

Public Health Guidance Regarding COVID-19 for Phased Reopening of Pre-K to 12 Schools

This page was created on July 16, 2020

The Pennsylvania Department of Health (DOH) and the Department of Education (PDE) are issuing the following public health guidance to assist Pre-K to 12 schools in developing and implementing Health and Safety Plans for safely returning to in-person instruction for the 2020-21 school year amidst the COVID-19 pandemic.

The following guidance provides public health standards to mitigate the spread of COVID-19 for social distancing, face coverings, hand hygiene, and cleaning and disinfecting in Pre-K to 12 school settings. This guidance reflects currently endorsed public health best practices from DOH and is in response to requests from school leaders for state-level health guidance. This guidance serves as minimum standards for practices across all Pre-K to 12 schools with the understanding that more rigorous measures may be required in certain areas depending on community transmission of COVID-19.

The science and public health conditions surrounding COVID-19 are continually evolving. This guidance will be updated as necessary when new information becomes available. DOH will continue to monitor community transmission rates and other surveillance metrics and may, in close coordination with the Pennsylvania Department of Education (PDE), issue guidance related to targeted school closure as part of a wider public health mitigation strategy.

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School Health and Safety Plans

All Pre-K to 12 schools should develop Health and Safety Plans prior to returning students to school buildings and resuming in-person instruction. In developing these plans, Pre-K to 12 schools must consider the safety and health of all adult staff, in addition to students, as well as balance the educational imperative to open schools to in-person instruction with the public health imperative to mitigate COVID-19 infection and transmission rates.

Given that children and adolescents may experience challenges in effectively adhering to recommendations, it is critical that staff set a good example for students by modeling behaviors around physical distancing, face coverings and hand hygiene. When these precautions are taken, disease transmission is likely to decrease – and students and staff may be better positioned to safely resume in-person instruction.

All Pre-K to 12 schools should continually monitor the prevalence and spread of COVID-19 in their communities and be prepared to implement stronger containment or mitigation strategies, such as remote learning, when necessary and in line with public health guidance. Pre-K to 12 schools should develop plans that allow them to quickly respond to the changing environment with minimal disruption to student learning. The most current information and additional guidance on COVID-19 is available on the [Pennsylvania Department of Health's website](https://www.health.pa.gov/Pages/default.aspx)

(<https://www.health.pa.gov/Pages/default.aspx>)

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Phased School Reopening Health and Safety Plan Template

(/Documents/K-12/Safe%20Schools/COVID/GuidanceDocuments/Phased%20School%20Reopening%20Health%20and%20Safety%20Plan%20Template.docx)

is available on the PDE website along with

PDE Preliminary Guidance for Phased Reopening of Pre-K to 12 Schools

(/Schools/safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/K12/Pages/default.aspx)

NOTE: Local education agencies (LEAs) must submit a Health and Safety Plan to PDE prior to resuming in-person instruction. All plans must include the Order of the Secretary of the Pennsylvania Department of Health Requiring Universal F

ace Coverings (https://www.governor.pa.gov/wp-content/uploads/2020/07/20200701-SOH-Universal-Face-Coverings-Order.pdf)

. LEAs that submitted plans prior to the Order must revise their plans accordingly and resubmit to PDE. The decision to further revise Health and Safety Plans based on the following guidance and submit any other changes to PDE is at the discretion of the LEA.

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Social/Physical Distancing Measures

Social distancing, also called "physical distancing," means keeping a safe space between yourself and other people who are not from your household. Social Distancing is fundamental to lowering the risk of spread of COVID-19, as the primary mode of transmission is through respiratory droplets by persons in close proximity.

All Pre-K to 12 schools should implement strategies that limit the number of individuals in classrooms and other learning spaces, and interactions between groups of students. All schools should have protocols for distancing student desks/seating and other social distancing practices that allows at least 6 feet of separation among students and staff throughout the day to the maximum extent feasible.

