., clean your way out).
- Clean soft and porous surfaces such as carpeted floor, rugs, and drapes also using the procedure noted above for *porous surfaces*. Note: If some porous surfaces are not suitable for cleaning with disinfectants, then clean them as much as possible and attach a sign to them saying they are not to be used or touched for three days.

## *Personal Protective Equipment (PPE)*

- Cleaning staff should wear eye protection, disposable gloves, face mask or appropriate respiratory protection, and gowns/aprons for all tasks in the enhanced cleaning process, including handling trash.
- Gloves and gowns/aprons should be compatible with the disinfectant products being used.
- Face mask used for the enhanced cleaning should be disposable.
- Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash, for example a face shield.
- Gloves and gowns/aprons should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
- Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.
- Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

## **5.4 CLEANING AND DISINFECTING GUIDANCE FOR SPECIFIC SPACES**

### **5.4.1 Classroom and Communal Spaces**

- Provide cleaning procedures for desks based on feasibility and age group.
- Provide cleaning and disinfecting supplies in classrooms and encourage faculty and students to clean areas, such as desks or chairs, that they have used or touched.
- Schools must follow applicable regulations for use of chemicals.
- Minimize porous materials, such as couches and plush items, as they are difficult to clean.
- Consider removal of items that are difficult to clean from classrooms or common areas.
- Keep surfaces in classrooms and common areas as free from clutter as possible to allow for easier cleaning.
- Maintain a schedule and checklist for cleaning practices to ensure tasks are completed regularly.
- Ensure disinfectant remains on treated surfaces for sufficient time to fully disinfect.

- Good practice: Cleaning and disinfecting of classrooms and communal spaces daily.
- **Better practice:** Cleaning and disinfecting of classrooms and communal spaces multiple times daily.
- Good practice: In classrooms where students remain throughout the day, desks and chairs cleaned and disinfected before and after eating if food is eaten in the classroom and at least once a day. In classrooms that are shared throughout the day, cleaning and disinfecting of desks and chairs should occur between classes and before and after eating if food is eaten in the classroom.

#### 5.4.2 Shared Items and Equipment

- Minimize use of shared items to the extent feasible.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment, etc. assigned to a single student) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
- Any equipment or supplies that have been used and require cleaning should be kept in a labeled container noting it requires disinfection, if not cleaned immediately.
- Good practice: Cleaning and disinfecting of shared items (e.g., keyboards, tools, balls, etc.) between uses.
- Good practice: Shared equipment should be cleaned and disinfected at least daily.
- Better practice: Shared equipment should be cleaned and disinfected multiple times per day.
- **Best practice:** Shared equipment should be cleaned and disinfected between uses.
- **Best practice:** Assigning items where possible to reduce the quantity of items shared. Also, cleaning and disinfecting of shared items between uses.
- **Best practice:** Keep each belonging separated from others and in individually labeled containers, cubbies, or areas. Stagger access to these areas to maintain physical distancing if used.
- In general, staff should avoid handling students' belongings (e.g., sports jerseys). If handling of students' belongings is needed for in-house laundry purposes, gloves should be worn; disposable gloves are recommended, if available. If gloves are unavailable, staff should perform hand hygiene immediately before and after handling students' belongings.
- As with other cleaning activities, gloves and gowns/aprons are recommended when staff do school laundry. Face masks are also recommended.

- Use of a disinfectant appropriate for porous material is recommended for laundering by staff. Follow manufacturer's instructions. Example: Lysol Laundry Sanitizer (see manufacturer's instructions for inactivating viruses, including a 15-minute presoak).

### 5.4.3 Frequently Touched Surfaces

- Good practice: Cleaning and disinfecting frequently touched surfaces at least daily.
- **Best practice:** Cleaning and disinfecting frequently touched surfaces multiple times daily and at least 3 – 4 times per day.

Examples of frequently touched surfaces include tables, drinking fountains, door handles, hand railings, light switches, countertops, cabinet handles, desks, phones, keyboards, toilets, faucets, and sinks. Any other surfaces frequently touched by faculty, students and/or staff should be cleaned and disinfected at least daily or, preferably, several times per day.

### 5.4.4 Changing Areas/Locker Rooms

- Locker rooms and showers should have dividers between users or markings to note appropriate distancing. If not possible to properly isolate or distance users, locker rooms and/or showers should be closed.
- Post signage and inform faculty, coaches, students, and staff that hand washing or sanitizing is required for all individuals before and after practices or workouts, as well as before and after they use locker rooms.
- Good practice: As with other frequently touched surfaces, changing areas or locker rooms are cleaned and disinfected daily.
- Better practice: High touch surfaces within changing areas or locker rooms are cleaned more than once per day.
- **Best practice:** High touch surfaces in changing areas and locker rooms are cleaned between practices and/or classes.

### 5.4.5 Toilets, Showers, Restrooms

- Encourage good hand washing hygiene for all faculty, students, and staff.
- Post signage and inform faculty, students, and staff that hand washing or sanitizing is required for all individuals after using the restroom.
- Sufficient supplies must be provided and replaced regularly throughout the day. These include soap, hand sanitizer, paper towels, and tissues.
- Make trash cans readily available. Trash cans should be a type that does not require touching by the user. A no-touch trash can should be placed by all doors with pull handles to dispose of paper towels used to touch the door handles.

- Toilet lids, if available, should be closed when flushed. Notices educating users should be placed in stalls.
- Good practice: As with other frequently touched surfaces, toilets, showers, and restrooms are cleaned and disinfected daily.
- Better practice: High touch surfaces including toilets, showers, and restrooms are cleaned and disinfected more than once per day and are cleaned and disinfected after periods of heavy use.

#### 5.4.6 Dining Hall/Cafeteria

See guidance for *non-porous surfaces* above and procedures in the *Dining* section.

#### 5.4.7 Laptops, Monitors and Electronic Equipment

- Follow manufacturer guidelines for cleaning electronic equipment.
- Use of covers that can be cleaned and disinfected are recommended.
- Alcohol based wipes or sprays containing at least 70% alcohol can be used to disinfect electronics, including touch screens.
- For laptops, spray isopropyl cleaning solution onto a microfiber cloth and apply to the outer screen bezel, palm rest, back cover/case, and keyboard.
- At no point should a cleaning solution be sprayed directly onto the laptop surface.
- Avoid contact of all exposed ports on the system with the cleaning solution.
- Laptop screens or external monitors can be wiped down using a dry microfiber cloth.
- **Do not** use the following common cleaners on a laptop or monitor screens: Clorox or Lysol wipes, isopropyl alcohol (IPA), Windex, or bleach.
- For a laptop touchscreen, a light solution of 70% IPA may be applied to a microfiber cloth and wiped onto the touch screen surface. Wipe the touchscreen dry using a clean microfiber cloth to remove any streaks or leftover residue.
- Wireless keyboards and mice can be cleaned using 70% IPA, Lysol wipes, or Clorox wipes.
  - Turn off the wireless keyboard and mouse and remove the batteries.
  - Spray the 70% IPA solution onto a soft cloth and wipe the surface of the keyboard and mouse.
  - Do not spray the solution directly into the hardware as this could damage the internal components.
  - Wait for the solution to dry before reinserting the batteries into the device.

- Docking stations and adjoining cables may be cleaned using a solution of 70% IPA applied to a soft cloth or paper towel.
  - All cables must be unplugged from the docking station before disinfecting and cleaning the docking stations. Ensure that no cleaning agents or liquid is in contact with the docking station ports.

#### 5.4.8 Outdoor Play Areas

- Cleaning of outdoor surfaces made of plastic or metal can be carried out according to typical cleaning practices.
- Outdoor wooden surfaces, such as benches, can be cleaned according to standard practices and more frequently if needed to remove obvious soiling.
- Good practice: Clean and disinfect high touch outdoor surfaces, such as grab bars or railings, at least daily.
- Better practice: Clean and disinfect high touch outdoor surfaces, such as grab bars or railings, multiple times daily (i.e., 3 – 4) and after periods of high use.
- Widespread spraying of disinfectant on outdoor surfaces such as sidewalks is not recommended, has not been proven to reduce the risk of COVID-19, and uses a significant amount of disinfecting supplies and resources that could be better utilized in other campus areas.

### 5.5 TESTING/MONITORING

- Good practice (minimum): Use of EPA approved cleaning and disinfecting products; CDC recommended cleaning protocols; and maintenance of cleaning and supply records to ensure proper cleaning activities have been carried out.
- Good practice: Maintain cleaning logs.
- Better practice: Periodically observe cleaning and disinfection practices and adjust if discrepancies are observed.

### 5.6 STORAGE OF SUPPLIES

- Good practice: Secure proper storage for all cleaning and disinfection supplies. Ensure supplies are only accessible by faculty and staff.
- **Best practice:** Ensure all storage of cleaning and disinfection supplies are in accordance with EPA guidelines outlined in the [Chemical Management Resource Guide for School Administrators](#).

## 5.7 REFERENCES AND RESOURCES

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2019. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, Fourth Edition. Itasca, IL: American Academy of Pediatrics.  
<http://nrckids.org/files/CFOC4 pdf- FINAL.pdf>.

Massachusetts Department of Elementary and Secondary Education. *Initial Fall School Reopening Guidance*. June 25, 2020. <http://www.doe.mass.edu/covid19/return-to-school/guidance.pdf>

Massachusetts Department of Elementary and Secondary Education. *Fall Reopening Facilities and Operations Guidance*. July 22, 2020. <https://www.boston.com/wp-content/uploads/2020/07/Fall-Reopening-Facilities-and-Operations-Guidance-vF.pdf>

Massachusetts Department of Elementary and Secondary Education. *Memorandum: Guidance on Required Safety Supplies for Re-Opening Schools*. June 5, 2020.

UCSF Institute for Health & Aging, UC Berkeley Center for Environmental Research and Children's Health, Informed Green Solutions, and California Department of Pesticide Regulation. 2013. *Green Cleaning, Sanitizing, and Disinfecting: A Toolkit for Early Care and Education*, San Francisco, CA: University of California, San Francisco School of Nursing.  
[https://cerch.berkeley.edu/sites/default/files/green\\_cleaning\\_toolkit.pdf](https://cerch.berkeley.edu/sites/default/files/green_cleaning_toolkit.pdf)

## 6.0 SUGGESTED INTERIM GUIDANCE FOR FACILITIES MANAGEMENT OF VENTILATION AND PLUMBING SYSTEMS

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The following guidance is provided for use by Independent Day Schools of Greater Boston facilities operators in preparation for occupying school buildings during the COVID-19 pandemic. The guidance presented here is based upon guidance issued by the ASHRAE and the CDC and includes information on operating building systems and steps that can be taken to check and confirm operation. The recommendations provided below are based on ASHRAE’s “Post-Epidemic Conditions” advisory guidance and the CDC guidance for reopening buildings after prolonged shutdown or reduced operation. These guidance documents can be found here:

ASHRAE. *ASHRAE Epidemic Task Force, Building Readiness*. American Society of Heating, Ventilating, and Air Conditioning Engineers. Updated May 21, 2020.

<https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-building-readiness.pdf>

ASHRAE. *ASHRAE Epidemic Task Force, Schools and Universities*. American Society of Heating, Ventilating, and Air Conditioning Engineers. Updated May 5, 2020

<https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-reopening-schools.pdf>

Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation (CDC)

<https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>

Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020 (CDC)

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

Massachusetts Department of Elementary and Secondary Education. Fall Reopening Facilities and Operations Guidance. July 22, 2020. <https://www.boston.com/wp-content/uploads/2020/07/Fall-Reopening-Facilities-and-Operations-Guidance-vF.pdf>

### 6.1 GENERAL RECOMMENDATIONS

- A Building Readiness Team can be put together that includes key individuals and companies who play a role in the setup and operation of the building systems. The types of service providers that may be required include but are not limited to the following:
  - **Facilities Management and/or Operator** to provide feedback to the team concerning building operations.



- **Maintenance Manager and Support Staff** to review current system condition and operation and to ensure it is ready for opening.
  - **Building Controls Contractor** to provide support with modifications or repairs to the mechanical systems controls.
  - **Mechanical Contractor** to implement repairs to the building mechanical systems that may be identified through the implementation of this guidance.
- Conduct a walkthrough of spaces that are planned to be occupied and note potential deficiencies with air distribution, such as blocked or partially covered supply and return air diffusers and grilles. Correct issues as required.
  - Perform an inventory of HVAC systems and document the types and MERV rating of particulate air filters installed in the systems. This inventory in combination with HVAC performance data can be used for assessing the potential of upgrading the systems to higher efficiency filtration systems.
  - If not already being performed as part of an overall maintenance plan, engage a qualified testing, adjusting and balancing (TAB) firm and/or building automation system (BAS) contractor to verify sensor calibration for demand-based ventilation instrumentation, airflow measurement instrumentation and temperature control instrumentation.
  - Engage a mechanical service company, if not already under contract, to inspect and assess the operational capabilities of all mechanical refrigeration equipment (i.e., chillers and direct expansion cooling equipment), water heaters, steam boilers, pumps and associated specialties (i.e., expansion tanks, deaerators, traps, pressure reducing valves, mixing stations, etc.).

## 6.2 HEATING, VENTILATING, AND AIR-CONDITIONING SYSTEMS

- Inspect HVAC system components to verify proper function. Inspection should include the following elements:
  - Fan belt(s) are appropriately tensioned to ensure full airflow is provided to space(s).
  - Outdoor air and other damper linkages are fully connected and operational.
  - Heating and cooling coil valves and valve actuators are connected and operational.
  - Check for dirt/dust accumulation on air filters and replace filters as needed.
- When servicing air handling equipment such as changing filters or accessing interior areas, consider having workers use PPE. If internal duct cleaning is being considered, consult additional guidance before implementing.
- In buildings with operable windows, if the outside air temperature and humidity are moderate, consider opening windows during periods of building occupancy. Do not open windows if doing so poses a health or safety risk (e.g., risk of falling, security risk, risk of triggering asthma symptoms) to students, faculty, and staff using the facility.

- In buildings with operable windows that have been closed or offline for an extended period of time, if the outside air temperature and humidity are moderate, open all windows for two hours minimum before the building is initially occupied.
- Review BAS programming for all HVAC systems to confirm occupancy schedules are appropriately set up. If HVAC system control setbacks were previously implemented as part of a building shutdown protocol, check to ensure that these setbacks were returned to normal.
- Modify BAS occupancy schedules as needed to fit the current occupancy schedules for each building or site. Consider extending the HVAC system occupied mode to two hours before and two hours after actual occupancy where the systems are operated at their maximum attainable outdoor air setting. Associated exhaust air systems should also be operated during this period.
- During the HVAC occupied mode, optimize outdoor air ventilation by operating HVAC systems at increased outdoor air rates (i.e., increase the percentage of outdoor air). For HVAC systems equipped to provide cooling, the percentage of outdoor air delivered will be limited to the cooling capacity of the HVAC system and its ability to provide an appropriate discharge air temperature while also controlling for humidity. For HVAC systems that provide heating only, an increased outdoor air intake rate is possible if outdoor air temperatures are moderate (between 65°F and 78°F).
- Check HVAC system leaving air temperatures to make sure the systems are providing appropriate dehumidification.
- During the HVAC system unoccupied mode, the HVAC systems can continue to operate continuously and at minimum outside air mode. Associated exhaust air systems should also be operated during this period.
- For HVAC systems with heat recovery wheels, check to make sure there is no leakage and cross-contamination. Consider deactivating these wheels until a service technician checks the operation and condition.

