

COVID-19 FAQ's Beecher Road School - 2020

As we are about to embark on the new school year I wanted to take a moment to discuss some components of the health and wellness plan and further clarify some areas of concern.

The health and safety of our students and staff is central to our planning to in-person learning during a pandemic. The District will revise health and safety guidelines as COVID-19 research recommendations evolve from infectious disease experts. We continue to collaborate with our Medical Director, Quinnipiack Valley Health District (QVHD) and Connecticut Department of Health as they monitor the current levels of infection rates in the county, town and state.

FACE COVERINGS and MASKS

What is the purpose of wearing a face covering in school?

Face coverings may help prevent individuals who have COVID-19 from spreading it to others in public settings. There is also some newer evidence that masks and face coverings can decrease the amount of virus a person is exposed to as well which may lessen the impact of COVID-19 on those who are exposed and become infected. Of all of the prevention strategies we have employed for COVID-19, the use of face coverings (in conjunction with other mitigating measures, such as hand washing, physical distancing, and cleaning and disinfecting surfaces) is the most effective strategy to reduce the spread of COVID-19. Wearing face coverings is an effective way to mitigate the transmission of COVID-19 from individuals who are infectious, even when they do not have symptoms which may be when individuals are most contagious.

Who should wear a cloth face covering?

It is recommended that all people, 2 years of age and older, wear a cloth face covering in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain.

Who is expected to wear a mask? What about when eating or drinking? What about during physical education classes and recess?

All students (PreK-6) and staff are expected to wear a face covering at all times when in school, except when eating or drinking or when a cohort is outside and a six foot distance can be achieved, or during a mask break in an approved well-ventilated large space. For those who ride a school bus to school, the school day begins when a student boards the school bus. Physical education activities will be modified, as feasible, in an effort to achieve a six foot distance between students allowing a mask break while participating in PE activities.

What is the best kind of face covering to wear in school? What if my child is unable to wear a mask?

There are many different types of face coverings ranging from respirator-style masks (N95) to simple, homemade cloth coverings. For school purposes, a multi-layer face covering or mask (at least two layers) is suggested. The mask should not be too thick and an individual should be able to breathe in and out comfortably. Try different kinds of face coverings to find one you and your child like the most. Successful mask wearing begins with comfort!

Please do not use N95 masks, which are in short supply and critical for health care workers in a clinical setting. **Masks with an “exhalation valve” do not filter exhaled air and can spread respiratory droplets; these masks and neck gaiters will not be allowed in the school setting.**

What if my child feels like they cannot breathe while wearing the mask? What about concerns I've heard about my child breathing exhaled carbon dioxide (CO2)?

Becoming accustomed to wearing a face mask is much like wearing a seat belt in a car, or helmet to bike ride. It can be uncomfortable at first, but encouraging and expecting regular use will help the transition. Children will follow the lead and be reassured by the confidence of a trusted adult. Start practicing now to ease the transition when it's time to return to the school building. There is no evidence to support the concern that mask wearing causes low oxygen levels. Masks are designed to be breathed through and do not interfere with regular breathing. Keep in mind, the purpose of the face covering is to limit an individual's respiratory droplets from spreading into the air and possibly infecting others. There may be an added protective benefit to the wearer, as well. Any student with shortness of breath or demonstrating difficulty breathing, will be evaluated by the nurse in their building. There is no evidence that exhaled CO₂ is retained in a mask, just as oxygen can be breathed in through a mask, CO₂ can be exhaled through a mask.

<https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Libraries/Mask-Eng.pdf>

I've noticed kids playing in town and at the beach without wearing masks. If they are not going to wear masks outside of school, why should they have to wear them in school?

The health and safety of all members of the Beecher Road School community is our primary concern. When worn properly, masks limit the spread of droplets and smaller aerosols when people breathe, speak, cough, or sneeze, and are an important measure we can take to help limit the spread of COVID-19. Additionally, the use of face coverings in public areas where a 6 foot distancing cannot be maintained has been mandated by an executive order. As such, all individuals in the school setting will be required to wear a mask (except for those with an approved medical or educational need). Please keep in mind that there are very few medical indications for mask exemptions (significant facial burns, physical disabilities, etc.)

