Frequently Asked Questions
Regarding Reopening K–12 Public Schools

Connecticut State Department of Education • **September 2, 2020**

Volume 3

The purpose of this Frequently Asked Questions document, Volume 3, is to provide clarification on a variety of topics outlined in the Connecticut State Department of Education (CSDE) Adapt, Advance, Achieve Reopening Plan (referred to here as the "CSDE Reopening Document").

This is a working document, which may be updated due to the rapidly changing response to this pandemic emergency and ongoing federal guidance updates related to COVID-19.

Face Coverings and Personal Protective Equipment (PPE)

1.) Q: **How will PPE be paid for?**

A: According to the Occupational Safety and Health Administration regulatory standard 29 CFR 1910.132, as of February 13, 2008 employers must pay for Personal Protective Equipment (PPE) that they require employees to wear for the purposes of protecting their health and safety during the course of their work. This would include N95 respirators for school nurses (see question 9). Cloth face masks or other face coverings intended for universal source control are not considered PPE, and students and staff should find face coverings that they can comfortably wear for an extended period of time. Schools should have a stockpile of medical surgical masks for staff and students who forget to bring their own to school. The State has committed $60.2 million to school districts to pay for PPE and items related to maintaining the health and safety of school staff and students. Districts may also use federal Elementary and Secondary School Emergency Relief funds to cover costs associated with the purchase of PPE.

2.) Q: **Are there health hazards of wearing a mask for an extended period of time on a daily basis? Are there carbon dioxide (CO2) concerns?**

A: No, there is no peer-reviewed scientific evidence that wearing a loose-fitting or tight-fitting filtering face covering adversely affects an individual's oxygen intake or that they build up CO2 to unacceptable levels.

3.) Q: **Are there recommendations for mask breaks during the school day?**

A: While breaks outside are best, brief breaks inside are acceptable if outside breaks are not practicable. During the breaks, students and/or staff should always stay apart six feet or more (and of course no physical contact) in well-ventilated areas. Facing everyone in the same direction is recommended; if they face each other their droplets have a direct path toward the faces of each other. One can talk but avoid loud talking, yelling/bellowing, or singing. There is no maximum period for "mask breaks", but as COVID-19 exposure risk is highest within six feet for 15 minutes or more, we suggest keeping the breaks to no more than 15 minutes.

4.) Q: **If students or teachers are not able to wear a face mask due to "medical reasons" and 6 feet distancing alone is not sufficient, are students/teachers prohibited from coming to schools?**

A: Individual school districts should develop specific policies regarding what they will consider as acceptable exemptions from the wearing of face covering masks by students or staff while inside the school building. The need for a medical exemption for the wearing of loose-fitting face coverings of the style to be used in schools for source control is rare. Medical contraindications to the wearing of cloth or other similar loose fitting masks are generally limited to individuals suffering from severe chronic obstructive pulmonary disease (COPD) such as might be seen with cystic fibrosis, severe emphysema, heart failure, or significant facial burns that would cause extreme pain or interfere with the healing of a skin graft. These severe medical conditions will be rare in students or staff capable of presenting to the school for work or instruction (in most cases these individuals would not be able to move about freely without significant assistance). In addition, for anyone suffering from any of these underlying conditions, the strong recommendation would be for that person to remain at home and engage in fully virtual learning due to their risk of developing severe complications if they did become infected with COVID-19.

Staff and parents of students with underlying medical conditions severe enough to preclude use of face coverings should consider the potential risk of serious complications of possible COVID infection when making the decision of whether or not to attend school in person. Mild or intermittent respiratory or other common conditions such as asthma, cardiovascular diseases, kidney disease, or other similar conditions are generally not considered contraindications to the wearing of loose-fitting face coverings.

Aside from medical contraindications, there may be individuals or situations where exemptions to mask wearing should be considered. For example, children with developmental disabilities may not tolerate or be able to comply well with mask wearing in schools, but this alone should not be a basis for their exclusion, and schools must assess the appropriate accommodations for student with disabilities who are unable to wear a mask on an individualized basis. In addition, students and staff involved with certain special education activities like speech therapy or where lip reading is required may need to be exempted from wearing a face covering mask intermittently. In those cases where face covering masks will not be in use, the effective use of other key mitigation strategies such as maximal distancing, moving activities outdoors or to a well-ventilated space, and/or the use of face masks or other physical barriers will be extremely important to the protection of the students and staff involved.