### 6.2.1 HVAC System Maintenance and Filtration

- Workers performing maintenance and/or replacing filters on any ventilation system with the potential for viral contamination should wear appropriate PPE:
  - A properly fit tested respirator (N95 or higher)
  - Eye protection (safety glasses, goggles or face shield)
  - Disposable gloves
  - Disposable coveralls, gowns and/or shoe covers can be worn to enhance overall protection.
  - After maintenance activities, wash hands with soap and water or use an alcohol-based hand sanitizer with at least 60% ethyl alcohol. Change clothes if soiled.

- For HVAC filtration, consider increasing the level of filtration in the air handling systems to a MERV-13 or greater if existing fan systems permit. An assessment of the current filtration coupled with air handling unit performance information can be used to determine whether the existing fan systems can overcome the additional pressure drop of the new filters while still maintaining appropriate air flow. If MERV-13 filters cannot be installed because of fan limitations or physical limitations, consider increasing the filtration in the air handling system to the maximum available or possible.
- Inspect HVAC system air filters and replace with new filters if deemed necessary. Inspect air filter installation and ensure filters are properly fitted and have little to no bypass around filter banks.
- If the use of MERV-13 or greater filtration is not possible, portable HEPA units can be used in high-traffic areas to provide continuous recirculation. These units can also be utilized in higher occupancy spaces such as dining areas and classrooms, as warranted. If portable HEPA filters are used, schools should consider guidance from ASHRAE as well as at the Harvard T.H. Chan School of Public Health and the University of Colorado Boulder<sup>30</sup>.

### 6.3 HEATING AND COOLING SYSTEMS

- For facilities with cooling towers, confirm that the chemical treatment has been maintained during the shutdown to avoid conditions that could lead to an outbreak of Legionnaires' disease.
- Check controls of water chillers and cooling towers to ensure that setpoints are consistent with those required during normal operation.
- Check the status of chilled water systems and cooling towers to ensure they are operated at appropriate water levels and are provided sufficient make-up water. Check pump operation and that water is flowing.
- For HVAC systems with direct expansion cooling coils, check the refrigerant pressures to make sure the system is adequately charged.
- Check controls and operation of hot water boilers, steam generators, and heat exchangers to ensure that setpoints are consistent with those required during normal operation.
- Check the fuel source for boilers and hot water generators to make sure it is on and available. Confirm that the flues and make-up air paths are open prior to engaging these devices.

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<sup>30</sup> [https://docs.google.com/spreadsheets/d/1NEhk1IEdbEi\\_b3wa6gI\\_zNs8uBJjSS-86d4b7bW098/htmlview](https://docs.google.com/spreadsheets/d/1NEhk1IEdbEi_b3wa6gI_zNs8uBJjSS-86d4b7bW098/htmlview)

## 6.4 PLUMBING AND WATER SYSTEMS

- Implement a flushing plan to flush hot and cold-water systems through all points of use (e.g., showers, sink faucets). The purpose of building flushing is to replace all water inside building piping with fresh water.
  - Good practice: implement flushing prior to start of school and after periods of extended vacancy (e.g., due to hybrid learning models).
- Check domestic hot water heaters for proper operation and setpoint. Confirm that your water heater is set to at least 120°F. For domestic hot water systems equipped with mixing valves, higher primary water temperatures (>130°F) can further reduce the risk of *Legionella* growth; however, mixing valves must be tested to prevent scalding temperatures.
- Check all floor drains and fill with water to ensure that drain traps are wet and do not allow for the passage of sewer gas.
- For facilities with hot tubs and spas, confirm that the chemical treatment has been maintained during the shutdown to avoid conditions that could lead to an outbreak of Legionnaires' disease. <https://www.cdc.gov/healthywater/swimming/aquatics-professionals/extended-hot-tub-closures.html>
- Clean decorative fountains ensure that water features are free of visible slime or biofilm and confirm chemical treatment has been maintained.

## 6.5 SPECIFIC APPLICATIONS

Consider the following applications of guidance presented below:

- **Window Air Conditioners:** Window air conditioners may be capable of introducing outdoor air while also supporting conditioning needs within spaces; operable windows may provide outdoor air but can often work against desired building thermal and humidity conditions. Inspect window air conditioners to ensure that they do not wash over multiple occupants. Consider positioning units to mitigate these flow concerns (i.e., point supply vents up) and avoid allowing occupants near the discharge for any length of time. In addition, ensure that outdoor air dampers (sometimes called fresh air vent controls) are set to the open position to draw outdoor air into the room.
- **Drinking Fountains and Bottle Fillers:** Consider disabling all touchpoints on water fountains and utilizing only touchless bottle filler stations if feasible and permissible.
- **Toilets and Flush Valves:** Consider employing touchless flush valves in all bathrooms. If feasible, consider employing a 3-second delay between sensor detection and flush to allow time for a stall occupant to vacate. Consider promulgating a closed-lid flushing policy to

mitigate potential aerosol generation. If touchless flush valves and lids are incompatible, use whichever infrastructure is existing.

- **Trash Management:** Consider employing closed-top trash receptacles of various sizes that can be opened via touchless sensor or foot pedal. These receptacles can be used to collect dining trash from each classroom, where students are expected to regularly eat boxed lunches using disposable containers and cutlery. These receptacles can also be stationed near bathroom exits to receive any paper towels used to operate the door handle. Trash should be emptied using gloves.
- **Tool Management:** Consider minimizing tool sharing among staff and implementing cleaning and disinfection practices after each use. Consider a sign-out procedure for any shared tools, which will help to support glove policies and cleaning and disinfecting practices.
- **Kitchen Ventilation:** Examine the outdoor air intakes for all equipment, and specifically for any low intakes which may be impacted by contaminants from pedestrians. Consider filtration media of MERV-13 or greater for any intakes which may be subject to contamination. Consider implementing a protocol for kitchen staff to turn on any locally controlled hoods immediately upon entry at the start of a shift and immediately before leaving at the end of a shift. As indicated above, consider extending automated fan schedules to be on two hours before through two hours after true occupancy.
- **Bathroom and Locker Room Ventilation:** Consider enabling continuous (24 hours x 7 days) operation of bathroom and locker room ventilation fans.
- **Elevators:** Consider limiting occupancy of elevators. Consider implementing some means of air cleaning in elevators, such as portable HEPA air cleaners.
- **Stairwells:** Consider one-way traffic flow, with a dedicated “up” stair and a dedicated “down” stair. Consider magnetic door holds which integrate with the fire alarm (if permissible and feasible) to support ventilation air through open doors to stairwells.
- **Hallways:** Consider one-way traffic flow where feasible. Consider using administrative controls such as extended passing times and slightly staggered class end times (eliminating a bell and allowing faculty to dismiss within +/-5 minutes of planned end times) to minimize occupancy in hallways.
- **Bathroom Access:** Consider encouraging bathroom use during class periods and not during passing time to support lowered bathroom occupancies and physical distancing. Consider employing a bathroom “token” system where students leave a standard issue item at the entrance of the bathroom so that others can determine the current bathroom occupancy prior to entry.

- **Entry Access:** Consider taking steps to minimize clustering while queuing during entry. Consider using lobby space and sidewalk space (if permissible and feasible) to support distancing of entrants. Consider using administrative controls to guide the entry times of students and help minimize entrant surges.

## 7.0 SUGGESTED INTERIM GUIDANCE ON DINING SERVICES

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### 7.1 ADMINISTRATION

#### 7.1.1 Policy

- All food service employees and contractors should follow the School’s policies on screening, symptom reporting, physical distancing, and wearing face coverings.
- Actively encourage sick employees and contractors to stay home.

#### 7.1.2 Planning and Preparation

- Maintain an inventory of qualified, trained, and licensed staff to fill critical food service positions should some become sick or otherwise unavailable.
- Stock disposable gloves, face masks, and cleaning and disinfecting supplies. Enact a plan for the distribution and resupply of these items.
- Provide staff with access to soap and clean running water, disposable gloves, and free facemasks.
- Train staff on proper hand washing and control procedures; see the *Preventative Measures* section on handwashing.
- Provide staff with EPA approved disinfectants.<sup>31</sup> Ensure they are trained on proper use.
- Consider installation of physical barriers including sneeze guards and partitions. These barriers can be useful at counters and food pickup areas where maintaining a physical distance of at least six feet is difficult between students and food service staff.
- Ensure that ventilation systems and ventilation of all dining and food service spaces are optimized; see the Facilities Management of Ventilation and Plumbing Systems section of this guide.

#### 7.1.3 Operations and Configuration

- Expand the dining space and increase the number of dining spaces (e.g., turn conference rooms or classrooms into dining spaces during mealtimes) to allow students to maintain physical distance. Encourage physical distance and increased spacing. Offer expanded outdoor seating options. Space tables at least six feet apart. Also, space the chairs/seats at least six feet apart.

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<sup>31</sup> US Environmental Protection Agency. *List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)*. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

- **Best practice:** Where reasonable (particularly for younger day students), deliver prepared lunches to classrooms or encourage students to bring their own lunches from home to eat in their classrooms or outdoors if safe to do so, especially when maintaining specific cohorts.
- **Best practice:** If cohorts are not mixed and social distancing is maintained, provide grab-and-go or pick-up meal options for students and staff.
- If possible, close shared spaces such as break rooms used by faculty and staff. If not possible, stagger use and clean and disinfect between uses. In addition, explore options to create additional separate dining areas (such as conference rooms, classrooms, and outdoor areas) for faculty and staff if areas do not already exist. Or encourage faculty and staff to eat lunch in their classroom or office during break time when students and other staff are no longer in the classroom. Physical spacing indoors is essential, particularly during mealtimes, when masks will be removed.
- Offer multiple mealtimes in an expanded time window to decrease the number of students in the dining area(s) or dining lines at a time. Stagger meals by class, cohort, or group, utilizing the expanded time window. Clean and disinfect the dining area between meals.
- Prioritize, encourage, and make available outdoor seating areas, possibly including canopies to provide shelter from weather.
- Provide an alternate location to store backpacks and belongings during dining times. Avoid placing belongings on floors.
- **Best Practice:** If feasible, design a strategy to keep individual's belongings separate from others' while in temporary storage by utilizing cubbies, shelving, or lockers. In general, aim to decrease the occupancy such that students can sit at least six feet apart from each other. For example, if a table typically seats eight, use only three or four seats at that table. Set a reasonable occupancy limit.
- Consider assigning seats and dining times to students so they occupy the same seat and sit near the same individuals at each meal.
- Avoid buffet style, self-service, and other configurations that require students to use shared utensils. Prioritize use of "grab-n-go" services (i.e., boxed meals or pre-plated meals), in which meals are packaged or assembled on a tray for students to retrieve.
- If salad bars (or similar stations) are used, assign a food service staff member to that station to serve students to avoid the use of shared utensils. If this is not possible, avoid offering any self-serve salad bar and consider prepared grab-and-go salads.
- Encourage students to maintain physical distancing between themselves and others while in line for their meals.



- **Best practice:** Place decals on floors six feet apart to denote where to stand while in line. Consider using stanchions to guide waiting lines. Ensure sufficient spacing between rows for those waiting in lines.
- Require students to wash their hands with soap and water prior to eating. Station dispensers of alcohol-based hand sanitizer containing at least 60% ethyl alcohol at the entrance of the dining facility.
- Incorporate the use of disposable utensils, plates, and cups for the students, as much as possible. This will reduce the burden on dishwashing staff and will allow for additional cleaning and disinfecting resources between dining times.
- Consider the use of disposable tablecloths for the dining area tables. If used, the tablecloths would need to be changed between each seating. Dining staff should test and determine if use of tablecloths is more efficient than cleaning and disinfecting the dining tables between each seating.
- Consider encouraging unidirectional traffic through dining areas by placing decals on the floor dictating one-way traffic through the space and restricting doors to one-way traffic (i.e., either entrance or exit).
- Personal water bottles should not be refilled at drinking water fountains, unless it is a combination fountain that has a separate bottle filler. In general, drinking water fountains should be taken out of use. For other refills, students should use supplied disposable cups for beverages and receive a new cup instead of refilling.
- Use touchless payment options as much as possible or incorporate the use of a contactless account payment system such as a student ID card linked to a meal account.
- Accommodate food waste in adapted dining areas (e.g., classrooms, auditoriums, etc.) to ensure safe and proper disposal.
- **Best practice:** Post signs reminding students of the guidelines such as washing hands, maintaining physical distance, using assigned seats, etc. Provide these resources in additional languages and in illustrations as needed.
- **Best practice:** Remove decorative objects, flyers, and materials from tables and counters to allow for effective cleaning and disinfection.
- **Best practice:** Discontinue use of condiment dispensers. Offer condiment packets or small containers alongside the prepared meal.
- **Best practice:** Discontinue the use of beverage dispensers (e.g., fountain drink dispensers, common milk pitcher, etc.). Arrange bottles, cups, or cartons of beverage choices along a table or counter for students to retrieve.

## 7.2 FOOD SERVICE WORKERS

### 7.2.1 Prior to Work (all suggested best practices)

- Shower or bathe before work.
- Trim and file fingernails. Remove nail polish or false nails.
- Wear clean clothes or clean work uniform.
- Wear appropriate and clean footwear.

### 7.2.2 General

- Do not work if you are sick or showing COVID-19 related symptoms.
- Wear disposable gloves and avoid direct barehand contact with food.
- Do not wear watches, bracelets, or rings.
- Wear a facemask or cloth face covering.
- **Best practice:** Wear disposable gown and/or an apron.
- Maintain a physical distance and increased spacing from other food preparation workers whenever possible.
- Wash hands with soap and water for at least 20 seconds before and after work and breaks, after using the bathroom, blowing your nose, coughing, sneezing, or touching frequently touched surfaces, and before preparing food.
- **Best practice:** Use a fingernail brush during handwashing.
- Cover your cough or sneeze with a tissue, throw it away, and wash your hands immediately.
- Avoid touching your eyes, nose, and mouth.
- Ensure proper food safety training for all workers.
- Prepare for food continuity by ensuring food service staff and operation will not be impacted if staff must be absent when sick.

### 7.2.3 Food Preparation

- Existing best practices for food preparation and storage apply. Coronavirus is not foodborne, but food service workers who are infected can transmit the virus to coworkers or students.
- Follow the four key steps to food safety: [Clean, Separate, Cook, and Chill](#).
- Discourage sharing of items that are difficult to clean, sanitize, or disinfect between food service workers. In addition, limit any sharing of food, tools, equipment, or supplies between food service workers and school staff members.

- **Best practice:** Even while wearing gloves, use clean utensils, such as tongs, spoons, etc., instead of gloved hands to prepare food as much as possible.

#### 7.2.4 Cleaning and Disinfecting Food Contact Surfaces

- Use soap or detergent and water to wash food contact surfaces (i.e., dishware, utensils, trays, food preparation surfaces, beverage equipment) then rinse after use.
- **Best practice:** Disinfect food contact surfaces before food preparation. Ensure any disinfectants used appear on [EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2](#) and are safe for food contact surfaces. Follow manufacturer instructions.
- Let dishware and equipment air-dry; do not dry with towels.
- Ensure that dishwasher machines are operating within the manufacturer's specifications and that appropriate water temperatures, detergents, and sanitizers are being used.