Will my child be excluded from school if I do not want my child to wear a mask?

Parents are free to choose whether or not they will require their children to wear masks outside of school, although we would encourage masks anytime your child is outside your family unit. The wearing of masks in public buildings, however, is a public health mandate implemented through an Executive Order by Governor Lamont. Beecher Road School is obligated to enforce the mandate. Please reach out to your building administrator or the Nursing Supervisor if there is a need to discuss further.

What if my child cannot hear their teacher through the mask?

Sound teaching practices include a variety of strategies and frequent "student check-ins" to verify understanding. The district will continue to evaluate how mask wearing affects the teaching and learning process and make adjustments, as necessary, to ensure an effective learning environment. Please reach out to your child's teacher or building administrator if your child reports he/she is unable to hear instruction.

To learn more, please use the resources listed below:

[CDC - Use of Cloth Face Coverings to Slow the Spread of COVID-19](#)

[CDC - Cloth Face Masks In Schools](#)

[From the Frontlines: The Truth About Masks and COVID-19](#)

[Wear Masks - Healthy Classrooms](#)

[How to Make Cloth Face Coverings](#)

[Connecticut COVID-19 Response](#)

<https://childmind.org/coping-during-covid-19-resources-for-parents/>

PHYSICAL DISTANCING

How will you achieve physical distancing in the school setting?

Physical distancing, also referred to as social distancing, is a strategy used to separate individuals by at least six feet, to lower the probability that a person either infects someone else or becomes infected by someone else. The Center for Disease Control (CDC) recommends maintaining a 6 foot distance between individuals who do not live in the same household. According to the [American Academy of Pediatrics](#), "Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings." Taking into consideration COVID-19 transmission dynamics, physical distancing is especially important for adults. Where feasible, a 6 foot distancing strategy will be implemented. If a "full return" to school is considered safe, based on public health criteria, students will be spaced apart by a minimum distance of 4 feet and required to wear a mask while in their classrooms and other indoor spaces. In a "hybrid plan," all individuals would be spaced apart by at least 6 feet. Faculty and staff will have a 6 foot distance, in classrooms and throughout the building. Additionally, transparent dividers will be added to areas. Students and staff will be directed to maintain a safe distance with floor markings and signage in hallways.

I've noticed a lack of social distancing in the community, especially at parties and playdates. Why are you distancing students in school? What about the bus?

Physical distancing is an important strategy to mitigate the spread of COVID-19, where feasible. Beecher Road School's Reopening School plan is to maximize distance, as much as possible. We will continue to encourage all members of our community to practice proper distancing in all settings, not just while they are in school. Adhering to this practice will help decrease the spread of illness, which in turn, will keep our school doors open. The number of cases of COVID-19 in our school will be a reflection of our community. If our community works hard to keep our numbers low, our school will be able to remain open.

The number of students riding the school bus present several challenges for schools. We are encouraging as many families who are able to provide transportation for their children. Each school bus route will be its own "cohort." From the moment a student enters the school bus, they will be expected to wear a face covering for the entire time they are on the bus. Students will be loaded from back to front (except for our youngest learners without an older sibling) and will be assigned a seat and expected to remain in their seat for the entire bus ride. Buses will be sanitized between routes. Students are not permitted to eat or drink while on the bus. Windows will be kept open when at all possible to improve ventilation.

How can you consider using a distance less than 6 feet? It's not safe.