5.) Q: **Will students who cannot wear face masks for health issues need a doctor's note for approval?**

A: As of August 14, 2020, Executive Order No. 7NNN requires that "written documentation that the person is qualified for the exemption from a licensed medical provider, the Department of Developmental Services or other state agency that provides or supports services for people with emotional, intellectual or physical disabilities, or a person authorized by any such agency." Individual school districts should develop specific policies regarding what they will consider as acceptable exemptions from the wearing of face covering masks by students or staff while inside the school building.

School districts should also decide what they consider acceptable documentation of medical need for an exemption to wearing a loose-fitting face coverings of the style to be used in schools for source control. Schools may require a note from a medical professional to confirm a student not wearing a mask fits an exemption to the school's mask-wearing requirements. To avoid any burdensome requirement, schools should also consider if they already have supporting documentation in the student's existing school medical record.

Exemptions may also be appropriate for children with special needs, such as hearing or language challenges, autism, or developmental disabilities if they have issues tolerating a face covering. In cases where an exception is requested based upon a disability, a PPT or Section 504 meeting as appropriate should be held to consider possible programming revisions or appropriate accommodations.

6.) Q: **What guidance are you giving doctor's offices regarding writing medical excuse notes for students not wearing masks at school?**

A: The need for a medical exemption for the wearing of loose-fitting face coverings of the style to be used in schools for source control is rare. Medical contraindications to the wearing of cloth or other similar loose fitting masks are generally limited to individuals suffering from severe chronic obstructive pulmonary disease (COPD) such as might be seen with cystic fibrosis, severe emphysema, heart failure, or significant facial burns that would cause extreme pain or interfere with the healing of a skin graft. These severe medical conditions will be rare in students or staff capable of presenting to the school for work or instruction (in most cases these individuals would not be able to move about freely without significant assistance). In addition, for anyone suffering from any of these underlying conditions, the strong recommendation would be for that person to remain at home and engage in fully virtual learning due to their risk of developing severe complications if they did become infected with COVID-19.

Mild to moderate respiratory or other common conditions such as asthma, cardiovascular diseases, kidney disease, or other similar conditions are generally not considered contraindications to the wearing of loose-fitting face coverings. If the work of breathing through a mask creates a significant health risk for the child or if psychological responses to a mask, such as claustrophobia, cannot be accommodated by trying different mask types (different cloth, a bandana vs. loop mask, etc.) then the mask could be considered contraindicated. Of note however, the offering of an exemption has possible serious consequences for the health of other students and their families, and for the school's ability to stay open in the face of community spread. Therefore, medical professionals should give serious consideration to the risk-benefit of giving medical notes for mask exemptions and discuss these considerations with the requesting families, including the possibility that a medical attestation of compromised health severe enough to present a contraindication to mask wearing may also constitute a directive for fully-virtual learning.

7.) Q: **If a student or staff cannot wear a mask, should they use a visor or face shield instead?**

A: Face shields are not a replacement for face masks. The CDC Guidance for K-12 School Administrators on the Use of Cloth Face Coverings in Schools and Considerations for Wearing Masks — Feasability and Adaptations directly address this issue. The CDC guidance reviews alternatives when a mask cannot be worn, and while not a substitute, CDC says if a face shield is used without a mask, the mask should wrap around the sides of the wearer's face and extend below the chin (please see question 4 when making this decision).

8.) Q: **Are polyester or masks with 1-way valves appropriate for schools?**

A: Research on the topic of the effectiveness of various types, styles, and materials for face covering masks to control the spread of COVID-19 is limited and inconclusive. However, the most important factors appear to be that the shape of the mask covers the mouth and nose and that it is as comfortable as possible, as it will generally need to be worn for extended periods of time.

With regard to exhalation valves on masks, these features can be found on many styles of masks and are designed to allow air to escape when the wearer breathes out and to close off when the wearer breathes in. CT DPH is still investigating whether exhalation valves on face masks increase the risk of spread for COVID-19. CDC's current guidance for K–12 recommends against the use of face masks with exhalation valves in schools. In the absence of other current research findings, at this time CT DPH recommends following the CDC guidance.