#### 7.2.5 Cleaning and Disinfecting Non-Food Contact Surfaces

- Clean and disinfect non-food contact surfaces in the kitchen and dining area's commonly touched surfaces (e.g., counters, tables, chairs) multiple times daily.
- **Best practice:** Clean and disinfect commonly touched surfaces before and after each use.
- If hard non-porous surfaces are visibly dirty, clean them with detergent or soap and water before disinfecting.
- Disinfect hard non-porous surfaces using:
  - [EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2](#).
  - Diluted household bleach products. Add 5 tablespoons (1/3 cup) of bleach to a gallon of water or 4 teaspoons of bleach to a quart of water. Do not use in conjunction with ammonia-based solutions. Mix a new bleach-based solution each day and when the liquid has debris in it.
  - Alcohol-based solutions containing at least 70% alcohol.
- If still in use, clean and disinfect condiment dispensers as frequently as practicable.
- If soft or porous surfaces (e.g., fabric seats, upholstery) are visibly dirty, clean them using appropriate cleaners.
- Disinfect soft or porous surfaces using [EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2](#).
- If frequently touched electronic surfaces (e.g., equipment controls, lights) are visibly dirty, clean them using products appropriate for use on electronics.

- Remove and dispose of gloves, facemasks, and gowns/aprons (if applicable) immediately after cleaning and disinfecting or when visibly soiled.
- Immediately after cleaning and disinfecting (and before taking breaks), wash hands using soap and water for at least 20 seconds. If a handwashing station is not available, disinfect hands using alcohol-based hand sanitizer.
- If disposable gowns are not worn, immediately launder clothes (or uniform) worn using the warmest appropriate water and dry completely. Wash hands immediately after handling dirty laundry.
- For more information, follow [CDC Guidance on Cleaning and Disinfecting](#).

### 7.3 STUDENTS

- Students must wear face coverings at all time in accordance with school policies, except when eating.
- Students should not attend meals if they are sick or experiencing COVID-19 related symptoms. The School's Health Center must be informed immediately and should go to the Health Center or area designated for individuals experiencing potential COVID-19 symptoms.
- Students must wash hands with soap and water for 20 seconds before entering the dining area or use alcohol-based hand sanitizer containing at least 60% ethyl alcohol upon entry to the dining area.
- Encourage students to avoid touching frequently touched surfaces such as handles, doorknobs, tables, and counters as much as possible. Students should wash or sanitize hands after touching shared surfaces and before eating.
- When retrieving food, students should avoid touching items and putting them back.
- Ensure physical distance is maintained and increased spacing between students and others whenever possible.
- Assigned tables and seats are encouraged for all students.
- If the option is available, dining should be conducted outside.
- When in line, students should maintain physical distance and increase spacing between on another.
- Instruct and reminder students to cough or sneeze into their elbow or a tissue. If a tissue or napkin is used throw it away and wash or sanitize your hands immediately.
- **Best practice:** Have students use utensils rather than hands to eat as much as possible.

- **Best practice:** Sharing of food items or utensils is prohibited.

## 7.4 REFERENCES AND RESOURCES

CDC. *Food Safety and Coronavirus Disease 2019*. U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/foodsafety/newsletter/food-safety-and-Coronavirus.html>

CDC. *Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019*. U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/oronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

CDC. *Considerations for Restaurants*. U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/business-employers/bars-restaurants.html>

Food Industry Association. *COVID-19 Cleaning and Disinfection for Human-touch Surfaces*. <https://www.fmi.org/docs/default-source/food-safety/covid-19-cleaning-and-disinfection-for-human-touch-surfaces.pdf>

Massachusetts Department of Elementary and Secondary Education. *Fall Reopening Facilities and Operations Guidance*. July 22, 2020. <https://www.boston.com/wp-content/uploads/2020/07/Fall-Reopening-Facilities-and-Operations-Guidance-vF.pdf>

## 8.0 SUGGESTED INTERIM GUIDANCE ON ACADEMICS AND CLASSROOMS

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This guidance addresses adjustments and changes to the academic programming, scheduling, and facilities for Independent Day Schools of Greater Boston to reduce the spread of COVID-19 while reopening. All activities and programming should draw upon Massachusetts,<sup>32</sup> and federal COVID-19 guidelines and requirements for phased reopening of primary and secondary schools.<sup>33</sup> This guidance includes changes in scheduling to de-densify classroom spaces and reduce close contacts that may increase exposure risk to faculty, staff, and students. If schools are planning in-person instruction, plans should also be in place for hybrid and remote learning options depending on the status of the pandemic.

### 8.1 OBJECTIVES

The objectives of a revised academic plan in response to COVID-19 are to:

- Ensure the well-being, health, and safety of students, faculty, staff, and their families as well as members of the surrounding community.
- Assist local, state, and national communities by taking appropriate steps to limit the spread of COVID-19.
- Prepare for return to work and school.
- Open school and keep school open with the lowest risk practicable for faculty, staff, and students.
- Stay true to the school's mission and values and maintain a strong sense of community in the pursuit of educational excellence.
- Continue to focus on the experience and educational goals of students.
- Equity in access and academic programming should be a goal, particularly considering day students, international students, and/or students with financial needs.

### 8.2 ADMINISTRATION

#### 8.2.1 Policy

- The goal of this guidance for academics and classrooms is to maintain engaging academic programming while minimizing exposure risk to COVID-19 for faculty, staff, and students.

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<sup>32</sup> <http://www.doe.mass.edu/covid19/on-desktop.html>

<sup>33</sup> <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

- Follow state guidance pertaining to phased reopening for schools as well as CDC guidance for schools.
- Follow policies outlines in the *Health and Wellness Section* of this Guide.
- **Best practice:** Maintain small group sizes, limit mixing of groups, and restrict large gatherings at school.<sup>34</sup> Consider implementing cohorts for meals, similar schedules, or activities.
- Good practice: Stagger class start and end times for classes to reduce numbers of students in common areas at one time. Simply eliminating the bell or other intercom notification which will allow class end times to naturally stagger and reduce hallway traffic.
- **Best Practice:** Stagger class start and end times. For example, if classes are to end at 10:00, even numbered classrooms release students at 9:58 and odd numbered classrooms release students at 10:02 to allow students more passing time between classes and less crowded hallways.
- Use signage and markings to denote one-way traffic in common areas.
- Consider blocking off indoor common spaces.
- Add markings denoting physical distancing in any open common spaces.
- **Best practice:** Reduce classroom density to allow for sufficient spacing between students and allow additional spacing as discussed below.
- **Best practice:** Reduce contacts to minimize the risk of spread of COVID-19 and enhance tracing capability by keeping assigned seats and, if possible, keeping students within their cohorts .
- **Better practice:** Use portable air cleaner devices in classrooms without operable windows and/or sufficient ventilation.
- **Best practice:** Ensure classroom ventilation is sufficient to maintain thermal comfort and indoor air quality for class durations.
- **Better practice:** Consider providing instruction via videoconference with instructor located remotely, particularly for instructors with health or safety concerns.
- Good practice: Consider reducing class durations to 45 minutes or less or incorporating breaks into longer classes if ventilation is not sufficient to maintain thermal comfort and indoor air quality. See the *Facilities Management* guidance for more information on optimal ventilation operation.

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<sup>34</sup> American Academy of Pediatrics, *COVID-19 Planning Considerations: Return to In-person Education in Schools*, <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

- Good practice: Allow and encourage a flexible bathroom break policy during class to avoid students congregating in bathrooms during passing times and for mask breaks

## 8.2.2 Planning and Preparation

- **Best practice:** Schools develop multiple plans to address full in person instruction; a hybrid model incorporating some in person and some remote learning; and a fully remote learning model.<sup>35, 36</sup>
- **Best practice:** Reduce classroom density to allow for sufficient spacing between students and allow additional spacing as discussed below.
- Stock disposable cleaning supplies and hand sanitizer in all classrooms, laboratories, and studios. Enact a plan for the distribution and resupply of these items.
- Train faculty, staff, and students on reduced density, physical distancing, proper hand washing, use of cohorts, and other control procedures.
- Include training for substitute teachers or temporary staff.
- Consider encouraging substitute teachers and temporary staff to teach and work remotely to limit the individuals on campus.
- **Best practice:** Include social emotional learning into academic programming to assist students, faculty, and staff in addressing challenges associated with changes in school environment, teaching methods, and living conditions.<sup>37</sup>
- **Best practice:** Schools should have sufficient technology to allow for all students to access classes and coursework remotely. This includes equitable access to high speed internet and necessary devices, such as laptops, for all students.
- **Best practice:** Students and faculty have ability to remotely access classes and/or coursework even for a fully in-person teaching schedule. This allows for students and faculty that may be mildly ill, asymptomatic, or close contacts of cases to attend or teach class while remaining in their residence. This is beneficial for those awaiting testing results, spending time in isolation, or being quarantined.
- Good practice: Schools provide multiple ways for students to participate in classes and coursework in remote and hybrid programming.

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<sup>35</sup> <https://portal.ct.gov/-/media/SDE/COVID-19/CTReopeningSchools.pdf>

<sup>36</sup> <http://www.doe.mass.edu/covid19/return-to-school/>

<sup>37</sup> <http://www.nysed.gov/common/nysed/files/programs/reopening-schools/nys-p12-school-reopening-guidance.pdf>



- Online instruction should meet the needs of students and follow recommended educational guidance.<sup>38</sup>
- Good practice: Consider establishing student “tech squad” to support students, faculty, and staff with managing and using technology remotely.
- Good practice: Survey students, faculty, and families to assess remote learning programming and provide input for ongoing improvements.
- **Best practice:** No outside non-essential visitors (e.g., parents and volunteers) are recommended on campus.
- Good practice: Limit visitors to campus as much as possible.
- Contractors and required service providers should follow campus guidelines and well versed with proper safety protocols, in addition to logging campus visits with administration.
- Maintain a listing of qualified substitute teachers to deliver lesson plans, in case of faculty illness.
- **Best practice:** Designate entry and exit points to academic buildings, classrooms and facilities.
- **Best practice:** Develop and communicate movement protocols throughout academic buildings to minimize traffic and person-to-person interactions.
- **Best practice:** Maintain one-way directions throughout hallways and communicate with visual cues and signage.

### 8.2.3 Operations

- Each day faculty, staff, and students must assess their symptoms prior to attending class and report on an electronic form accessible by computer or phone app.
- Reduce numbers of students or expand spaces available for in-person classes to allow faculty and students to maintain physical distance.
- **Best practice:** All students, faculty, and staff use hand sanitizer upon entry to all classrooms.
- **Best practice:** Post signs reminding students, faculty, and staff of guidelines such as physical distancing, sanitizing hands, using assigned seats, etc. Provide these resources in additional languages and in illustrations as needed.

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<sup>38</sup> <https://www.nsqol.org/wp-content/uploads/2019/02/National-Standards-for-Quality-Online-Teaching.pdf>

- **Best practice:** Faculty, staff, and students must cover their cough or sneeze with good cough and sneeze etiquette (into elbow or tissue) and avoid touching eyes, nose, and mouth. If a tissue or napkin is used, throw it away, and wash hands or use hand sanitizer immediately.
- **Best practice:** Encourage use of outdoor spaces and outdoor activities as much as possible.
- Good practice: Limit sharing of supplies or disinfect between uses.
- **Best practice:** Require students to have their own supplies for classroom activities, including schools supplies and materials for arts and sciences classes.
- **Best practice:** Cancel large gatherings and performances, including musical practices, that occur indoors.
- **Best practice:** Cancel field trips where the schools interacts with outside groups or facilities. Local field trips (e.g., walking distance) with appropriate physical distancing are acceptable. If cohorts are being used, they should be maintained, where possible.
- Students, faculty, and staff should wear masks/face coverings at all times in school, when possible. Exceptions to mask/face covering requirements should be made for those for whom it is not possible due to medical conditions, disability impact, or other health or safety factors.

#### 8.2.4 Configuration

- **Best practice:** Grouping students into academic and residential cohorts, wherever possible. This allows for containing exposures within the group.
- **Best practice:** Assign seats in classrooms for the entire term so students occupy the same seat during each class.
- **Best practice:** Reduce density of individuals in indoor classroom spaces to allow for six feet between students and faculty.
- Good practice: Reduce density of individuals in indoor classroom spaces to allow for six feet physical distancing between students, where possible, and to a minimum of three feet. Maintain six feet distancing between students and faculty. If less than six-foot distancing between students is used in classrooms:
  - Consider using partitions between students.
  - Face coverings should be worn at all times.
  - Maintain the maximum distance between students.
  - Desks should face the same direction
  - Spaces selected for less than six-foot distancing should be well ventilated with optimized filtration. Consider adding localized HEPA-filtration to these spaces.
  - Consider adding other layers of control (see Technology and Controls Section).

- Consider implications for contact tracing.
- Better practice: Student desks should not be oriented to allow students to face one another. Desks should face one direction with a student’s back to the student facing them from behind. This reduces inhalation exposure from breathing, coughs, or sneezes from another student.<sup>39</sup>
- Good practice: Use partitions between students if six feet of distance cannot be maintained.
- Class capacity should be determined on a case by case basis dependent upon configuration and the ability to appropriately space students.
- **Best practice:** Minimum six-foot physical distancing should be maintained between students and faculty/staff in non-classroom spaces, especially in spaces that may be occupied for extended periods of time (e.g., classrooms).
- Schools should consider using additional spaces, such as outdoor spaces, dining areas, libraries, or auditoriums to supplement classroom space to allow for sufficient distancing. Additional staffing may be required if classes are split between multiple rooms.
- **Best practice:** Minimum six-foot physical distancing should be maintained between individuals in areas where gatherings may occur, where mask wearing may not be possible, and where activities that may pose higher risk may occur (e.g., dining areas, etc.).
- **Best practice:** All faculty, staff, and students use hand sanitizer upon entry to all classrooms.
- **Best practice:** Post signs reminding faculty, staff, and students of guidelines such as physical distancing, sanitizing hands, using assigned seats, etc. Provide these resources in additional languages and in illustrations as needed.

### 8.2.5 Laboratories/Science Rooms

- Use of science rooms or laboratories should be limited to allow for physical distancing. Instructors should follow general laboratory safety guidelines. In some cases, proximity to students may be necessary for safety reasons. Wearing of masks is encouraged, if not considered a safety hazard. Typically used PPE should be worn according to school policy.
- Good practice: Since gloves may already be available in some science rooms or laboratories, have students wear gloves if sharing some equipment.
  - Reminder: Always wash hands after removing gloves.
- **Best practice:** Supplies or equipment are used by one individual or sanitized between users.

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<sup>39</sup> Ai ZT, Melikov AK. 2018. Airborne spread of expiratory droplet nuclei between the occupants of indoor environments: A review. *Indoor Air*, 28:500–524.

### 8.2.6 Study Hall / Study Hours

- Organize students in study hall by cohort, as much as possible.
- Limit and designate approved study locations; configure furniture in those spaces to promote physical distancing; set capacity limits by location (e.g., library, classroom, etc.).
- Limit number of students in study hall to less than 50% occupancy of the space and allow at least six feet between students.
- Limiting duration of time spent in a room should be considered, based on ventilation conditions.