Adult/Staff Interaction

- Maintain a distance of at least 6 feet from other adults to the maximum extent feasible.
- Maintain at least 6 feet from students, whenever possible and when not disruptive to the educational process.
- Hold group meetings such as parent-teacher conferences, staff meetings, and curriculum planning virtually.
- Implement strategies to increase adult-adult physical distance in time and space, such as staggered drop-offs and pickups, and outside drop-offs and pickups when weather allows. Discourage parents from entering the school building.
- Use physical barriers, such as plexiglass, in reception areas and employee workspaces where the environment does not accommodate physical distancing.
- Discourage congregating in shared spaces, such as staff lounge areas.

Busing and Transportation

- Require students and parents/guardians/caregivers to perform a symptom screening prior to arriving at school or the bus stop each day. (
[\(/Schools/safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/PublicHealthGuidance/Pages/default.aspx#screening\)](https://schools/safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/PublicHealthGuidance/Pages/default.aspx#screening)
See Symptom Screening Tool.
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- Bus drivers and passengers must wear face coverings while on the bus, in accordance with the Secretary of Health's Order Requiring Universal Face Coverings issued July 1, 2020.
- Promote social distancing at bus stops. Consider adding more bus stops to minimize the number of students waiting together.
- Load the bus by filling seats from back to front to limit students walking past students to find a seat.
- Do not seat students in the front row of the bus.
- Assign seats by cohort (same students sit together each day) or encourage students from the same family to sit together, or both.
- Use tape marks to show students where to sit.
- Minimize the number of people on the bus at one time within reason and to the greatest extent possible.
- Do not allow individuals, including parents, guardians and other caregivers, on the bus,

unless absolutely necessary (i.e., to assist a student with a disability).

- Open windows, if weather allows, to improve ventilation.
- Disinfect buses after each run. Thoroughly clean and disinfect buses daily.
- Provide sanitizing options on the bus and promote use.
- Have all students wash their hands or use hand sanitizer before or immediately upon entering the school.
- Send students directly to their assigned classroom upon entering the building. Do not allow students to congregate in a lobby, hallway, or cafeteria before school starts.
- Communicate that individuals who are self-quarantining or have been diagnosed with a confirmed or probable case of COVID-19 may not drop off or pick up children from school.
- Survey parents and families about their plans to utilize school district transportation services to better understand capacity needs.
- Encourage alternative modes of transportation for students who have other options to minimize the number of students on each bus.

Desks/Seating

- When multiple students are in one enclosed space, such as a classroom, seat students at least 6 feet apart and facing the same direction, to the maximum extent feasible.
- Turn desks to face in the same direction. If desks or workstations cannot be moved, have students spaced apart and sitting on only one side of tables.

Alternative Spaces

- Separate students within common areas.
- If possible, hold classes in gyms, auditoriums, other large spaces or outdoors, where physical distancing can be maintained.

Hallways

- Create one-way traffic pattern in hallways.
- Place physical guides, such as tape, on floors or sidewalks to create one-way routes.
- Stagger class times to limit numbers of students in hallways at any time.
- Assign lockers by cohort or eliminate lockers altogether.
- When feasible, keep students in the classroom and rotate teachers instead.

Outdoor Playground Spaces

- Cohort students and limit the size of groups using the playground at any one time.
- Reinforce physical distancing during playground play to the extent feasible.
- Have students and staff wash their hands or use hand-sanitizer before and after being on the playground.

Gatherings/Field Trips

- Limit gatherings, events, and extracurricular activities to those that can maintain physical distancing.
- Consider canceling field trips at the start of the school year and rescheduling when there is good viral control.
- To the greatest extent possible, use virtual group events, gatherings, or meetings, and promote distancing of at least 6 feet between people if events are held. Outdoor events over 250 people are prohibited.

Meals/Cafeterias

School meals play an important part in providing food security for children and adolescents. Decisions about how to serve meals must take into account the fact that in many communities there may be more students eligible for free and reduced meals than prior to the pandemic.