9.) Q: **What masks should school nurses be wearing? (ex. N95 or KN95)***

A: In most cases, the provision of care inside of schools by nursing staff will not require close contact (within 6 ft.) with the person receiving care for more than 15 minutes and the person receiving care will be wearing a face covering mask for source control. As such, in most cases a surgical mask is sufficiently protective for nurses providing care in schools. In similar contact-limited care situations, but where the person receiving care is unmasked or must remove their

mask to receive appropriate care, a face shield should be worn in addition to the surgical mask to further protect the nurse from respiratory droplets.

Nursing staff should have N95 filtering respirators in their cache for immediate access at school if they anticipate having to perform aerosolizing procedures (e.g., a nebulizer treatments) or to provide care in close contact (within 6 ft) for 15 minutes or more to a child with symptoms of COVID-19 infection. Of note however, for an N95 filtering facepiece respirator (FFR) to be effective, the specific make, model, and size of N95 that is worn must be professionally fit tested to the wearer. The Occupational Safety and Health Administration (OSHA) requires those who might be expected to report hazards in the workplace be in employer's Respiratory Protection Plan, which includes, but is not limited to, fit testing.

DPH has provided guidance on this issue for the COVID epidemic, though OSHA is the regulatory and enforcement authority. The National Institute for Occupational Safety and Health (NIOSH) is the certifier of FFRs that OSHA deems compliant with the OSHA respiratory protection standard. DPH recommends that KN95s not be considered the equivalent of a NIOSH-certified N95. KN95s can be worn for source control, like a surgical mask, and not in lieu of an N95 if an N95 is called for in CDC or DPH guidance.

**N95 filtering face piece respirators (FFRs) protect the wearer by filtering out aerosolized particles. They protect wearers from others. Surgical, loop, or cloth masks are "source control" and protect others from the wearer because they prevent the expelling of droplets that might contain COVID-19 into the air.*

10.) Q: **What specifically do you recommend school nurses are wearing for PPE in addition to masks?**

A: COVID-19-specific PPE is only needed when directly providing medical care for a student or staff person who presents with possible COVID-19 signs or symptoms before the sick individuals is transported home or to a medical facility. In those situations: gloves, disposable gown, fit tested and fit checked N95 mask (if available) or surgical mask (if N95 not available), and goggles or face shield. The CDC has more information on their website*****.

**When interpreting and applying this CDC guidance, be aware the main focus of their recommendation are healthcare workers with longer duration and more intensive exposure to COVID, such as in long term care facilities and acute care hospitals.*

11.) Q: **While toileting a student, what PPE is required?**

A: Routine Standard Precautions should be followed: a face covering mask, gloves, and if soiling of the staff person's clothing is anticipated, a gown.

12.) Q: **The SDE guidance also includes limited exceptions to using face coverings — for instance, teachers teaching as long as they are socially distanced, or remaining behind a physical barrier. What is DPH's position? This is one example where schools are asking about face shields vs. masks.**

A: Face shields are not an acceptable substitute for face covering masks. Universal wearing of face covering masks that completely cover the nose and mouth is the preferred method for source control. In certain instances when the wearing of a face mask is problematic (i.e., when the teacher's and student's mouth must be visible during speech therapy, when a child with hearing loss needs to read lips, etc.) other appropriate control measures should be implemented, including ensuring proper social distancing and/or the use of physical barriers between students and staff. If teachers must give instruction to an individual or group without a face covering mask in place, remaining in a stationary location with a Plexiglas or other physical barrier in place is preferable to the use of a face shield. However, except for in the rare circumstances where face covering is detrimental to the specific instruction being given, teachers should wear a source control face covering (mask) at all times when inside schools.

This FAQ response should be considered an update to the guidance provided in the Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together document, to clarify that any

reference to a teacher removing a mask while teaching only refers to those instances where it is necessary to teach, including but not limited to the provision of speech therapy or for a child with hearing loss who needs to read lips. In all other circumstances, teachers should be wearing a mask while teaching and also practicing social distancing and/or use of a physical barrier when feasible.