### 8.3 STUDENTS

- Encourage students to wash hands with soap and water for 20 seconds before or use alcohol-based hand sanitizer containing at least 60% alcohol upon entry to the classroom.
- Encourage students to avoid touching frequently touched surfaces such as handles, doorknobs, tables, and counters as much as possible. If possible, use a foot door handle or hands-free door handle such as the Step Handle™, Toepener™, or similar product that will limit the need of hand contact on door handles.
- Require students to maintain proper physical distance and increased spacing between them and others whenever possible.
- When changing classrooms or waiting to enter classrooms, encourage students to maintain physical distance and increase spacing between yourself and others. Keep to the right in two-way hallways and stairwells.
- Students should be informed to cover their cough or sneeze with good cough and sneeze etiquette. If a tissue or napkin is used, it must be thrown away and hands must be washed immediately.
- Encourage students to avoid touching your eyes, nose, and mouth.

### 8.4 LIBRARIES AND STUDY SPACES

- Hand-sanitizer should be available at entrances and throughout the library.
- Conduct regular cleaning of the spaces and of frequently touch surfaces, following protocols outlined in the *Cleaning and Disinfection* section of this guide.
- Staff work areas should be stocked with proper cleaning and disinfecting products.
- Good practice: Communal workstations and computers should be spaced at least six feet apart. All stations should be wiped down and disinfected between each use.

- **Best practice:** Communal computers should not be used.
- Good practice: Create entry and exit flows to ensure proper physical distancing.
- **Best practice:** Set capacity limits for the library and provide staff to enforce limits.
- Study spaces should be cleaned and disinfected after each use.
- Consider developing library delivery or pick-up services workflows to ensure students, faculty and library staff safety is maintained.
- Consider adjusting borrowing limits or/due dates and set protocols for touchless returns. Items should be isolated for 24-hours after collection before returned to shelves.

## 8.5 REFERENCES AND RESOURCES

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## 9.0 SUGGESTED GUIDANCE ON PERFORMING ARTS AND MUSIC

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The following provides guidance and procedures to reduce COVID-19 exposure risk to students, faculty, and staff while participating in performing arts and music activities. All music and performing arts activities and classes should be limited to those in which appropriate physical distancing and proper hand hygiene can be practiced. In addition, music and performing arts activities should be grouped by residential or academic cohorts when possible.

COVID-19 can be highly transmissible in certain settings, including group singing events. In addition to transmission through respiratory droplets spread through close contact, evidence suggests that the virus can potentially spread in respiratory aerosols. Singing and speaking loudly can generate particles that may reach beyond the typical six feet of physical distancing that is recommended. At least one major outbreak in the U.S. has been attributed to singing indoors.<sup>40</sup> The science related to the spread resulting from respiratory aerosols is evolving; however, at this time, it is recommended to either postpone indoor singing activities or ensure additional controls are in place, including increased physical distancing, wearing of cloth face coverings, optimized ventilation, increased filtration in rehearsal spaces, and if possible, conducting activities outdoors.

Several studies have been conducted, and some are ongoing, on the association of band and orchestra activities with COVID-19. The extent of risk and risk profile are not fully understood. Preliminary data produced from one study found that wind and brass instruments can produce aerosols in size ranges that can remain suspended for several minutes to hours.<sup>41,42</sup> The risks associated with wind and brass instruments are theoretically higher than percussion and string instruments.

### 9.1 ADMINISTRATIVE

#### 9.1.1 General Guidance for Performing Arts and Music

- Students, faculty and staff should [wear face coverings](#) during **all** indoor activities, especially when maintaining physical distancing is not feasible or is a safety concern. Face coverings should also be worn outdoors when a physical distance of at least six feet cannot be maintained for activities requiring increased respiration (e.g., singing, wind and brass instruments, dance, etc.), the distance is recommended to be increased to at least 10 feet.

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<sup>40</sup> Hamner L, Dubbel P, Capron I, et al. 2020. High SARS-CoV-2 Attack Rate Following Exposure at a Choir Practice — Skagit County, Washington, March 2020. MMWR Morb Mortal Wkly Rep, 69:606–610. doi: <http://dx.doi.org/10.15585/mmwr.mm6919e6>external icon.

<sup>41</sup> <https://www.sciencemag.org/news/2020/07/it-safe-strike-band-time-coronavirus>

<sup>42</sup> <https://www.nfhs.org/media/4029952/preliminary-testing-report-7-13-20.pdf>

- Carry out activities outdoors as much as possible.
- Ensure enough space to accommodate students and faculty while practicing physical distancing.
  - Best practice: Classes and performance groups should maintain a physical distance of six to ten feet during all activities, depending on the activity as described below.
  - Best practice: For all activities, small groups or cohorts should be established and maintained to reduce interpersonal interactions.
- Before and after **all** activities, ensure students, faculty, and staff practice proper hand hygiene:
  - Instruct students to wash hands with soap and water for 20 seconds before and after activities, or
  - Provide alcohol-based hand sanitizer containing at least 60% ethyl alcohol before and after activities.
- All shared items and equipment (e.g., music stands, pianos, props, etc.) should be properly cleaned and disinfected between use. Refer to the *Cleaning and Disinfection* section of this guide for instructions on cleaning and disinfecting porous and non-porous objects. In addition, it is essential to follow the cleaning and disinfection guidelines recommended by the manufacturer.
  - Good practice: If feasible, shared equipment should be limited to items that can be effectively cleaned (e.g., non-wind and non-brass instruments with hard, non-porous surfaces, music folders, music stands, props, etc.).
  - Better practice: Limit the amount of shared supplies and equipment for activity by providing each participant their own individual equipment (e.g., instruments, music folders, music stands, props, etc.) for the academic year or semester, if feasible.
- Participants must not share equipment that makes close contact with their nose or mouth (e.g., wind and brass instruments, microphones, makeup, etc.).
- When activities cannot take place outdoors, ensure that there is proper ventilation within the space by maximizing fresh air intake or natural ventilation via screened windows and doors. See Facilities Management of Ventilation and Plumbing Systems section of this guide.
- It is recommended for all larger performances to be postponed. Any performance carried must meet state or local occupancy limits.



## 9.2 SPECIFIC GUIDANCE BY PERFORMING ARTS AND MUSIC ACTIVITY

### 9.2.1 Chorus, Singing, Musical Theater, and Using Brass and Wind Instruments

Currently, singing in large groups is discouraged as it is a “highly transmissible” activity due to voice projection generating respiratory droplets.<sup>43</sup> Based on available evidence and the theoretical risk presented by use of brass and wind instruments, group orchestra and/or band practices are discouraged. If singing, musical theater, and using brass and wind instruments will occur on campus, these activities should be carried out outdoors, and it is important to follow the following recommended practices:

- Good Practice: Follow current Massachusetts guidance, which prohibits these activities indoors.<sup>44</sup>
- Good Practice: When outdoors faculty and students should follow recommended physical distancing of at least ten feet, [wear cloth face coverings](#) when possible, and practice good hand hygiene prior to and following singing, musical theater, and using brass and wind instruments.
- Limit class and practice size based on space capacity and the physical distancing recommendation of ten feet between individuals.
- **Best practice:** Classes, private lessons, and even rehearsals should be encouraged to be virtual when feasible.
- Consider implementation of specially designed instrument covers on wind and brass instruments to reduce aerosols while playing. This includes bell covers that may be effective at reducing aerosol emissions from brass and woodwind instruments.<sup>45</sup>
- **Best practice:** Avoid sharing wood and brass instruments.
- Good practice: All students have their own mouthpiece if it is necessary to share an instrument with a mouthpiece.<sup>46</sup>
  - Safety protocols should follow standard operating procedures with the adjustments outlined in the *General Guidance* section of this guide.

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<sup>43</sup> Harvard School of Public Health, [Schools For Health: Risk Reduction Strategies for Reopening Schools](#). (2020, June).

<sup>44</sup> <http://www.doe.mass.edu/covid19/return-to-school/supplement/2020-0724add-safety-guide.docx>

<sup>45</sup> <https://www.nfhs.org/media/4029971/preliminary-recommendations-from-international-performing-arts-aerosol-study.pdf>

<sup>46</sup> <https://www.volkweinsmusic.com/pages/special>

- Brass instrument musicians should avoid emptying spit valves onto the floor, but rather into a disposable cloth and clean hands afterward.<sup>47</sup>
- Musicians should avoid sharing mouthpieces.
- Safety protocols should follow standard operating procedures with the adjustments outlined in the *General Guidance* section of this guide.
- Follow proper cleaning and disinfecting guidelines for all instruments, as outlined in the *Cleaning and Disinfection* section below.

### 9.2.2 Playing Instruments that are Not Brass or Wind

- Faculty and staff should follow recommended physical distancing of six feet, [wear face coverings](#), and practice good hand hygiene prior to and following orchestra/band rehearsals or classes.
- For percussion, string, and keyboard instruments, ensure proper hand hygiene practices between each use.
  - Good practice: When indoors, ensure proper physical distancing of six feet, have all students assemble in a formation that does not allow face-to-face positioning, and have faculty and students [wear cloth face coverings](#).
  - **Best practice:** Hold orchestra or band rehearsals/classes outside when feasible, ensure proper physical distancing of six feet, and encourage faculty and students to [wear cloth face coverings](#).
- Follow proper cleaning and disinfecting guidelines for all instruments, as outlined in the *Cleaning and Disinfection* section below.
- Limit class and practice size based on space capacity and the physical distancing recommendation of six feet between individuals.
- Good practice: Limit the duration of group rehearsals as much as possible, preferably to less than 1.25 hours with approximately 20 – 30 minutes of time between room uses to allow air to turnover in the space.<sup>48,49</sup>
- **Best practice:** Classes, private lessons, and rehearsals should be encouraged to be virtual when feasible.
- Good practice: Students have their own instrument and do not share instruments.

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<sup>47</sup> <https://medicine.uiowa.edu/iowaprotocols/wind-instrument-aerosol-covid-era-covid-19-and-horns-trumpets-trombones-euphoniums-tubas-records>

<sup>48</sup> Corsi RL. Aerosols as Vehicles for Dose of SARS-CoV-2: Some Scenarios & Practical Considerations, SARS-CoV-2 in Indoor Air: Principles and Scenarios, USEPA webinar. July 16, 2020.

<sup>49</sup> <https://www.nfhs.org/media/4029971/preliminary-recommendations-from-international-performing-arts-aerosol-study.pdf>

### 9.2.3 Cleaning Instruments

The practice of sharing instruments is discouraged, especially woodwind and brass instruments. CDC has suggested that the COVID-19 virus can remain on instruments including brass, wood, plastic, and strings from between 2 to 5 days. In addition to CDC guidance, the National Federation of State High School Associations and National Association for Music Education have released proper instrument cleaning practices:

- Refer to the *Cleaning and Disinfection* section of this Guide.
- Instruments should be cleaned and disinfected between each use. Alcohol wipes or swabs with disinfectant solution should be use on the instrument after cleaning has been conducted.
- For wood instruments, it is important to not use abrasive or corrosive cleaning/disinfecting materials on the reeds or woodwind instruments' keys. Excess liquid should be removed from wood instruments to prevent damage.
- Mouth pieces should be cleaned by swabs or mouthpiece brushes followed by alcohol wipes or swabs with disinfectant solution prior to each use. For brass mouth pieces and saxophone necks, soapy water and proper rinsing/drying is proven effective.
- Strings can be disinfected using 70% isopropyl alcohol or above; however, the rest of the instrument should be cleaned/disinfected using gentler solutions.
- Plastic instruments should be cleaned with soap and water. Disinfectant solutions can also be used.
- Keyboards and percussion instruments can be wiped down with gentle disinfectant solutions; however, it is recommended that students and faculty using such instruments can prevent spread on these surfaces by simply conducting proper hygiene practices.
- For a larger list of safe disinfectants for instruments please see:  
<https://www.nfhs.org/articles/covid-19-instrument-cleaning-guidelines/>

### 9.2.4 Dance

- **Best Practice:** Follow current Massachusetts guidance, including all participants should keep a physical distance of six feet and wear cloth face coverings. If activities are held outdoors, participants can remove their face coverings if a physical distance of 10 feet is maintained.<sup>50</sup>
- Participating faculty and students should follow recommended physical distancing and good hand hygiene practices prior to and following dance activities.

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<sup>50</sup> <http://www.doe.mass.edu/covid19/return-to-school/supplement/2020-0724add-safety-guide.docx>

- Good practice: Remove unnecessary equipment from the space to allow for more active use or use outdoor space if feasible. Reduce class size and limit studio use outside of scheduled activities and practices.
- Better practice: Know the square footage of each studio area, understand the maximum occupancy, and create enough space to allow for physical distancing. In addition, create a schedule or map to educate students, faculty, and staff on how the activity in the space may continue safely.
- Consider keeping classes and scheduled activities to include the same group of students and students each day and consider keeping the same instructors per group.
- All shared and used equipment (e.g., bars) should be cleaned and disinfected between each use, refer to *Cleaning and Disinfection* section of this guide.
  - Good practice: Limit the amount of shared supplies and equipment per activity. Ensure there are enough supplies to minimize sharing during each activity.
  - **Best practice:** Designate certain equipment to individuals to decrease the number of shared items.
- Safety protocols should follow standard operating procedures with the adjustments outlined in the *General Guidance* section of this guide.
- During instruction, set the music in the studio to a low volume so instructors can be heard without projecting their voices. The volume can then be increased when the dancers run their combination.
- Select or adjust dance choreography to be conducive with keeping distance (i.e., modify or do not offer lift or partner-focused dance options).
- Place marks or spots on studio floors to aid participants in the distance and spacing requirements of the activity.
- Encourage teachers, instructors, and coaches to participate in the planning, adjustment, and set-up of the studio spaces.
- Use of changing or dressing rooms should be limited to as few occupants as possible. Dancers should spend as little time in dressing rooms as possible. It is preferred that dancers come dressed for dance classes or rehearsals and avoid changing rooms.

### 9.2.5 Non-musical Theater

- **Best Practice:** Follow current Massachusetts guidance, including all participants should keep a physical distance of six feet and wear cloth face coverings. If activities are held outdoors, participants can remove their face coverings if a physical distance of six feet is maintained.<sup>51</sup>

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<sup>51</sup> <http://www.doe.mass.edu/covid19/return-to-school/supplement/2020-0724add-safety-guide.docx>

- Students and faculty should follow recommended physical distancing and good hand hygiene practices prior to/following performing arts activities (e.g., dancing, acting, etc.).
- **Best practice:** Require theater activities to be limited to the same students per class or performance group. Limit the size of the cohort to be as small as possible to reduce in-person interaction.
- All shared and used equipment (e.g., props) should be cleaned and disinfected between each use and the performing arts area should be cleaned and disinfected after use; refer to *Cleaning and Disinfection* section of this guide.
- Good Practice: Limit the amount of shared supplies and equipment per activity.
  - Participants must not share equipment that makes close contact with their nose or mouth (e.g., microphones, makeup, etc.).
- **Best practice:** Consider designating certain equipment to individuals for the duration of the academic year or performance cycle to decrease the number of shared items.
- Faculty and students should [wear cloth face coverings](#) during all performing arts activities indoors when physical distancing is not maintained.
  - Better practice: When indoors, require faculty and staff to [wear cloth face coverings](#) during all performing arts and theater activities and maintain a physical distance of six feet.
  - **Best practice:** When outdoors, encourage faculty and staff to [wear cloth face coverings](#) during all performing arts and music activities and maintain a physical distance of six feet.
- Ensure proper ventilation of the studio or rehearsal space. Any rehearsals or performing arts activities should be held in properly ventilated spaces in conjunction with physical distancing practices. For ventilation recommendations please refer to the Facilities Management of Ventilation and Plumbing Systems section of this guide.
- Use of dressing rooms should be limited to as few occupants as possible. Performers should spend as little time in dressing rooms as possible.
- Safety protocols should follow standard operating procedures with the adjustments outlined in the *General Guidance* section of this guide.