Choosing a "Return to School" plan will be based on many factors, including but not limited to, town, county, and state COVID-19 infection rates, the ability to implement and sustain infection control practices (hand washing, face coverings, distancing, regular cleaning and disinfection of high touch surfaces, and ventilation), and the relative risk of an adverse impact on physical and psycho-social well-being. According to the American Academy of Pediatrics (AAP): "There is a conflict between optimal academic and social/emotional learning in schools and strict adherence to current physical distancing guidelines. For example, the Center for Disease Control and Prevention (CDC) recommends that schools 'space seating/desks at least 6 feet apart when feasible.' In many school settings, 6 feet between students is not feasible without limiting the number of students. **Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings.**

Schools should weigh the benefits of strict adherence to a 6-foot spacing rule between students with the potential downside if remote learning is the only alternative." If the rate of positive COVID-19 cases allows a full return to school (all students, 5 days per week) will necessitate the use of a 4-6 foot distancing in areas where students can be "cohorted" in conjunction with adherence to mitigating measures (face covering, hand washing, frequent cleaning and disinfecting of surfaces and maximizing ventilation).

[AAP Physical Distancing Measures](#)

Hand Washing

How often will children wash their hands?

Students at the elementary level will be required to wash their hands with soap and water for 20 seconds upon school entry, before and after eating, after using the restroom and outdoor play, and anytime their hands are soiled.

Many classrooms have sinks. Students will be able to access the sink in the classroom to wash their hands. We encourage families to work with their children to teach proper hand washing technique. There are many child-friendly YouTube videos to help teach this at home! We will continue modeling and teaching hand washing practices at school.

For classrooms that do not have a sink, hand sanitizer stations have been installed. Touch-free hand sanitizer stations will also be placed throughout the school building.

What if my student has a skin condition that requires a special soap?

Please contact your school's nurse to establish a plan to address your child's individualized needs.

What is the difference between using soap and water and hand sanitizer? Is one better than another?

Traditional hand washing using soap and water for at least 20 seconds cleans hands by removing visible and invisible debris from the hands. Hand washing is the most effective way to prevent the spread of disease and is superior to using hand sanitizer.

Hand sanitizer, with at least 60% alcohol, kills bacteria and viruses on the hands, but does not remove debris or protect a user from allergens, such as nut proteins. The use of hand sanitizer is effective in preventing the spread of disease and is an acceptable alternative to washing hands if soap and water is unavailable.

[CDC Hand Washing Videos](#)

SYMPTOM ASSESSMENT and EXCLUSION FROM SCHOOL

What are the symptoms of COVID-19?

- Fever > 100.0 degrees Fahrenheit (38 degrees Celsius)
- New and persistent cough, with or without shortness of breath
- New loss of taste or smell
- Headache
- Sore throat
- Nasal congestion or runny nose
- Gastrointestinal symptoms such as nausea, vomiting and diarrhea

- Chills, fatigue and muscle aches

My preschool is doing a temperature check each morning. Why isn't my child's temperature being taken when they arrive at school?

The most recent guidance from the CDC supports this approach of not taking mass screening temperatures. Each family is responsible for performing a symptom check for each child prior to leaving their home to attend school. If during the morning symptom check, a parent detects a temperature or other symptoms of COVID-19, or simply if the child is just not feeling well, they ***must keep the child*** at home to avoid potentially exposing students or staff members. Please call your school nurse and your medical provider for further assessment and instructions. **Do not send your child to school if you have given fever reducing medications, such as Acetaminophen (Tylenol) or Ibuprofen (Motrin, Advil) within 24 hours.** Keeping children home, even with mild symptoms, will help to keep our schools healthy and safe.

What will happen if a child in my child's class is diagnosed with COVID-19?

When a case of COVID-19 is reported to the school, the building level response team will follow the District Notification Plan and begin school-level contact tracing with the guidance of QVHD. This process will include examining areas (in school and on bus) where close contact could have occurred in the 48 hours prior to the onset of the student's symptoms. Parents of students, and staff members who are considered close contacts, will be notified by phone and/or email message to begin a 14-day quarantine and symptom watch period at home. The email message will contain quarantine instructions. Students will receive work from their homeroom teacher. If the quarantine lasts longer than 14 days, students will transition to the online platform. While at home during quarantine, should your child develop COVID-19 symptoms, please call your health care provider for evaluation and testing. Other children and family members would again need to start a 14 day quarantine if a second family member becomes ill.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

The District Level Response Team will prepare a district level communication, press release, social media notification if necessary.