Screening, Testing and Contact Tracing

13.) Q: **Will temperature checks at a building entrance be recommended for all people entering the building?**

A: No. Like CDC, DPH is currently advising schools that on-site temperature screening prior to allowing students and staff into buildings is not recommended. The basis for this DPH recommendation is because it is not necessarily a useful screening tool for identifying COVID-19 infections, and in some cases causes increased risk if it cannot be performed quickly enough to avoid crowding of people entering a building. As we learn more about the presentation of COVID-19 sign and symptoms in infected individuals, we are finding that a large proportion of individuals who test positive for COVID-19 have either very mild symptoms or no symptoms at all, meaning that the presence or absence of a fever of 100.4 is of limited usefulness for building entry screening. Another concern with temperature screening stations at building entrances is the fact that they can often cause bottlenecks, causing large numbers of students to be in close contact with each other for an extended period while they wait to be screened into the building. Additionally, personnel working at the screening station are unnecessarily exposed to every individual entering the building which puts them at unnecessary risk of becoming infected by an asymptomatic carrier. Instead of on-site screening, parents, students, and staff should be educated on the common signs and symptoms associated with COVID-19, should be asked to self-screen for symptoms prior to leaving for school, and to stay home if they are experiencing any COVID-19 symptoms or otherwise not feeling well.

14.) Q: **Is universal testing of students and staff recommended?**

A: No. It is recommended that testing occurs when someone becomes symptomatic, or has a known exposure to someone with COVID especially in the context of contact tracing by public health officials.

15.) Q: **Will COVID-19 tests be performed in schools?**

A: The Connecticut Department of Public Health (DPH) does not currently recommend universal testing of all K-12 students and staff for COVID-19. According to the CDC, universal SARS-CoV-2 testing of all students and staff in school settings has not been systematically studied. It is not known if testing in school settings provides any additional reduction in person-to-person transmission of the virus beyond what would be expected with implementation of other infection preventive measures (e.g., social distancing, cloth face covering, hand washing, enhanced cleaning and disinfecting). Therefore, CDC does not currently recommend universal testing of all students and staff.

Connecticut SDE's Addendum 5: Interim Guidance for Responding to COVID-19 Scenarios in Connecticut School Districts was developed to help schools manage individual students and staff that present with symptoms of COVID-19 or known exposure to COVID-19. This document does not make testing recommendations but instead provides guidance for when students and staff can return to school based on symptoms, known exposure to someone with confirmed COVID-19 and COVID-19 test results.

Symptoms of COVID-19

16.) Q: **Is the temperature threshold 100 or 100.4?**

A: The threshold of 100 F is used in the CDC guidance mainly for healthcare workers and is a conservative standard as they are in contact with patients at high risk of serious complications of COVID infection. Most community-setting guidance uses the threshold of 100.4 F, which is what we would recommend for the school setting.

17.) Q: **When can a student or staff person return to school if they have been out with signs and symptoms of COVID, if they have had a positive test, or if they have not had a test done? What if they had a positive test but never had signs or symptoms?**

A: See Addendum 5, Interim Guidance for Responding to COVID-19 Scenarios in Connecticut School Districts.

18.) Q: **What signs and symptoms exhibited would require immediate isolation and dismissal of a student or staff from school and for how long? What is the exact criteria for sending kids home?**

A: The most concerning signs (physical findings) and symptoms (subjective complaints) of possible COVID-19 (SARS-CoV-2 coronavirus infection) are feeling feverish, measured temp 100.4 F or more, chills, uncontrolled new cough, shortness of breath, difficulty breathing, loss of taste or smell. If a staff or students present with one or more of these COVID-19 signs or symptoms should be sent home and follow-up with their medical provider**.** *There are other more nonspecific signs and symptoms.* The CDC COVID-19 website provides a complete list of symptoms. If staff or students present with multiple signs or symptoms including others on the CDC list, they should also be sent home follow-up with their medical provider. Students and staff with possible COVID-19 should be isolated from others and sent home as soon as practicable. Family caregivers can be advised to follow up with the student's medical provider. As always, if the student or staff are in medical distress, emergency medical services should be called. If emergency medical services are called, they should be notified before arrival that possible COVID infection is a concern. See CDC guidance on this issue.

19.) Q: **Does this mean it will require anyone with even seasonal allergies to be excluded from school?**

A: Health providers will need to take the student's or staff's medical history of seasonal allergies into account when assessing whether they have possible signs and symptoms of COVID. If appropriate, the provider could order a COVID-19 test.

Positive Cases

20.) Q: **Will an entire school shut down if there was a positive case?**

A: Schools should consult Addendum 9: Contact Tracing Scenarios in Schools for considerations and guidance related to excluding a student, cohort, class, or closing a school. It would be very unlikely after a single positive case that a full school building will be closed, but the school and public health officials will need to consider the totality of the circumstances, including other indicators of community spread. Recommendation for closing of a classroom or entire school depends on findings from contact tracing and can be made by a school system with public health advice. Students and teachers who were in direct contact with the positive case will likely be told by public health officials performing contact tracing to quarantine for 14 days.