### 9.3 REFERENCES AND RESOURCES

Alberta Government. *COVID-19 information: guidance for live music, dance and theatre*.  
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National Federation of State High School Associations. *COVID-19 Instrument Cleaning Guidelines*. <https://www.nfhs.org/articles/covid-19-instrument-cleaning-guidelines/>

National Federation of State High School Associations. *Guidance for a Return to High School Marching Band*. <https://www.nfhs.org/media/3812337/2020-nfhs-guidance-for-returning-to-high-school-marching-band-activities.pdf>

Schwalje AT, Hoffman HT. 2020. University of Iowa Health Care. *Wind Instrument Aerosol in COVID Era - COVID-19 and horns, trumpets, trombones, euphoniums, tubas, recorders, flutes, oboes, clarinets, saxophones and bassoons.* <https://medicine.uiowa.edu/iowaprotocols/wind-instrument-aerosol-covid-era-covid-19-and-horns-trumpets-trombones-euphoniums-tubas-recorders>

### **Instrument Hygiene Resources**

Music Industries Association: <https://www.mia.org.uk/2020/03/covid-19-advice-for-the-musical-instrument-industry/>

National Federation of State High School Associations: <https://www.nfhs.org/articles/covid-19-instrument-cleaning-guidelines/>

National Association for Music Education: <https://nafme.org/covid-19-instrument-cleaning-guidelines/>

Progressive Music: <http://www.progressivemusiccompany.com/covid-19-precautions/>

Volkwein's Music: <https://www.volkweinsmusic.com/pages/special>

## 10.0 SUGGESTED GUIDANCE FOR ATHLETICS AND ACTIVITIES

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The following guidance is provided for use by administrators and directors of athletics, co-curricular activities, and events to reduce COVID-19 exposure risk to students while participating in typical sports and co-curriculars. The activities covered here are not an exhaustive list. To reduce COVID-19 risk to participants during co-curricular activities not covered here, it may be possible to apply minimal changes to the existing guidance. Co-curricular activities and events, whether indoor or outdoor, should be limited to those in which physical distancing and proper hygiene can be practiced.

### 10.1 ADMINISTRATIVE

#### 10.1.1 General Guidance

- Participants should be encouraged to [wear face coverings](#) during **all** indoor activities, especially when maintaining physical distancing is not feasible or is a safety concern. Face coverings should also be worn outdoors when a physical distance of six feet cannot be maintained; for physical education activities, this distance is recommended to be increased to 10 feet.
- Conducting activities outdoors as much as possible is recommended.
- Before and after **all** activities, ensure students, faculty, and staff practice proper hand hygiene:
  - Instruct participants to wash hands with soap and water for 20 seconds before and after activities, or
  - Provide alcohol-based hand sanitizer containing at least 60% alcohol before and after activities.
- All shared items and equipment should be properly cleaned and disinfected between use. Refer to the *Cleaning and Disinfection* section of this guide for instructions on cleaning and disinfecting porous and non-porous objects.
  - Good practice: If feasible, shared equipment should be limited to items that can be effectively cleaned (e.g., sports equipment with hard, non-porous handles are preferred to those with soft, porous handles).
  - Better practice: Limit the amount of shared supplies and equipment for an activity by providing each participant their own individual equipment (e.g., tennis rackets), if feasible.
- Consider scheduling and planning activities to allow for maintenance of staff and member groupings whenever possible (i.e., when recurring groups are expected).



- Disposable cups for water fountains, jugs, and bubblers should be used; the spigot or faucet should be disinfected between uses. Encourage the use of individual refillable water bottles.
- Participants must not share equipment that makes close contact with their nose or mouth (e.g., helmets, goggles, mouth guards, etc.).

## 10.2 ATHLETICS

### 10.2.1 Sports and Athletic Activities

- Follow state and league recommendations regarding competitive athletics.
- **Best practice:** Consider a decrease in the number of competitions during a season, especially in regard to competitions with other school's teams. Or determine alternate or delayed scheduling based on overall community health status.
- **Best practice:** Limit visitors to campus, including spectators for outdoor sporting events.
- Good practice: Mark spectator areas with distancing markers to remind observers to maintain physical distance, even while at outdoor sporting events.

### 10.2.2 Physical Education

This section contains guidance for physical education classes during the school day, based on Massachusetts guidance:<sup>52</sup>

- **Best practice:** Do not hold physical education activities with close physical contact.
- All participants should keep a physical distance of six feet and wear face coverings. If activities are held outdoors, participants can remove their face coverings if a physical distance of 10 feet is maintained.
- Prioritize activities that do not require shared equipment.
- **Best Practice:** Conduct sport activities outside when feasible. Encourage performing skill-building drills individually and limit contact drills between students. Limit time students are in contact with others during practices.
- Students should wash or sanitize hands before and after physical education.
- Prohibit sharing of water bottles, towels, mouth guards, helmets or other equipment that comes into contact with the nose or mouth.
- 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

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<sup>52</sup> <http://www.doe.mass.edu/covid19/return-to-school/supplement/2020-0724add-safety-guide.docx>

(e.g., those in the same physical education class) will be able to maintain physical distancing. Refer to *Cleaning and Disinfection* Guidance for locker rooms.

- Physical distance between athletes and coaches must be maintained at all times, indoors and outdoors, unless there is a safety concern.
- Limit class and practice size based on space capacity.
- Encourage activity options that do not use shared equipment. When shared equipment is used, limit shared high-touch equipment (e.g., hockey sticks, baseball bats, tennis rackets) and assign equipment to students, if feasible.
  - Good practice: All shared equipment should be cleaned immediately after each use or session.
  - Better practice: Provide students and staff with dedicated individual equipment, if feasible. All equipment should be cleaned and disinfected immediately after each use.
- Students, faculty, and staff must avoid yelling, and spitting is prohibited.

### 10.3 FITNESS CENTERS

- Any fitness activities that can be conducted outdoors are strongly encouraged.
- Ensure that only authorized school members are utilizing indoor fitness facilities.
- Limit access to the facility to designated individual and to reduce density. Consider appointment only access.
- Display signage to remind gym users of distancing, hygiene, and face covering guidelines.
- Limit personal items brought to the facility.
- Develop clear protocols and practices for frequent cleaning of equipment and facilities. Wipe down/sanitize equipment before and after use.
- Provide ample supplies and opportunities for hand washing or sanitizing, and cleaning supplies for use on gym equipment.
- Best practice: Face coverings should be required at all times.
- Good practice:
  - Face coverings should be required when not actively exercising.
  - Face coverings should also be worn during exercise if individuals can safely do so.
  - If all individuals in the area are able to wear a face covering while exercising, maintain a physical distance of at least six feet.
  - If all individuals are not able to wear face coverings in a space where at least one individual is exercising, keep a physical distance of 14 feet.

- Gym users and staff should be encouraged to bring their own drinking water in bottles.
- Clean hands with sanitizer upon entry to the facility and to the weight room/gym areas. Make sure to clean hands immediately after leaving each workout area. Avoid touching the face while working out.
- Limit use of storage cubbies/lockers or separate storage units around the gym to reduce crowding near storage areas. Alternatively, limit the number of gym users who may access common cubbies/locker areas to maintain appropriate physical distancing.
- **Best practice:** Whenever possible, avoid placing equipment in a manner that has gym users exercising face-to-face. Side-by-side or back-to-back orientations may lower potential virus transmission between those exercising.
- **Best practice:** Consider installing glass or plastic barriers between equipment such as treadmills. Barriers should be at least tall enough to be above a user’s head to block expired droplets. Barriers must be cleaned at least daily.
- Put systems in place to protect desk staff. These can include a method of self-check-in and/or installation of barriers or partitions.
- Weightlifting stations and other non-cardio fitness areas should be spaced at least 14 feet apart from other stations.<sup>53</sup> Consider spreading stations to alternate locations to increase distancing or, preferably, move stations outdoors.
- Avoid using cardio equipment indoors if possible. High exertion exercise can make it more likely that transmission will occur. If possible, use equipment outdoors or conduct cardio exercises outdoors without equipment. Ensure that any cardio equipment, such as treadmills, are spaced more than 14 feet apart.<sup>54</sup>

## 10.4 AQUATICS

There is no current evidence that COVID-19 can be spread to people through the water in a pool or water play areas. The CDC states “there is no evidence showing anyone has gotten COVID-19 through drinking water, recreational water, or wastewater. The risk of COVID-19 transmission through water is expected to be low.” Proper operation and maintenance of pools and related facilities will likely inactivate the virus in the water. Pool operators should consult with local officials to determine if and how to implement these considerations while adjusting them to meet the unique needs and circumstances of the local jurisdiction.

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<sup>53</sup> <https://www.mass.gov/info-details/safety-standards-and-checklist-fitness-centers-and-health-clubs>

<sup>54</sup> American Industrial Hygiene Association. *Reopening: Guidance for Gyms and Workout Facilities*. [https://aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/Guidance-Documents/Reopening-Guidance-for-Gyms-and-Workout-Facilities\\_GuidanceDocument.pdf](https://aiha-assets.sfo2.digitaloceanspaces.com/AIHA/resources/Guidance-Documents/Reopening-Guidance-for-Gyms-and-Workout-Facilities_GuidanceDocument.pdf)

### 10.4.1 Operational and Administrative Guidelines

- Limit aquatic facility use to faculty, staff, and student participants only.
- Prohibit gatherings both in and out of the water if physical distancing of at least six feet between students and staff cannot be maintained.
  - Determine occupancy limits and group size limitations for the locker rooms, classrooms, and pool areas.
  - Provide physical cues spaced six feet apart to remind staff and students to maintain physical distancing.
- Note that the physical distancing requirement does not apply to these situations:
  - Rescuing distressed swimmers
  - Performing first aid
  - Emergency evacuations
- Maintain adequate staff to ensure student safety. Efforts to maintain physical distancing should not impact existing safety protocols (e.g., first aid, CPR, one-on-one interaction.)
  - Good practice: Participate in activities by small groups.
  - Provide physical cues spaced six feet apart in locker rooms and change areas and while waiting to enter the pool area.
  - Provide physical cues spaced six feet apart in all areas of the facility where lines may form, such as the facility entrance.
- Best practice: Designate a staff member to monitor physical distancing at the facility. This individual should be in addition to, not in combination with, standard lifeguards on duty.
- Provide no-contact services for facility sign-in.
  - Ensure there is hand sanitizer with at least 60 percent alcohol at sign-in area.
- Ensure students and staff practice proper hand hygiene prior to entering and leaving the facilities:
  - Instruct students to wash hands with soap and water for 20 seconds before and after activities, or
  - Provide alcohol-based hand sanitizer containing at least 60% alcohol before and after activities.
- Ensure adequate supplies to support healthy hygiene. Supplies include soap, hand sanitizer with at least 60 percent alcohol, paper towels, tissues, and no-touch trash cans.

- Maintain routine cleaning and disinfecting of frequently touched surfaces daily throughout facilities (e.g., lifeguard stands, railings, etc.) with EPA List N disinfectants.<sup>55</sup> Cleaning and disinfecting procedures should follow those outlined in the *Cleaning and Disinfection* section.
- Clean and disinfect all shared items and equipment (e.g., kickboards, life-saving devices, pool noodles, etc.). Refer to the *Cleaning and Disinfection* section for instructions on cleaning and disinfecting porous and non-porous objects. In addition, be sure to follow applicable manufacturer recommendations.
  - Good practice: If feasible, shared equipment should be limited to items that can be effectively cleaned.
  - Better practice: Limit the amount of shared supplies and equipment for aquatic activities and life-saving measures by providing each staff and student their own (e.g., kick boards, foam tubes) for the duration of their activities, if feasible. Do not share personal items, such as goggles, nose clips, or snorkels.
- Face coverings should be worn inside aquatics centers as much as possible. Those wearing face coverings should be advised not to wear them in the water since they can be difficult to breathe through when wet.

#### 10.4.2 Swimming

- Students and staff should follow physical distancing and practice proper hand hygiene prior to entry and when leaving pools.
- During swimming activities, the following practices are recommended:
  - Best practice: For beginner swimmers, continue safe swim practices, such as the swimming buddy system where each participant is assigned a “buddy” to stay with at all times. If possible, buddies should be from the same cohort. Swimmers must participate in swim drills to maintain safety.
  - Best practice: For laps, maintain 8-foot lane width in pools and maintain spacing between individuals swimming by creating a rotation.
  - Best practice: Contact water sports should be canceled or adjusted to avoid/minimize contact. Community health status should be monitored to determine potential dates for rescheduling contact water sports activities.
  - **Best practice:** Maintain the same instructors with each group of participants each day, as applicable. Ensure proper distancing between instructors and participants.

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<sup>55</sup> U.S. Environmental Protection Agency. *List N: Disinfectants for Use Against SARS-CoV-2*. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

- Safety protocols should follow standard operating procedures with the adjustments outlined in this Guide.

## 10.5 BOATING

- Students and boating instructors should follow physical distancing and proper hand hygiene practices prior to/following any small craft activity (e.g., individual kayaks, paddle boards, sailboats, etc.).
- Consider keeping activities together to include the same group of students and consider keeping the same faculty per group.
- All shared and used equipment (e.g., oars, lifejackets, boats) should be cleaned and disinfected between each use. Make sure to follow manufacturer guidelines and/or industry recommendations for the cleaning products and equipment.<sup>56</sup>
  - Good practice: Limit the amount of shared supplies and equipment per activity. Hand wash life jackets in hot soapy water. Allow to air dry and spray lifejackets with alcohol-based disinfectant spray.
  - Better practice: Hand wash life jackets in hot soapy water. Use a dryer to ensure complete drying with a temperature setpoint not to exceed 140 °F. Spray lifejackets with alcohol-based disinfectant spray before use.
  - **Best practice:** Designate certain equipment (e.g., lifejackets) to individuals for the duration of camp, to decrease the quantity of shared items.
- Good practice: Commonly touched surfaces of boats and dock areas should be cleaned and disinfected after each use, following the guidance in the *Cleaning and Disinfecting* section of this guide. Do not use bleach products on ropes or lifejackets.
- **Best practice:** Boats should be fully cleaned and disinfected after each launch.

## 10.6 PLAYGROUNDS

- Students and staff should maintain physical distance when possible.
- Masks should be worn during all playground and outdoor activities.
- Efforts, such as staggered schedules, should be made to accommodate limited capacities of playgrounds to ensure proper physical distancing.
- **Best practice:** Do not mix cohorts during playground use.
- Students, faculty and staff should wash hands before and after use of playgrounds.