- The best option is to serve individual meals and have students eat in classrooms or other spaces as an alternative to the cafeteria.
- If meals are served in a cafeteria setting, sit students at least 6 feet apart and have students wear face coverings when walking to and from the cafeteria as well as when getting their food.
- Require students and staff to wash hands or use hand sanitizer before and after eating.
- Seat students in staggered arrangements to avoid "across-the-table" seating.
- Have students eat in cohorts.
- Serve individually plated meals/box lunches.
- Avoid buffet style or self-serve meals.
- Do not serve meals family style.
- Do not allow snacks to be shared for classroom activities or events.
- Avoid sharing of food and utensils.
- Utilize outdoor space, when possible.

- Create an environment that is as safe as possible from exposure to food allergens and consistent with individual 504 plans. See [DOH Information on Life Threatening Allergies](https://www.health.pa.gov/topics/school/Pages/Allergies.aspx)
(<https://www.health.pa.gov/topics/school/Pages/Allergies.aspx>)

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Face Coverings and Masks

On July 1, 2020, the

[Secretary of Health issued an Order requiring all individuals to wear a face covering](https://www.governor.pa.gov/wp-content/uploads/2020/07/20200701-SOH-Universal-Face-Coverings-Order.pdf)

(<https://www.governor.pa.gov/wp-content/uploads/2020/07/20200701-SOH-Universal-Face-Coverings-Order.pdf>)

when they leave their homes. The order outlines situations when a face covering must be worn and includes limited exceptions (see Section 3 of the Order). The Secretary issued this Order to continue to protect all in the Commonwealth from the spread of COVID-19, mindful of the need to slow the increase in the number of cases as the Commonwealth reopens and in order to avoid the resurgence that is overwhelming the health care systems and public health systems in other states that have been less successful in reopening than the Commonwealth.

This Order applies to any individual aged two and older whenever outside the home, including while in school entities, including public K-12 schools, brick and mortar and cyber charter schools, private and parochial schools, career and technical centers, and intermediate units; educational programming for students in non-educational placements such as residential settings (boarding schools), residential facilities, detention centers, and hospital settings; PA Pre-K Counts, Head Start Programs and Preschool Early Intervention programs; Private Academic Nursery Schools and locally-funded prekindergarten activities.

The Order was effective July 1, 2020 and will remain in effect until the Secretary of Health determines the public health risk is sufficiently reduced so that face coverings are no longer necessary as a widely utilized public health tool.

"Face covering" means a covering of the nose and mouth that is secured to the head with ties, straps, or loops over the ears or is wrapped around the lower face. A "face covering" can be made of a variety of synthetic or natural fabrics, including cotton, silk, or linen, and, for the purposes of the Order, can include a plastic face shield that covers the nose and mouth. "Face coverings" may be factory-made, sewn by hand, or improvised from household items, including but not limited to, scarves, bandanas, t-shirts, sweatshirts, or towels. While procedural and surgical masks intended for health care providers and first responders, such as N95 respirators, would meet these requirements, these specialized masks should be reserved for appropriate occupational and health care settings.

School Staff and Visitors

- Face coverings, such as masks or face shields, must be worn by all non-students, both staff and visitors (including parents and guardians), while on school property, including during student drop-off and pickup.
- Individuals must wear a face covering (mask or face shield) unless they have a medical or mental health condition or disability, documented in accordance with the Americans with Disabilities Act, that precludes the wearing of a face covering in school.
- Teach and reinforce use of face coverings among all staff.
- Face coverings may be removed to eat or drink during breaks and lunch periods; however, at those times, social distancing must be practiced.
- Staff are not required to wear a face covering in situations where wearing a face covering creates an unsafe condition to operate equipment or execute a task.
- Transparent face coverings provide the opportunity for more visual cues and should be considered as an alternative for younger students, students who are deaf and hard of hearing, and their teachers. Individuals who are communicating or seeking to communicate with someone who is hearing impaired or who has another disability, where the ability to see the mouth is essential to communication, are not required to wear a mask; however, individuals should consider using another type of face covering such as a plastic face shield and increase physical distancing.
- Have an adequate supply of face coverings and other personal protective equipment (PPE) at each school building and carefully monitor inventory. (See

for assistance sourcing these materials.)