21.) Q: **How will decision making related to which model a school implements (in-person, hybrid, remote) happen? What if a school is in-person and has to cancel classes?**

A: Addendum 4, Interim Guidance for Decision-Making Regarding the Use of In-Person, Hybrid (Blended), or Remote Learning Models, provides a structure for local decision making, and

will guide a school district's consideration of the metrics. School districts are being directed to develop several different models for instruction during the coming school year, to be prepared for flexibility between models. Decisions regarding whether to utilize mostly in-person instruction, fully virtual instruction, or a hybrid model will need to be made at the local level by school administrators, in consultation with their school medical advisor and local health officials. To the best of our ability, DPH will continue to provide real-time information and data about local, regional, and statewide community spread of COVID-19 infections to assist local officials with that decision-making.

22.) Q: **If a HS teacher tests positive, will all their students be quarantined for 14 days and will those students be expected to do their work during quarantine unless parent emails that symptoms restrict the student's ability? If those students don't get tested, can they return to school? AND if a student tests positive, should all of her teachers and classmates quarantine? And should every student on her bus also be quarantined?**

A: Addendum 5, Interim Guidance for Responding to COVID-19 Scenarios in Connecticut School Districts, provides some guidance for isolating or quarantining due to a positive case. In each situation where an individual tests positive, public health officials will be conducting contact investigations and making specific recommendations for each such situation. Every contact investigation is unique and the circumstances of the sick person and their contacts needs to be evaluated to make the best recommendations. The support of school administrators and staff will be vital as public health officials perform any contact tracing involving schools. In general, the following is evaluated for every person for whom contact tracing is done:

- Timing of symptom onset: Contacts are evaluated for the two days before a person started having symptoms until they were in isolation.
- Close contact: Definition of close contact is spending at least 15 minutes within 6 feet of a sick person.
- Did the person work/attend school while sick or during the two days prior to symptom onset?: If the answer is no, it is likely no students or other staff would be considered contacts and would not be asked to quarantine.

23.) Q: **If a teacher's family member tests positive, should the teacher then quarantine and all his/her students?**

A: In this case, the teacher is a close contact to the family member and should quarantine. Their students however, having no direct contact with the teacher's family member, are not considered close contacts and would not be asked to quarantine.

24.) Q: **If contact tracing is largely community based, is there a provision or procedure that it can reach beyond the community? For example, if Newington student contracts COVID, and there are Open Choice kids in that cohort, will contact tracing extend out to Hartford?**

A: The assignments made in our contact tracing database (ContaCT) are made geographically but the system serves the entire state. If someone in Newington tests positive the local health department (LHD) would interview the individual or "case" and collect information about their "contacts." If the contact's address falls outside the jurisdiction of the LHD the contact will automatically be assigned to the appropriate LHD which will in turn conduct an interview and provide information about self-quarantining. Because the LHDs have a strong history of working collaboratively, they will likely also follow up with a phone call when they know they have identified a contact in another LHD's area of responsibility.

25.) Q: **Is it advisable/feasible to require parents and staff to have a medical provider note to return to school/work after the presence of COVID like symptoms without having been tested?**

A: CDC and DPH do not recommend a provider's note for return to school. There are anticipatable difficulties with this approach. A requirement would then either mean the

practitioner is simply documenting the over-the-phone word of staff person or parents, which the school could do directly, or that a physician visit is required to document lack of signs and symptoms. A physician visit for this purpose could be problematic during the winter cold and flu season, causing significant numbers of additional visits of likely healthy children to doctor's offices in the vicinity of ill children. Therefore, in general we suggest ensuring the expectations be clearly communicated regarding how long a person must be symptom-free, and accepting the staff person's or families' representation they have complied with the policy. This is why it is particularly important to review local attendance and leave policies to ensure there is no incentive for students or staff to come into school despite experiencing symptoms in violation of the policy. One could consider doing a temperature check and examination at the school nursing office upon entry in lieu of the student's medical provider's documentation.