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<sup>56</sup> Life Jacket Association. COVID-19 Virus: Cleaning & Storing your Life Jackets, <https://www.lifejacketassociation.org/life-jackets/covid-19-virus-cleaning-storing-your-pfd/>

- Playground structures can be modified to ensure proper physical distancing (e.g., removing swings, blocking off general seating).
- Faculty and staff should monitor student use of the playground spaces and ensure proper physical distancing practices are maintained.
- Regular cleaning and disinfecting of playground areas should follow protocols outlined in the *Cleaning and Disinfection* section of this guide.
- Consider not using off campus or communal playgrounds.

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## 11.0 SUGGESTED GUIDANCE FOR CHILDCARE

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The following guidance is provided for use by administrators of early childhood as well as before and after school care programs for school aged children and younger, in preparation for reopening during the COVID-19 pandemic. Information presented here is based upon guidance issued by the CDC and the AIHA. This guidance includes information on multiple health and safety procedures that can be implemented for reducing the risk of COVID-19 transmission in childcare settings.

This section aligns with current Massachusetts requirements for Childcare and the Guide will be updated when additional guidance on childcare is provided by Massachusetts for Fall 2020:

[https://eeclead.force.com/apex/EEC\\_ChildCareEmergencyReopenInfo](https://eeclead.force.com/apex/EEC_ChildCareEmergencyReopenInfo)

### 11.1 OPERATIONAL AND ADMINISTRATIVE GUIDELINES

#### 11.1.1 Physical Distancing Strategies and Childcare Provider Contact with Children

- Restrict group sizes to a maximum of 10 children, excluding employees/staff, in a specific area at any given time.
  - Follow Massachusetts requirements for group size and staffing ratios:  
[https://eeclead.force.com/resource/1595274325000/Min\\_Req](https://eeclead.force.com/resource/1595274325000/Min_Req)
  - Avoid mixing of children between groups, common spaces, or classrooms (e.g., stagger outdoor/playground activities, maintain separate groups for group activities such as art, music, and exercising).
  - Consider temporarily canceling after-school programs requiring the mixing of children and or staff groups.
  - Ensure that children remain with the same group and same childcare providers/staff each day.
  - Keep each group of children and staff in separate rooms (or separate areas of a large room) each day and at all times. Maintain a staffing plan such that staff should not move or “float” between different classrooms or groups of children, unless such rotation is necessary to safely supervise the children due to unforeseen circumstances (e.g., staff absence).
  - Consider limiting the number of employees’ hours, and/or number of children available to be served when first reopening to adjust to the changes. This may help with resolving operational issues and assessing additional hiring needs to meet the grouping requirements for children and childcare providers/staff.

- Reconfigure classrooms and other spaces, as needed, to limit overall density of rooms to approximately 10 or fewer children depending on ages (see Massachusetts ratio requirements per age).
- Maintain six feet of distance between individuals and groups at all times, whenever possible.
  - Abstain from activities and games that necessitate physical contact or proximity of less than six feet such as circle time or tag.
  - Physically rearrange classrooms to make it conducive for individual play.
  - Areas and spaces occupied by individual groups must be delineated and clearly defined by permanent walls, movable walls, or other partitions.
  - Indoor/outdoor spaces large enough to accommodate multiple groups, such as gymnasiums should be utilized such that social and physical distancing can be maintained between groups. Consider using partitions to ensure group delineation.
- Enforce restrictions on non-essential visitors (e.g., parent volunteers and consultants) entering the premises.
- Cancel or postpone special events, such as field trips and special performances.
- Cancel all field trips, inter-group events, or extracurricular activities. Walking field trips with appropriate physical distancing within cohorts are acceptable.
- Consider installing physical barriers (e.g., plexiglass or similar materials) at reception and security desks. Ensure that such installation of physical barriers is in compliance with [OSHA guidelines](#).
- Require staff to wear a cloth face covering at all times when interacting with children, regardless of the distance between the staff member and children.
  - Train all staff on proper use, removal, and washing of cloth face coverings.
- Require older children to wear face coverings when on campus. Babies, children under the age of two, and those unable to remove a face covering independently should NOT wear cloth face coverings due to danger of suffocation.
- Provide childcare providers with a large button down overlayer, such as a smock, that can be worn during close contact with young children in the classroom. Smocks should be disposable or washed daily or whenever soiled.
  - **Best practice:** Require that caregivers and support staff for infants and toddlers wear a long-sleeved shirt with a smock overlayer each day.
  - When soiled with a child’s secretions (including drool), employees should change their button-down shirt or smock and wash anywhere that came into contact with a child’s secretions (e.g., neck or hands).
  - Whenever a child is soiled with secretions (including drool), change the child’s clothes and, as necessary, clean the child (e.g., wash hands or arms).

- Consider developing a plan for administration of necessary medication to children with asthma and other chronic illnesses that have been diagnosed by a licensed Health Care Practitioner. Nebulizer use should be prohibited since it is associated with an increased risk of the virus being aerosolized. Coordinate with the school’s healthcare team, parents/guardians, and the healthcare provider of the child to ensure that an appropriate plan is in place for administration of necessary medication. Ensure individual health care plans are developed, communicated and in place for these students.
- Develop a system to monitor illness related absenteeism among children, families, and staff as this might indicate spread of COVID-19 or other illness.
- Ensure staff conduct regular visual monitoring of children throughout the day for COVID-19 related symptoms.
  - The School should provide non-contact thermometers on-site for temperature screening.
  - Establish a dedicated space where caregivers can care for sick children while being separated from others until a parent/guardian/caretaker can come for pick-up.
  - Sick children should be picked up as soon as possible.
  - Follow protocols outlined in the *Health and Wellness* Section of this Guide.
- Direct staff and parents (themselves and their children) to self-screen at home before coming to the School.
  - Consider requiring parents and staff to sign written attestations regarding any household contacts with COVID-19 symptoms, or if they have given their child fever reducing medication.
- Encourage families and employees to generally minimize contact with people outside their families and the childcare School.

### 11.1.2 Parent Drop-Off and Pick-Up

- Implement mandatory daily health screening of children, either directly or through their parent/guardian. Screening responses must be recorded and should include temperature, symptoms, and a visual/verbal assessment during drop-off.
  - Remember that recording names and temperatures has Health Insurance Portability and Accountability Act (HIPAA) implications; take all necessary steps to ensure compliance as a protocol is developed. Be sure to communicate the requirements clearly and frequently.
  - Screening practices may be performed remotely (e.g., by telephone or electronic survey), before the individual reports to the school, to the extent possible; or may be performed on-site. Ask parents/guardians to take their child’s temperature either before coming to the facility or upon arrival at the facility.

- Parents and staff must sign written attestation daily regarding any household contact with COVID-19, symptoms, or have given medicine to children to lower a fever.
  - Ensure physical distancing guidelines are followed during on-site screening activities and provide designated areas for screenings.
  - Children who have a fever of 100.0°F or above, other signs of illness, or have been in close contact with a person known to be infected within the past 14 days, should not be admitted to the School.
  - Visual inspection of students should be conducted prior to entry for signs of illness (e.g., flushed cheeks, breathing difficulties, etc.).
  - A parent/guardian or child who screens positive for or exhibits symptoms of COVID-19 should not be allowed to enter the school and should be sent home with instructions to contact their healthcare provider for assessment and testing. The school must immediately notify the state and local health department about the case if test results are positive for COVID-19.
  - Additional screening guidance can be found on the CDC website and in Massachusetts Guidance.<sup>57, 58</sup>
- Limit the number of entrances into the School/program area to manage flow of people and facilitate health screening, while maintaining compliance with fire and other safety regulations.
  - Stagger arrival and departure times or implement other policies to limit direct contact with parents/guardians/caretakers.
    - **Best practice:** Childcare providers should greet children outside as they arrive and then walk or carry children to their classroom. At pick-up, staff should walk or carry children to their cars or parents outside of the building.
    - Designate an entrance and exit area, as feasible for parents/guardians/caregivers dropping off/picking up their child.
  - Consider scheduling staff and family drop-off and pick-up times in advance.
  - Ask families to assign the same parent or designated person to drop off and pick up each day, if feasible.
    - Discourage older people, such as grandparents, or high-risk parents/guardians/caretakers from picking up children, if possible.

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<sup>57</sup> U.S. Centers for Disease Control and Prevention. *Coronavirus Disease 2019, Supplemental Guidance for Child Care*. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

<sup>58</sup> [https://eelead.force.com/resource/1595274325000/Min\\_Req](https://eelead.force.com/resource/1595274325000/Min_Req)

- Encourage families to keep car seats and strollers with them instead of storing them at the School.
- Require staff and parents/guardians/caretakers to wear a cloth face covering or mask during drop-off and pick-up.
  - Babies, children under the age of two, and those unable to remove a face covering independently should NOT wear cloth face coverings due to danger of suffocation.
- Develop a plan for people to maintain six feet of physical distance while waiting inside or outside of the facility for pick-up/drop off or for screening, as applicable.
- Ensure physical distancing strategies at check-in area(s).
  - Use markings or tape on the floor at the check-in area to denote the six feet physical distancing standard for staff and families to maintain.
  - Post print material/signage (including maximum occupancy) in appropriate locations to remind parents of the physical distancing policy.
  - Discourage staff and families from lingering and socializing in check-in areas.
  - Provide hand sanitizer (at least 60% alcohol) next to the sign-in station.
  - If the check-in process is electronic, ensure that the device is disinfected after each use. If check-in is paper based, offer a bin for used pens and post reminders for families to separate used pens after each use.
- Require that staff, parents/guardians/caretakers, and children wash their hands at drop-off and before pick-up.

## 11.2 FACILITIES AND OPERATIONS

### 11.2.1 General

- Encourage a phase-in period in reopening activities at childcare facilities to allow for operational issues to be resolved before work activities return to normal levels.
- Establish designated areas for vendor pickups and deliveries, limiting contact to the extent possible.
- Proper handwashing, with soap and water for at least 20 seconds, should be conducted by students and staff regularly (e.g., entering and exiting a space, before/after eating, before handling food, after toileting and diapering, after contact with facemask/face covering, etc.).
- **Best practice:** Build in proper handwashing time throughout the day and use proper signage to encourage students to sing “Happy Birthday” song twice when washing their hands.

- To the extent possible the school should maintain a log of every person, including employees, parents/guardians, children, and any essential visitors who may have close or proximate contact to individuals at the school, excluding deliveries that are performed with appropriate PPE or through contactless means. This measure is to aid the state and local health departments' contact tracing efforts.
  - The log should contain contact information, such that all contacts may be identified, traced, and notified in the event an employee, parent/guardian, child or visitor is diagnosed with COVID-19.

### 11.2.2 Staffing

- Designate staff member responsible for COVID-19 concerns and monitoring.
- Secure trained back-up staff for all before and after school childcare.
- Train staff in all safety, PPE, physical distancing and cleaning protocols.

### 11.2.3 Restrooms

- Staff should use separate restrooms from children.

### 11.2.3 Food Preparation and Feeding

- Serve meals and snacks in classrooms instead of cafeteria-style serving.
  - Avoid the mixing of children during mealtimes; meals should still be served to the same group of children in each classroom.
  - If meals in classrooms are not possible, consider staggering mealtimes to reduce occupancy within an indoor space or congregation within an outdoor area. Surfaces within such areas should be cleaned and disinfected between each group's mealtimes.
  - Separate tables with seating at least six feet apart from other tables, as feasible.
- Kitchen areas and equipment (such as cutlery and dishware) should be cleaned and sanitized before and after each use and items should be stored properly to prevent contamination.
  - Use the dishwasher, if available, rather than hand washing kitchen items such as cutlery, dishes, and silverware.
  - Clean and disinfect the outside of dishwashers at the beginning and end of each shift.
- Children's foods and feeding items brought from home should be separated for each child and placed in each child's cubby. Used or empty items should be placed back in the child's cubby.

- Require parents to take back and wash all feeding items (including bibs, bottles, food containers and utensils) daily.
  - Remind parents to use hot soapy water or the dishwasher.
- Ensure that younger children, including toddlers have multiple changes of clothes available and stored separately.
  - Caregivers should change out child’s clothing in case of spills and messes/spit-ups during feeding and, as necessary, clean the child (e.g., wash hands or arms). Contaminated clothes should be placed in a plastic bag for parents to take home at the end of the day.
  - Caregivers and support staff should also have spare clothes available at the School to change out in case a child spits-up on their clothes.
- Clean and disinfect tables before and after meal and snack times using disposable paper towels with an EPA-registered household disinfectant or disinfecting wipes.
- Ensure that children do not share utensils, meals, snacks, or drinks.
- Ensure that all children, wash hands before and after eating. Caregivers should also wash their own hands after helping each child wash their hands.
- Require that staff involved in feeding children use food-safe disposable gloves.
  - Gloves should be removed immediately after feeding.
  - Staff members should wash their hands before and after glove use and utilize suitable utensils such as deli tissue, spatulas, and tongs to serve food.
- Require that staff also wash their hands after handling children’s bottles, cups, and food containers.
- Ensure that all food service, preparation, and handling is conducted in accordance with FDA guidance.

#### 11.2.4 Napping

- Label and store separately each child’s naptime bedding and stuffed toys/personal items in cubbies.
- Encourage parents to launder their child’s bedding and naptime personal items on high temperature settings weekly at a minimum (preferably daily, if possible).
- Ensure that the removable and washable portion of the bedding is not shared between children unless cleaned and disinfected.
- Ensure cots/mats and cribs are positioned six feet apart during naps.
  - **Best practice:** Position children six feet apart and alternating head to toe.



- Label cots/mats and cribs for each child.
  - **Best practice:** Clean and/or disinfect cots/mats and cribs daily.
  - Sleeping surfaces, including bedding, must not come in contact with the sleeping surfaces of another child’s bedding during storage. Mats and cots must be stored so that the sleeping surfaces do not touch when stacked.

### 11.2.5 Cleaning and Disinfection

- Refer to *Cleaning and Disinfection* guidance of this Guide. Refer to Caring for Our Children (CFOC) guidance for national standards on cleaning, sanitizing, and disinfection of educational facilities for children.<sup>59</sup>
- Employees/staff and children must perform hand hygiene immediately upon entering the program.
- Ensure adequate supply of hygiene supplies such as soap, disposable paper towels, and hand sanitizers with at least 60% alcohol.
- Maintain a schedule and checklist to track cleaning and disinfection practices and ensure tasks are completed regularly.
- Place receptacles around the facility for disposal of soiled items including PPE.
- Conduct regular/frequent cleaning and disinfection of all surfaces and commonly touched items, including but not limited to check-in/check-out tables, benches, classroom tables, classroom sink handles, chairs, cubbies, doors, multi-seat strollers, handrails, and restroom surfaces.
- Classroom and outdoor playground toys should be frequently washed with soapy water and allowed to dry.
  - **Best practice:** Rotate classroom toys throughout the day to allow for frequent cleaning.
  - Toys that can be mouthed and require cleaning should be kept separate in a labeled container noting the required cleaning.
  - Children’s books or paper items are not considered high risk and do not need additional cleaning/disinfection procedures.
- Machine washable or difficult to clean toys are not permitted for use (examples include, but are not limited to, stuffed animals, sensory tables, play dough, dress up clothes, puppets, etc.)