Students

- All students must wear a face covering (cloth mask or face shield) that covers their nose and mouth inside the school and while outside when physical distancing is not feasible.
- Children two years and older are required to wear a face covering unless they have a medical or mental health condition or disability, documented in accordance with Section 504 of the Rehabilitation Act or IDEA, that precludes the wearing of a face covering in school. Accommodations for such students should be made in partnership with the student's health care provider, school nurse, and IEP/504 team.
- Teach students and families how to properly wear a face covering (cover nose and mouth), to maintain hand hygiene when removing the face covering for meals and physical activity, and how to replace and maintain (washing regularly) a cloth face covering.
- Schools should provide face covering breaks throughout the day. Maintain a distance of at least 6 feet during these face covering breaks. Schools may allow students to remove face coverings when students are:
 - Eating or drinking when spaced at least 6 feet apart;
 - Seated at desks or assigned workspaces at least 6 feet apart;
 - Engaged in any activity at least 6 feet apart (e.g., face covering breaks, recess, etc.); or
 - When wearing a face covering creates an unsafe condition in which to operate equipment or execute a task.
- Transparent face coverings provide the opportunity for more visual cues and should be especially considered as an alternative for younger students, students who are deaf and hard of hearing, and their teachers.

Sports

Coaches, athletes, and spectators must wear face coverings unless they are outdoors and can consistently maintain social distancing of at least 6 feet. Athletes are not required to wear face coverings while actively engaged in workouts and competition that prevent the wearing of face coverings, but must wear face coverings when on the sidelines, in the dugout, etc. and anytime 6 feet of social distancing is not possible.

See the Governor's

Guidance for All Sports Permitted to Operate During the COVID-19 Disaster Emergency to Ensure the Safety and Health of Employees, Athletes and the Public

(<https://www.governor.pa.gov/covid-19/sports-guidance/>)

for comprehensive sporting activity guidance.

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Hand Hygiene, Cleaning, and Disinfection

COVID-19 may survive on certain surfaces for some time, which means it is possible to be infected after touching a contaminated surface and then touching the mouth, eyes, or nose. Frequent handwashing, along with cleaning, sanitizing, disinfecting, and ventilating learning spaces and any other areas used by students (i.e., restrooms, hallways, and transportation), decreases transmission.

Hand Hygiene

- When handwashing, individuals should use soap and water to wash all surfaces of their hands for at least 20 seconds, wait for visible lather, rinse thoroughly, and dry with a disposable towel.
- Teach and reinforce washing hands and covering coughs and sneezes among students

[CDC Handwashing Resources](#) 

and staff. See (<https://www.cdc.gov/handwashing/materials.html>) .

- Make hand sanitizer available in common areas, hallways or in classrooms, or in all three, where sinks for handwashing are not available. See

(<https://www.cdc.gov/handwashing/hand-sanitizer-use.htm>)

[CDC Hand Sanitizer Use](#) )

- Work with local health departments and health care systems to disseminate hygiene and disinfection strategies for infection prevention at home.
- Have adequate supplies and carefully monitor inventory to support healthy hygiene behaviors, including soap, hand sanitizer **with at least 60 percent alcohol**, paper towels, tissues, and no-touch trash cans. (See

Pennsylvania COVID-19 PPE & Supplies Business-2-Business (B2B) Interchange Directory

(<https://dced.pa.gov/pa-covid-19-medical-supply-portals/pennsylvania-covid-19-ppe-supplies-business-2-business-b2b-interchange-directory/>)

for assistance sourcing these materials.)