Environmental/Building Health Questions

26.) Questions about Isolation Rooms

a.) Q: **Do isolation rooms have to have a window and some kind of ventilation system? Is a HEPA filter necessary?**

A: While not required, an isolation room having a window that opens will provide some outside dilution air into the space on days when thermal comfort is not an issue. Additionally, if a fan can be placed in the window that points toward the outdoors, the resulting small amount of negative pressure may also improve the air exchange inside the room. Fans should not be pointed into the rooms however, because the resulting positive pressure may force air from the isolation room into common areas. If no window is available or if conditions do not allow them to be opened, there may be some benefit to installing stand-alone HEPA filtration units in isolation rooms, nurse's offices, and similar settings where a higher proportion of the individuals present may have COVID-19 symptoms. Additionally, there may be some viral particles inside these rooms that would benefit the occupants if they were filtered out. The cost and maintenance of a small number of units may also be more manageable for school systems.

b.) Q: **How long after the room has been used and cleaned should it remain empty?**

A: This will depend on a lot of different variables dealing with ventilation, including how much outdoor air is being brought into the HVAC system branch serving that room, the number of air changes per hour (ACH), the number of dead spaces, and the size of the room. Under good ventilation conditions where most HVAC systems provide a minimum of 6 ACH, leaving a room empty for 45 minutes followed by cleaning/disinfection should be sufficient. However, schools are urged to work with their commissioning agent or HVAC consultant to discuss the specific ACH and other ventilation variables in their particular schools.

c.) Q: **Is it recommended to have one isolation room/building or school or one/district?**

A: Any building that has students or staff in attendance should have its own designated isolation room, or ideally more than one.

d.) Q: **If one/district how do you suggest handling the transportation of the student to the isolation room?**

A: **Each building must have its own isolation room.** Any student or staff member identified with symptoms during the school day should be immediately moved to an isolation room to await immediate pick up by a parent or guardian.

e.) Q: **What are your recommendations of what an isolation room looks like?**

A: See question 26a, above. Isolation rooms can be as simple as a small room with a place to sit and a way for a nurse or monitor to check on the ill student.

f.) Q: **How many students can be in it at one time?**

A: This depends on the size of the room, whether the student is just feverish or has an active cough, whether they need to lie down or can sit quietly appropriately distanced from other students. Ideally, more than one room would be available in the event that a student is forcefully coughing and should be completely isolated separate from other students who have milder symptoms.

g.) Q: **What to do if a family does not have transportation or no one is available for childcare?**

A: This is incumbent on the school and the families in the community to plan for the circumstance where students who become ill and do not have an immediate ride or childcare are nonetheless brought home while avoiding further exposures. Sick students should not ride home on buses. Schools should definitely alert parents that if their child becomes sick during the school day, they must arrange for them to be picked up within a certain amount of time.

27.) Q: **Should the nurse's office have a HEPA filter?**

A: There may be some benefit to installing stand-alone HEPA filtration units in isolation rooms, nurse's offices, and similar settings where a higher proportion of the individuals present may have COVID-19 symptoms. Additionally, there may be some viral particles inside these rooms that would benefit the occupants if they were filtered out. The cost and maintenance of a small number of units may also be more manageable for school systems.

28.) Q: **What are other schools doing with oxygen? Should we considering suspending our standing order or limit its use to only in the isolation room when necessary with N95 respirators?**

A: Oxygen delivered by mask or nasal cannula is not considered an aerosol generating procedure so extra precautions are not necessary.

29.) Q: **Are the foggers and misters different than the electrostatic machines? Such as the Clorox 360?**

A: School districts are advised against "fogging" or "misting" school buildings. Any type of fogging, spraying, or misting for the purposes of disinfection, delivered either by electrostatic sprayer or not, is not recommended for school settings. See DPH Circular Letter on Reopening Schools and Disinfectant Fogging.

30.) Q: **Some school buildings are old, do not have air conditioning, have poor circulation of air, and/or have window configurations that will not allow venting out the air in the classroom. Since fans are not allowed inside the classroom, what is the guidance on hot days and wearing masks?**

A: DPH routinely fields questions from school administrators in schools without air conditioning about what to do during the late spring and early fall seasons when outdoor temperatures, and as a result indoor temperatures, become uncomfortable. We generally advise that, if the temperature inside the school is uncomfortable enough that it becomes a distraction and students and staff cannot continue to work productively, that the school may want to consider dismissing students early during those days. This issue could certainly be exacerbated or occur more frequently in a situation where face coverings are being worn, in addition to an elevated temperature inside schools, but in those cases our advice would be the same.