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<sup>59</sup> American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2019. Caring for Our Children (CFOC): National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Fourth Edition. Itasca, IL: American Academy of Pediatrics. <https://nrckids.org/CFOC/Database/3.3>

- Do not share toys between classrooms unless toys have been washed and allowed to dry.
- Strongly discourage children from bringing in toys from home. If personal toys are brought in, ensure that children do not share their toy with others.
- Do not allow outdoor playground structures to be used by more than one class/pod of children at a time. If there is sufficient space on the playground and multiple structures, limit one pod to one structure as long as social and physical distancing can be maintained.
- **Best practice:** Communal playgrounds and parks are not to be utilized by school groups.
- Follow normal disinfection routines during diapering, including hand washing (both child and childcare provider) and cleaning and disinfecting the diaper changing station.
- When diapering or assisting with toileting, wear gloves, wash hands (staff and child), and follow cleaning and disinfection steps between each child.
- Require that children and staff practice hand hygiene for activities including but not limited to the following scenarios:
  - Upon arrival to the first program activity.
  - Between all program activities.
  - After using the restroom.
  - Before and after eating.
  - Before departing the last program activity.
- Ensure that equipment and toys are regularly cleaned and disinfected using registered disinfectants.
- Follow manufacturer’s guidelines for cleaning products, including application methods and contact time required for disinfection.
- Keep all cleaning and disinfection materials secure and out of reach of children.

### 11.3 REFERENCES AND RESOURCES

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. 2019. Caring for Our Children (CFOC): National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Fourth Edition. Itasca, IL: American Academy of Pediatrics.

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## 12.0 SUGGESTED INTERIM GUIDANCE FOR TRAVEL AND TRANSPORTATION

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### 12.1 GENERAL GUIDELINES

To slow the spread of COVID-19 into and within the United States, independent schools should work with state and local public health partners to implement safe transportation of students in addition to pre- and post-travel health precautions for students, faculty and staff. During the school year it is critical to ensure safe transportation of students to and from school. Schools should evaluate the different modes of transportation used by students, faculty and staff and ensure health and safety guidelines are communicated.

Schools should consider encouraging any families who may be out of state prior to the start of the schoolyear to follow Massachusetts travel requirements before returning to school:

<https://www.mass.gov/info-details/travel-information-related-to-covid-19>

Schools should consider and, as appropriate, follow Massachusetts guidance for school-related transportation: <http://www.doe.mass.edu/covid19/on-desktop/2020-0722transport-guide.docx>

### 12.2 PICK-UP AND DROP-OFF

- Designate appropriate locations to ensure safe pick-up/drop-off of students while requiring parents/caregivers to remain in their vehicles.
- Designate entry times for each bus or commuter group of students to discourage crowding while entering/exiting the building.
- Increase entry and exit points into the school and communicate assigned usage of each egress.
- Provide extra parking spots for student parking, as needed.
- Consider staggered arrival and start times to maintain physical distancing and avoid crowding.

### 12.3 SCHOOL PROVIDED TRANSPORTATION

The following provides suggested general guidance and procedures while travelling by bus, van, or other communal school vehicles. It is important to note that if feasible, alternative strategies should be encouraged to increase the number of students who can safely commute to school through walking, biking, or family drop-off (e.g., “walking school bus” programs, walk-to-school or bike-to-school campaigns, etc.).

### 12.3.1 General Administration

- Maintain a roster of qualified, trained, and licensed drivers/staff to fill critical transportation positions.<sup>60</sup>
- Secure the use of dedicated and exclusive school vehicles for students and staff, as feasible.
- Assign bus drivers and transportation staff to individual vehicles and a specific route.
- Stock disposable gloves, face masks, hand sanitizers (at least 60% alcohol), and cleaning supplies. Enact a plan for the distribution, disposal, cleaning (when appropriate), and resupply of these items.
- Instruct transportation staff to report any respiratory illness symptoms to school administration or the school health care team.
- Actively encourage sick employees to stay home and implement flexible sick leave.
- **Best practice:** All transportation drivers/employees are screened at the beginning of their shifts for signs of illness.
- Provide students and staff with access to alcohol-based hand sanitizer (at least 60% alcohol) and face masks prior to boarding.
- Vehicle operators must wear face masks while carrying passengers. Operators should wear disposable or cloth masks and change masks as they get wet or dirty.
- If possible, obtain use of a large vehicle or incorporate the use of a greater number of vehicles in order to allow passengers to maintain greater physical distance.
- Reduce the number of available seats in order to increase physical distance between passengers. One passenger should be seated per bench. Mark restricted seats using signage, decals, colored string, tape, etc.
  - Students that are from the same household may sit together and are excluded from the one student per bench requirement.
- If possible, consider assigning seats to students to aid in contact tracing, if a case of COVID-19 is identified on a bus.
- Instruct passengers to practice directional flow as much as possible when entering and exiting the vehicle (i.e., first passengers must go to the back of the vehicle and fill the available seats before moving up the vehicle). This practice limits walking past already seated passengers to find an available seat. Those at the front of the vehicle should exit first.

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<sup>60</sup> CDC guidance for bus transit operators. <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html>

- If possible, seek use of a vehicle with clear, impermeable barrier between operator and rest of the cabin.
- **Best practice:** Leave the front two rows of seating closest to the driver open and unavailable to maintain physical distance for the driver/operator.<sup>61</sup>
- Clean and disinfect the vehicle between uses.
- Provide staff with [EPA-approved disinfectants](#) for vehicle cleaning.
- Open vehicle windows several inches (if can be done so safely) during all periods of vehicle occupancy.
- Open roof hatches on buses to provide additional ventilation.
- Run HVAC systems, using the highest setting and avoid recirculation mode. Ensure that internal cabin air filters are in-place and changed regularly.

### 12.3.2 Students and Staff as Passengers

- Students who exhibiting or experiencing any COVID-19 related symptoms, even if developed during the school day, are not permitted to board the bus.
- Wash or sanitize hands before boarding bus, van, or vehicle.
- Students and passengers must wear face masks while on the bus for the duration of the trip.
- Practice good hygiene: cough or sneeze into an elbow and avoid touching of the mouth, nose, and eyes.
- When exiting, remove all belongings and discard all waste.
- **Best practice:** Student should be assigned to a single bus and seat. When assigning seats, students from the same household may sit in the same seat together.
- Seating assignments should accommodate students with disabilities who will require close contact from adults. When working closely with students, drivers and support staff should wear additional PPE.

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<sup>61</sup> The National Academies Press Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities (2020), <http://nap.edu/25858>

### 12.3.3 Bus Operators and Monitors

- Should not operate or drive if they are sick or experiencing COVID-19 related symptoms.
- Wear face masks while carrying passengers. Operators should wear disposable or cloth masks and change masks as they get wet or dirty. Ensure face mask does not impact vision or the ability to operate the vehicle safely.
- Maintain physical distance by limiting interactions with passengers.
- When possible and safe to do so, operators should open windows prior to students and staff boarding. If not possible to open windows, set ventilation system to high. Do not recirculate conditioned air.
- Wash hands using soap and water for at least 20 seconds or disinfect hands using alcohol-based hand sanitizer (minimum of 60% alcohol) before and after work shifts and breaks, and after touching frequently touched surfaces.
- Bus operators and monitors should be trained to appropriately observe and screen students prior to entry.
- **Best Practice:** Consider adding a bus monitor to school buses to conduct pre-screenings, manage entry/exit processes and that all health and safety requirements are met.
- Wear appropriate gloves if required to contact potentially contaminated surfaces.

## 12.4 PUBLIC TRANSPORTATION

- Check with local transit authorities for the latest information on changes to procedure and services.
- Individuals should not travel if they are sick or experiencing any COVID-19 related symptoms.
- Students taking public transportation:
  - Wear a mask
  - Limit touching or use of high touch surfaces (e.g., ticket machines, handrails, benches, etc.)
  - Select cars that allow for the greatest physical distancing.
  - Sit or stand as far from other travelers as possible.
  - Consider using gloves. Once leaving the bus or train car, remove gloves using appropriate method.<sup>62</sup> Use hand sanitizer (at least 60% alcohol) after gloves have been removed and disposed of.
  - If possible, travel during non-peak periods when occupancy is lower.

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<sup>62</sup> <https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf>

- Allow extra time in case travelers need to wait for a less crowded bus or train.
  - Practice good hygiene: cough or sneeze into an elbow and avoid touching the mask, mouth, nose, or eyes.
  - Purchase tickets and add value to fare cards online to minimize use of self-serve kiosks or the customer service desk
- Once students arrive on campus from public transportation, require proper hand hygiene and sanitation prior to entering the building.

## 12.5 REFERENCES AND RESOURCES

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## 13.0 SUGGESTED INTERIM GUIDANCE ON FACULTY RESIDENCES

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- Consider restricting visitors to faculty residential areas. Limiting visitor access also allows for facilitated contact tracing in the event of an exposure.
- Faculty members and their families should follow the school COVID-19 related policies while in common areas.
- Faculty members or their families who are sick or have recently had a close contact with a person with COVID-19 should contact the school's health center and their personal healthcare provider for evaluation. While awaiting testing results, individuals should remain in quarantine.
- If faculty families are supported by the school program, dining services should prepare food delivery protocols for faculty in the event a faculty or faculty's family member must isolate in their residence.
- Implement plans to minimize traffic in enclosed spaces, such as elevators and stairwells. Post communications limiting the number of individuals in an elevator at one time. In addition, designate one-directional stairwells, if possible.
- Consider strategies to separate faculty or their family member who are isolating or quarantining from other members of the community (e.g., when they may need to leave for medical visits, etc.).

## 14.0 SUGGESTED INTERIM GUIDANCE ON EXTERNAL OPERATIONS

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The following guidance is provided for use by administrators of public events, visitors to campus, and rental of campus facilities to reduce COVID-19 exposure risk to students, staff, and guests while using the campus for external operations. The events covered here are not an exhaustive list. Events, whether indoor or outdoor, should be limited to those in which physical distancing and proper hygiene can be practiced.

### 14.1 EVENTS

#### 14.1.1 General Guidance

- When possible, hold club meetings and activities virtually or outdoors.
- Individuals should not participate if they are sick or experiencing COVID-19 related symptoms or have been in close contact with a person diagnosed or suspected of having COVID-19.
- Participants should be encouraged to [wear face coverings](#) during **all** indoor events, especially when maintaining physical distancing is not feasible or is a safety concern. Face coverings should also be worn outdoors when a physical distance of six feet cannot be maintained.
- Before and after **all** events, ensure visitors and staff practice proper hand hygiene:
  - Instruct participants to wash hands with soap and water for 20 seconds before and after activities, or
  - Provide alcohol-based hand sanitizer containing at least 60% alcohol before and after activities.
- Maintain physical distance and increased spacing between individuals whenever possible. Face coverings must be worn when indoors or when physical distancing is not possible (note: physically active activities require face coverings when participants are within 10 feet).
- All shared items and equipment should be properly cleaned and disinfected between use. Refer to the *Cleaning and Disinfection* section of this guide for instructions on cleaning and disinfecting porous and non-porous objects.
  - Good practice: If feasible, shared equipment should be limited to items that can be effectively cleaned (e.g., hard, non-porous items are preferred to soft, porous items).
  - Better practice: Limit the amount of shared supplies and equipment for an event by providing each participant their own supplies, if feasible.
- If possible, socialize outside. Games that limit or eliminate the number of items passed or shared provide additional protection.

- Consider scheduling and planning events to allow for maintenance of staff and participant groupings whenever possible (i.e., when recurring groups are expected).
- Disposable cups for water fountains, jugs, and bubblers should be used; the spigot or faucet should be disinfected between uses. Encourage the use of individual refillable water bottles.
- **Best practice:** Follow Massachusetts requirements for events.

#### 14.1.2 Seated Spectator Events

Attendance of outdoor seated sporting events and concerts is acceptable only when physical distancing can be maintained. Attendance at outdoor events must be in accordance with state and local guidelines. Ensure that any spectator events are outdoors only, and that the venue maintains a reduced capacity, enabling the audience to sit at least six feet from other groups.

- Designate a specific seating area and restrooms for guests who do not belong to the school community.
- Wear cloth face coverings at all times.
- Wash hands with soap and water for 20 seconds or use alcohol-based hand sanitizer containing at least 60% ethyl alcohol when entering and exiting the venue.
- Avoid touching frequently touched surfaces such as handles, doorknobs, tables, and counters and wash hands or use alcohol-based hand sanitizer after coming into contact with high-touch surfaces.
- Avoid individual purchases as much as possible. If making a purchase, follow the guidance in the Payment section.
- Seating should incorporate increased spacing and physical distancing should be encouraged.
- Avoid touching eyes, nose, and mouth.
- Do not host large indoor or outdoor gatherings.

#### 14.1.3 Community Events

At this time, it is not recommended to plan large events with visitors, such as accepted student days, parents' weekends, or community fundraisers. Consider hosting virtual events where possible.

## 14.2 VISITORS TO CAMPUS

### 14.2.1 Visitors

- **Best practice:** Do not allow non-essential visitors (including parents) to enter the school buildings during drop off, pickup, or visiting days. Limiting non-essential visitors to the campus will aid in reducing transmission, especially considering some families are not from the local geographic area.<sup>63</sup> Limiting visitor access also allows for facilitated contact tracing in the event of an exposure.
- Good practice: Limit visitors to campus as much as possible.
- Good practice: Ensure that visitors complete health screening questionnaires. Visitors should report locations visited while on-campus to assist with contact tracing if needed.
- Visitors to campus must practice physical distancing and wear face coverings while making deliveries to campus.
- Display signage to remind visitors of distancing, hygiene, and face covering guidelines.
- Instruct visitors to limit personal items brought to campus.

### 14.2.2 Vendors

- Confirm that all vendor services that deliver to the campus have their own symptom tracking and reporting procedures in place.
- Vendors making deliveries must practice physical distancing and wear face coverings while making deliveries to campus.

## 14.3 RENTAL OF CAMPUS FACILITIES

- Good practice: Restrict rental of school facilities to outside groups to only during non-school hours. When outside groups use the facility, they should follow the school's policies regarding COVID-19 and indoor spaces should be cleaned and disinfected prior to occupancy by the school.

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<sup>63</sup> U.S. Centers for Disease Control and Prevention. *Considerations for Institutions of Higher Education*. <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html>

- Better practice: Do not rent indoor school facilities to groups outside of the school community. If renting outdoor athletic facilities:
  - Require that only athletes and coaches are to be present
  - Supply/rent portable restroom and hand washing stations outside of school buildings.
  - All individuals using the rented facility are to follow proper hygiene and physical distancing practices in addition to wearing proper face coverings when appropriate.
- **Best Practice:** Do not rent school facilities to groups outside of the school community.