Cleaning and Disinfection

- Clean and disinfect frequently touched surfaces and objects within the school and on school buses at least daily, including door handles, sink handles, and drinking fountains.
- Disinfect buses after each run. Thoroughly clean and disinfect buses daily.
- Clean spaces when used by different groups or cohorts of students.
- Clean and disinfect bathrooms frequently throughout the day.
- Disinfect shared equipment such as computers, keyboards, art supplies, tools and play/gym equipment frequently, and promote hand washing before and after sharing equipment. Consider obtaining extra supplies and materials to limit the need for sharing. Limit the use of shared equipment when possible.
- Have students and staff wash hands (or use hand sanitizer) before and after touching shared equipment.
- Limit or prohibit the use of communal drinking fountains and provide safe alternatives for providing water, when possible.
- If possible, eliminate high-touch surfaces (i.e., remove cabinet doors so that students and staff can easily access supplies without touching a door or handle.)
- Use

routine cleaning practices (<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>)

for

indoor areas that have not been used for 7 or more days or outdoor equipment.

- Follow standard protocols to clean surfaces that are not high touch, such as bookcases, cabinets, wall boards, or drapes, as well as floors and carpets.
- Use disinfectants registered by the EPA as effective against SARS-CoV-2, the virus that causes COVID-19. See

List N on the EPA website (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>)

. Refer to and follow manufacturers' direction for use. Only products labeled as safe for humans and the environment


(https://osha.washington.edu/sites/default/files/documents/Updated%20Safer%20Disinfectants%20List_March%2026,%202020.pdf)

(e.g., Safer or Designed for the Environment), containing active ingredients such as

hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.

- Do not have students present when disinfectants are being used or have students participate in disinfecting activities.
- Ensure ventilation systems operate properly and increase circulation of outdoor air by opening windows and doors when possible.

In addition to the standards above, Pre-K to 12 schools should refer to the

[CDC Cleaning and Disinfecting Your Facility](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html) 

(<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>)

for guidance on how to clean specific surfaces.

Outdoor Playground Spaces

- Clean and disinfect plastic and metal playground equipment, particularly high-touch surfaces such as railings, handles, etc., frequently and routinely over the course of each day.
- Have students and staff wash their hands or use hand sanitizer, before and after being on playgrounds.
- Reinforce physical distancing of at least 6 feet during playground play.
- Limit the size of groups using the playground at any one time.
- Consider providing access to hand washing/sanitizing stations on the playground.


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Individuals with Disabilities or Other Chronic Conditions


Students with Disabilities or Other Chronic Conditions

Every student with a disability is entitled to a free appropriate public education including services, or accommodations, or both based on their individualized education program (IEP) or 504 Plan. It may not be feasible, depending on the needs of the individual child or adolescent, to adhere to distancing guidelines. Teams should determine a student's ability to meet distancing guidelines on a case by case basis, which may require creative solutions. If a student with a disability is unable to follow the distancing or other health and safety guidelines, schools should at all times follow applicable federal and state law, and take the following steps:


- Collaborate with student's parent/guardian, medical provider, certified school nurse and school administrators to develop an appropriate educational plan of care for students (i.e., 504 Plan or IEP).
- Determine how to meet student needs safely and consider the following:

[CDC People who are at increased risk for severe illness](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html) 

(<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>)

[CDC People who need to take extra precautions](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html) 

(<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>)

[CDC Other at-risk populations](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-risk-populations.html)  (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-risk-populations.html>)

- Medically fragile and high-risk students and the staff assigned to those classrooms should have a symptom screening done at school daily, in addition to the symptom screening required prior to arriving at school. (

[/Schools/safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/PublicHealthGuidance/Pages/default.aspx#screening](https://www.cdc.gov/schools/safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/PublicHealthGuidance/Pages/default.aspx#screening)

[See Symptom Screening Tool](https://www.cdc.gov/schools/safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/PublicHealthGuidance/Pages/default.aspx#screening),[px#screening](https://www.cdc.gov/schools/safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/PublicHealthGuidance/Pages/default.aspx#screening))

- Consider remote learning options when appropriate.

Staff with Chronic Conditions

- Staff at higher risk should avoid gathering in groups of any size and avoid common areas such as staff lounges.
- Schools should consider providing alternate work options or duties that minimize exposure risk, including telework options, where feasible.