31.) Q: **What are your recommendations for disinfecting school buses?**

A: Daily cleaning of all surfaces is preferred, with additional cleaning of "touch points" (hand rails, seat tops) happening in between trips. Spraying disinfectant on public buses is becoming a more common practice, but it does not replace the need for daily manual cleaning of surfaces. In addition, although in a laboratory setting this disinfectant product may stay in place for 30 days, it is unlikely a disinfectant product would stay in place and effective for long periods under the real-world conditions of students sitting and touching surfaces where the product

is sprayed. It is much more likely that the disinfectant product would be transferred to the clothing and hands of riders over the course of several trips, which presents its own risk of disinfectant contact and skin sensitization for children. In addition, a bus sitting in a parking lot over the weekend will effectively disinfect itself through passive means (contact with air and sunlight).

32.) Q: **How much square footage is a custodian in a public school building in Connecticut allowed to work on during the COVID-19 pandemic?**

A: DPH is not aware of a specific requirement for any 'square footage per custodian' calculations that are available for appropriate cleaning and disinfection. Schools are directed to have sufficient resources available (including supplies, PPE, and custodial staff) to appropriately clean and disinfect the school according to their plan. If they do not have sufficient resources and cannot procure them in a timely manner, they should consider that in their decision-making process regarding whether schools will follow an in-person, hybrid, or virtual learning model for the opening of their schools. DPH developed an Appendix to the SDE School Reopening document with guidance for cleaning and disinfection of schools.

33.) Q: **Why do you recommend replacing forced air hand dryers with paper towels and does this include HEPA hand dryers?**

A: During the process of developing our guidance, we worked closely with our public health and scientific colleagues at the Connecticut DPH, Yale University, local health directors, and others throughout our state to thoroughly research any information that could be found about COVID-19 and the risks of spread of the virus in school settings. Because of the relatively small amount of available information on the spread of this novel virus, the need to maximally protect students returning to schools in our state, and out of an abundance of caution we took the advice of our scientific colleagues and decided to recommend that paper towel dispensers replace forced air hand dryers in our schools for the coming year. While we understand that the touch-free jet hand dryers may have HEPA filtration built in, our larger concern is for the forceful stream of air that is expelled from hand dryers (especially something described as a "jet") and the potential for that forceful air to disperse respiratory droplets around bathroom areas and perhaps even beyond bathrooms into public areas. At this time, we are confident that our current recommendations as written will best serve schools in our state as they prepare for reopening.

Other Questions

34.) Q: **If a student or teacher has an underlying health issue or lives with someone with an issue where COVID-19 is a significant threat, is social distancing in schools sufficient?**

A: The most important prevention method is universal use of cloth face coverings for source control, as is called for in CDC and DPH COVID-19 prevention guidance. Social distancing, especially remaining six feet apart as much as practicable, is also key. Regular cleaning of high touch surfaces, such as doors and the cleaning of any surface that has been recently contaminated with respiratory droplets (such as from sneezing) is also important. These actions will help protect individuals with or without underlying health conditions or those whose contacts are at increased risk. Ultimately, it will be an individualized decision made by a student or teacher and their health care provider and family whether they attend school.

35.) Q: **When a nebulizer treatment is administered in the nurse's office is there a wait time for room use after the treatment and what is the cleaning protocol for the room?**

A: The use of aerosol-generating procedures (AGPs) in school buildings should be avoided as much as possible, if alternatives acceptable to the student's medical provider are available. One way would be to replace nebulizer treatments with use of Metered Dose Inhalers (MDI)

with a spacer. If MDI or other AGP alternatives are not possible, such treatment should be done in a room with the door closed and with as few people in the room as possible. A window can be opened to improve air exchange. The room should not be occupied until the air has been cleared (time varies by size of room and there is more information on air exchange wait times on the CDC COVID website).

36.) Q: **Where can we find information about where to get tested? Most testing sites only test adults over 18, and some only if patient has symptoms or an exposure, how can we find locations that do test these groups?**

A: Testing sites are kept up to date. This site allows a search by zip code to find a testing site. It also allows the user to search by sites that take children, perform asymptomatic testing, and sites that allow testing without an appointment.

37.) Q: **How long do books need to be held out of circulation till used by another student?**

A: We are recommending at least 24 hours, but ideally 48 hours.

38.) Q: **Are water bottle fillers and water fountains approved?**

A: Bottle fillers are fine. The recommendation is to either disable fountains that don't have bottle fillers or there are retrofits you can buy to change the spigot from drinking to bottle filling.