#### 14.4 REFERENCES AND RESOURCES

American Red Cross. *Coronavirus (COVID-19): Prevention & Safety Information for Students*. <https://www.redcross.org/take-a-class/in-the-news/coronavirus-prevention-information-for-students>

CDC. *Considerations for Events & Gatherings*. U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/considerations-for-events-gatherings.html>

CDC. *Considerations for Institutes of Higher Education*. U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html>

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<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/guidance-for-congregate-settings-covid19.pdf>

## 15.0 SUGGESTED INTERIM GUIDANCE ON ADVANCE PROCUREMENT

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A limiting factor in your school's preparedness during the current COVID-19 pandemic could be current or future supply-chain issues which limit the procurement of necessary materials and supplies. Below is an initial list of some important items used for COVID-19 mitigation strategies which you may want to consider for advance procurement.

### 15.1 CLEANING AND DISINFECTION SUPPLIES

- **EPA-approved Cleaning and Disinfecting Agents:** Consider working with existing suppliers to identify and order cleaners and disinfectants from the list of EPA-approved agents [here](#). It may be necessary to order multiple brands and product lines. Schools may consider buying up to 100% more (i.e., double) what might be used for a typical 3- to 6-month period. Product selection should be conducted in close coordination with facilities and housekeeping staff.
- **Surface Cleaning and Disinfectant Wipes:** Consider ordering 100% more (i.e., double) than a typical 3- to 6-month period supply.
- **Cleaning Spray Bottles:** May be needed to dilute, mix, and apply cleaners and disinfectants. Consider ordering 1 to 3 bottles per campus building.
- **Disposable Gloves:** Consider ordering a sufficient quantity for dedicated cleaning staff, as well as for others who may be responsible for interim cleaning (faculty, coaches, etc.). Ensure glove selection is compatible with the cleaning product SDS.

### 15.2 HYGIENE SUPPLIES

- **Hand Soap:** Consider ordering approximately 50% more than a typical 3- to 6-month period supply.
- **Hand Sanitizer Supplies and Stations:** Consider ordering approximately 0.5 fluid ounces (fl. oz.) per person per day. For example, 100 staff and students in a school setting would need approximately 50 fl. oz. per day.
- **Paper Towels:** Consider ordering 50% more than a typical 3- to 6-month period.

### 15.3 BUILDING SUPPLIES

- **Signage:** Consider ordering or printing posters and signage with relevant guidance from the CDC, WHO, and state and local health boards. Consider also ordering posters and signage to support organization policies and procedures (i.e., space capacity limits, occupant spacing guidance, closure notices or program change notices).

- **Air Filters:** Consider ordering 100% more (i.e., double) than a typical 6-month period supply. Consider both pre-filters, final filters, and portable unit filters.
- **Portable HEPA Filtration Units:** Consider ordering portable HEPA-filtered air cleaners as part of an overall management strategy. Consider units which circulate 200 cubic feet per minute of air or greater.
- **Lavatory Partitions:** Consider ordering materials to be used as physical barriers between bathroom sinks, especially for shared/common residential bathrooms when sinks are within six feet of each other. Prioritize considerations for partitions in shared/common residential bathrooms as users will be brushing teeth and likely spending a longer duration in this type of bathroom space.
- **Touchless Lavatory Devices:** Consider ordering touchless faucets, soap dispensers, flushometers, and paper towel dispensers or hand dryers in bathrooms. Consider ordering sufficient stock of spares in case of breakage or failure.
- **Toilet Lids:** Consider ordering stock to replace any units with existing functionality issues, as well as stock of spares to support closed-lid flushing policies. Note that toilet lids may not be compatible with touchless flushometers.
- **Window Screens and Animal Guards:** Consider ordering stock to replace any units with existing functionality issues, as well as a stock of spares to support open window ventilation.
- **Compost, Recycling, and Trash Receptacles:** Consider ordering receptacles with foot-pedal, touchless lids, or open top, as available. Bathrooms and dining facilities in particular may generate more waste than previous historical amounts.
- **Security and Access Equipment:** Consider ordering/upgrading access-control equipment (locks, fob readers, fire-alarm-integrated magnetic door hold-opens) to support modified entry, egress, and pedestrian traffic flows.
- **Styluses:** Consider ordering dedicated personal styluses to support limited contact with high-touch surfaces such as check-in tablets, elevator buttons, and coffee machines.
- **Tablets:** Consider ordering tablets for self-attestation check-ins (for users without smart phones). Consider providing cleaning products for wipe down after use.
- **Tents and Outdoor Heat Lamps:** Consider ordering semi-permanent tents for use as additional space for activities (i.e., dining, class) which might be otherwise held indoors. Consider using outdoor heat lamps to extend the use of these areas during colder outdoor temperatures.
- **Tables, Desks and Seating:** Consider ordering additional tables, desks, and seating to support physical distancing. Prioritize non-porous surfaces which will be easier to clean and disinfect.



## 15.4 CLASSROOM AND EXTRACURRICULAR SUPPLIES

- **Face Coverings:** Consider ordering face coverings for students, faculty and staff. Although some schools may require individuals to wear and bring their own face coverings, it is important to be prepared to provide back-up masks or face covering options.
- **Athletic Face Coverings:** Consider ordering face coverings suitable for any athletic activities which might be sponsored by the organization, especially where physical distancing is limited.
- **Activity Equipment:** Consider ordering enough activity equipment (pads, water bottles, grip chalk, musical instruments, theatrical costumes, art supplies, tools, etc.) to dedicate equipment to a single user or to limit sharing among users.
- **Towels and Towel Storage:** If towels are provided by the facility, consider ordering a sufficient quantity to mitigate any slowdowns or issues with laundering. Consider ordering towel storage which can support proper containment before and after use (prior to laundering).
- **Audio-Visual (A/V) Equipment:** Consider ordering additional or upgraded equipment to support remote learning or simulcast lessons to different rooms in a school. As students may elect or need to learn remotely, A/V equipment can be used to support these virtual classrooms. A/V equipment may also be used for performing arts and sporting events to share with members of the community who may not be able to attend. Consider ordering extra remotes and other high-touch items to support cleaning protocols.
- **Faculty Teaching Equipment:** Consider ordering teacher kits which can be dedicated to a given faculty member, and contain necessary high touch supplies like markers, keyboards, and mice.

## 15.5 DINING SUPPLIES

- **Containers and Utensils:** Consider ordering additional disposable containers and utensils to support any temporary changes to dining facility policies.

## 15.6 PERSONAL PROTECTIVE EQUIPMENT (PPE) SUPPLIES

- **N95 Respirators:** Consider ordering 5 per medical staff member. These respirators would be intended for a medical staff member who would need to attend to a COVID-19 suspect or symptomatic individual. Consider ordering more if there is a facility onsite where quarantined individuals might be held for any length of time.
- **Disposable Surgical Masks:** Consider ordering 50 per medical staff member.

- **Nitrile Exam Gloves:** Consider ordering 10 pairs per week per medical staff member and 20 pairs per week per custodial staff member.
- **Disposable Safety Gowns:** Consider ordering 10 per week per medical staff member.
- **Face Shields:** Consider ordering 2 reusable face shields per medical staff member.
- **Covered Medical Waste Disposal Bins:** Consider ordering 1 unit per medical office and 1 unit per school for custodial purposes.
- **Thermometers:** Consider ordering 2 per medical staff member.
- **Pulse Oximeters:** Consider ordering 2 per medical staff member.

Each school should ensure that all PPE and medical staff supplies meet the clinical requirements of their employees.

## 15.7 REFERENCES

Massachusetts Department of Elementary and Secondary Education. *Guidance on Required Safety Supplies for Re-Opening Schools*. June 5, 2020. <http://www.doe.mass.edu/covid19/on-desktop/2020-0605guidance-safety-supplies-school-reopening.docx>

## 16.0 FREQUENTLY ASKED QUESTIONS

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**Q: We are storing a lot of alcohol-based hand sanitizer (ABHS). Is that a safety hazard? Do we need a flammable permit?**

A: ABHS contains ethyl alcohol, which evaporates into a flammable vapor at room temperature. We recommend that you work with your local fire official to ensure proper storage and understand the quantity that is permitted to be in the building.

<https://www.cdc.gov/handhygiene/firesafety/index.html>

**Q: What are the best practices for physical distancing? (i.e. should we use partitions? Should we physical distance by three or six feet?)**

A:

- Massachusetts and the CDC recommend a physical distance of six feet, when possible.
- Physical barriers (sneeze guards, plexiglass, partitions, etc.) are encouraged in areas where physical distancing is difficult (sinks, cafeteria line, dorm rooms, etc.).
- Use signs and floor tape to designate one-way paths and guide individuals in common spaces to avoid crowding.

**Q: How often should we test and who should we test (e.g. students/faculty, staff, spouses)?**

A:

- Testing is recommended for individuals with symptoms of COVID-19 or with known/suspected exposure to COVID-19.
- The CDC does not recommend universal testing of the school community as this strain on resources is not guaranteed to stop transmissions.
- Testing should be conducted by individuals medical/healthcare provider.
- Please review the *Health and Wellness* section for more detailed guidance.

**Q: What control measures should we put in place for staff and spouses of faculty that live on campus but commute outside of campus daily?**

- Faculty/staff living off-campus must assess their symptoms prior to coming to work and report on an electronic form accessible by computer or phone app.
- If an individual has symptoms of COVID-19 or is suspected of having been exposed to a COVID-19 positive individual, that person and the family members should stay home from work.
- Require the use of facial coverings while on campus.

- Stagger eating times or keep a separate dining area from the main dining hall.

**Q: How do we manage visitors, especially parents?**

A: While community events and parent weekends are integral to campus culture, we recommend canceling any large, indoor gatherings and performances. Limit campus visitors as much as possible. For campuses that are located in rural towns, it is important to keep the health and safety of the community at large in mind and not overwhelm town resources with outside visitors.

- Any community gatherings or events should be held outside. Limit the number of participants and enforce proper physical distancing and the use of facial coverings.
- Discourage visitors from entering campus buildings.
- Family members that travel to campus should be screened upon arrival.
- Individuals who are at [higher-risk for severe illness](#) per CDC guidance should not visit campus.

**Q: Sports. Can/should we still have sports? We are worried about the hypocrisy of promoting strict physical distancing on campus while we cannot realistically physically distance during practice/games.**

A: Athletics is a big question mark and concern for everyone. The decision regarding sports, for many schools, is up to the league. It is possible to promote strict physical distancing and cleaning protocols for athletes. Schools that decide to engage in their sport leagues should review the *Athletics and Co-Curriculars* section for more detailed guidance. Also consider internal team drills and training programs as an alternative to interscholastic play.

**Q: Art is a big part of our culture. Can we still have choral groups, performing arts and theater, and orchestra and band?**

A: We are not recommending a ban on performance arts. However, COVID-19 can spread in respiratory droplets putting those that engage in singing activities and use wind instruments at higher risk of infection. When singing or projecting, respiratory droplets can reach farther than the recommended six-foot physical distancing standard. Therefore, singing in large groups is presently discouraged as it is a “highly transmissible” activity. Please review the *Performing Arts and Music* section for more detailed guidance.

**Q: How should we go about instruction in our science labs?**

A:

- Use of science rooms or laboratories should be limited to allow for physical distancing. Instructors should follow general laboratory safety guidelines. In some cases, proximity to students may be necessary for safety reasons.
- Wearing of masks is encouraged, if not considered a safety hazard. Typically used PPE should be worn according to school policy.
- Where possible, designate one-way paths for students and faculty to walk throughout the laboratory space.
- Have cleaning and sanitization procedures for commonly shared equipment and spaces such as counter, benchtops, and desks.
- Please review our *Academics and Classrooms* section for more detailed guidance.

**Q: How do we safely conduct fire drills?**

A: Consult local/state guidelines for practice evacuation/fire drill procedures.

**Q: How can we maintain the culture of our school and ensure our students still have a fulfilling school experience?**

A: COVID-19 precautions will inevitably disrupt certain aspects of community culture and student experiences. Nevertheless, administrators are reimagining regular activities and investing in creative and safe alternatives. For some schools, this means investing in tents, Adirondack chairs, or food trucks for physically distant dining. Many extracurriculars, school events/gatherings, and community outreach programs, especially during the winter months, will move to a virtual platform; but they should still be encouraged. During these anxious and sometimes isolating times, it is most important to be vigilant in supporting the mental health of students and faculty who live on and off campus.

- Encourage students/faculty to take a break from social and news media when they are feeling anxious and/or overwhelmed.
- Encourage students/faculty to reach out and talk to family, friends, and trusted mentors about their feelings. Encourage them to speak with a mental health professional, especially if one is made accessible by the school, and keep up with appointments virtually.

**Q: We are worried about compliance because, after all, these are teenagers we are talking about. How far is too far in terms of non-compliance and what are the appropriate disciplinary measures?**

A: Some schools are changing their language around COVID-19 guidelines to stress the importance of/encourage compliance. One example is to refer to “Personal Protective Equipment (PPE)” as “Community Protective Equipment (CPE).” We encourage you to continuously educate students/faculty/staff about how facial coverings, cleaning procedures, and properly washing hands are not just practiced for personal safety, but for the wellness of the entire community (faculty, staff, family, vendors, town residents, etc.). Sometimes, appealing to a person’s morality can be more effective than threatening disciplinary action. However, if a student is continuously violating school policy and putting other’s health at risk, it is up to the school’s discretion to employ disciplinary action. It is also important that staff/faculty understand and respect the guidelines as this will encourage “buy-in” from the students. Engage with existing student leaders on campus to have them serve as models for adapting and following the new procedures.

**Q: What kind of outbreak (i.e. how many positive cases) necessitates the school to shut down and everyone goes home/back online?**

A: The CDC and Massachusetts recommend that schools work with their local health officials to determine if the community infection is substantial enough to necessitate a closure.

**Q: Do we need to have someone wiping off high touch surfaces after every use?**

A: It is generally unfeasible to have every high touch surface disinfected or sanitized after every use. This is where the other practices we have discussed come into place like frequently washing hands. If it is common practice to wash or disinfect hands between every class, then that further reduces the risk of infection from door handles etc. Additionally, in bathrooms you may communicate that it is best practice to use a paper towel to use the door handle after washing hands. Advising students to take personal responsibility for this is important to change to a safe culture. The more that high touch surfaces are cleaned, the better, and our recommendation is multiple times daily, consistent with state guidance.

## 16.1 REFERENCES AND RESOURCES

ASHRAE. *ASHRAE Epidemic Task Force, Building Readiness*. American Society of Heating, Ventilating, and Air Conditioning Engineers. Updated May 5, 2020.  
<https://www.ashrae.org/file%20library/technical%20resources/covid-19/ashrae-building-readiness.pdf>

CDC. *Considerations for Institutes of Higher Education*. U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html>

CDC. *Testing in K-12 Schools*. U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-testing.html>

CDC. *Guidance for Lab Safety Practices*. U.S. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/lab/lab-safety-practices.html>

Commonwealth of Massachusetts. *Guidelines for Evacuation/Fire Drills with the Use of Participant Simulation (including during the COVID-19 Emergency)*. <https://www.mass.gov/doc/guidelines-for-fire-drills-with-participant-simulation-including-during-the-covid-19-emergency/download>

State of Michigan. *Licensing and Regulatory Affairs FAQs*. [https://www.michigan.gov/documents/lara/AFC\\_HFA\\_FAQ\\_Final\\_685300\\_7.pdf](https://www.michigan.gov/documents/lara/AFC_HFA_FAQ_Final_685300_7.pdf)