[Interim Guidance for Responding to COVID-19 Scenarios in Connecticut School Districts](#)

(This answer is subject to change based on anticipated guidance from the State Department of Health Department and State Department of Education)

How many cases of COVID-19 will force the schools to close? How long will schools be closed?

The decision to close a classroom, a wing, or the entire School District will be made in close consultation with the School Medical Advisor and Director of the Quinnipiack Valley Health District, and state health and education officials. The School District will be following regional

(state and county), local (town), school and classroom data on weekly and a daily basis as indicated. A decision to close, and subsequently reopen schools, will be informed by considering the following metrics, however, a change in one metric may or may not force action for the district.

- School and classroom absentee data (monitored by nurses and shared with school medical advisory, Administrative Team and QVHD)
- Dismissal data
- Local, county and state infection rates and 7-day averages
- Regional hospitalization rates

[How Severe is the Pandemic Where You Live?](#)

[Key Metrics for COVID Suppression A Framework for Policy Makers and the Public](#)

[The Path to Zero: Key Metrics for COVID Suppression](#)

[Interim Guidance for Decision-Making Regarding the Use of In-Person, Hybrid \(Blended\), or Remote Learning Models in Connecticut Schools during COVID-19](#)

Why isn't every staff member and student being tested for COVID-19 prior to starting school?

The CDC does not recommend testing asymptomatic individuals without a known exposure to COVID-19. Testing should be reserved for individuals with symptoms consistent with COVID-19 and those who have had a known exposure to an individual diagnosed with COVID-19. An individual who has a known exposure and tests negative must continue to quarantine and watch for symptoms for 14 days.

If I keep my child home because they are not feeling well, or because the family needs to quarantine, do they need to be “sick” from school or can they participate in class activities remotely?

Unfortunately, children get sick. In fact, the average child can have 5-10 colds per year. We generally do not provide work when children are home due to illness. Allowing children the time to rest and recover is important. Students can catch up on school work when they are feeling better.

If a child is home due to quarantine from exposure or other factors, and is still able to do school work, they will be able to request work from their teacher. If the leave extends past fourteen days then they would be part of the remote learning group.

MEDICATIONS AT SCHOOL

How do I drop medication off for my child?

All medication orders need to be renewed each school year. Medication must be dropped off by a parent in its original container with a prescription label. Medication authorizations can be found on our BRS website under health forms and must be completed by a physician and

signed by a parent. Medications can be dropped off preferably before the first day of school by calling the nurse's office (203-389-7614) for a drop off time or brought on your child's first day of school and handed to a nurse at the entrance to south school during ingress.

FACILITIES MANAGEMENT

How often will the school buildings be cleaned?

Additional part time staff will be added to the school to address the need for increased cleaning and sanitization protocols. There will be an increased frequency of daily sanitization of all high touch surfaces including door frames, doorknobs. Daily cleaning after school dismissals will include sanitizing all high touch surfaces after they are cleaned.

How often will bathrooms be cleaned?

In addition to the end of the school day, all restrooms will receive additional cleanings and sanitizations during the school day.

What cleaning products will be used?

The District uses Hillyard Products. Specifically # 24QT Plus Disinfectant Cleaner- EPA Reg# 6836-77-16558 and # 34 Supprox Multipurpose Peroxide Cleaner- Green Seal Certified product.

How are you managing the HVAC system and air filtration?

Prior to the start of the school year all HVAC systems have been serviced and new filters installed. All classroom unit ventilators have been serviced. Additionally, restroom fans will run continuously, when school is in.

Staff are advised not to run floor or wall mounted fans to avoid horizontal air flow in alignment with guidance from the CDC and the CT DPH.