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Immunizations

Efforts to reduce the transmission of COVID-19 have led to many children not receiving routine preventative medical services. It is vital that all children receive recommended vaccinations on time and get caught up if they are behind as a result of the pandemic. Routine vaccination prevents illnesses that lead to unnecessary medical visits, additional outbreaks of vaccine preventable diseases, hospitalizations, and further strain on schools, families and health care systems.


Schools should work with local pediatricians, school nurses, and public health authorities to promote childhood vaccination messaging before and during the school year. Students, families and staff should be encouraged to get the influenza vaccination. The flu vaccine is vital to reducing the impact of respiratory illness in communities.

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Communication/Awareness

All Pre-K to 12 schools should have a Health and Safety Plan that includes a system for ensuring ongoing communication with families around the elements of the local Health and Safety Plan including ways that families can practice safe hygiene in the home.

- Post signs in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a face covering).
- Post signs on how to stop the spread of COVID-19, such as screening symptoms and staying at home when sick, properly washing hands, everyday protective measures, and how to properly wear a face covering. The

CDC developed resources  ([https://www.cdc.gov/coronavirus/2019-ncov/communication/print-re-](https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date::desc)
[sources.html?Sort=Date::desc](https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date::desc))

that can be utilized in the school setting.

- Broadcast regular announcements on reducing the spread of COVID-19 during the school day.
- Include messages (e.g., videos) about behaviors that prevent the spread of COVID-19

when communicating with staff, students and families (such as on school websites, in emails, and on school social media accounts).

- Ensure communications are in common languages spoken at school and home and easily understandable for students and adults.
- Post the local Health and Safety Plan on the school entity's public website prior to allowing students to return to school.
- Provide regular update information on school websites and in parent flyers/letters.
- Encourage caregivers and families to practice and reinforce good prevention habits at home and within their families.
- Remind parents/guardians/caregivers to keep children at home if sick with any illness.
- Prepare parents/guardians/caregivers and families for remote learning if school is temporarily dismissed.
- Provide training to prepare parents/guardians/caregivers for digital and remote learning.
- Discourage students and families from gathering in public places while school is dismissed to help slow the spread of COVID-19 in the community.

Additional Resources

Pennsylvania Department of Health Translated Materials

(<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Translated.aspx>)

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CDC print and digital resources to reinforce everyday protective measures

- (<https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html>)

CDC Communication Toolkit for Migrants, Refugees, and Other Limited-English-Proficient Populations

(<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/communication-toolkit.html>)

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Symptom Monitoring


Staying home when sick is one of the most effective ways to minimize the risk of transmission of COVID-19. Both symptom screening and testing are strategies used to identify individuals with COVID-19. The CDC


[Interim Considerations for K-12 School Administrators for SARS-CoV-2 Testing](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-child-care/k-12-testing.html) 

(<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-child-care/k-12-testing.html>)


provides additional information on types of testing and outlines scenarios for when students may need testing. This information may be used in conjunction with the attendance considerations below as a framework to inform attendance policies and practices.

Pre-K to 12 schools should communicate to everyone in the education community that staff and children should not come to school and to notify school officials if they become sick with


COVID-19 symptoms  **, test positive for COVID-19, or are**

exposed  **to someone with COVID-19 symptoms or to someone with a confirmed or probable case of COVID-19.**

School staff and families may benefit from using the

[DOH Symptom Screening Tool](https://schools.safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/PublicHealthGuidance/Pages/default.aspx#screening) 

- Adopt flexible attendance and sick leave policies for students and staff.
- Instruct parents to keep children at home if they are ill.
- Any student or staff with a fever of 100.4 degrees or higher or the symptoms of possible COVID-19 infection should not be in school. (

[See Symptom Screening Tool](https://schools.safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/PublicHealthGuidance/Pages/default.aspx#screening) 

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- Provide school staff with necessary equipment to measure temperatures for any

student or staff who may become ill during the school day.

- Work with school administrators, nurses, and other health care providers to identify an isolation room or area to separate anyone who develops the symptoms of COVID-19 while on school premises. (

(/Schools/safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/PublicHealthGuidance/Pages/default.aspx#screening)

See Symptom Screening Tool.


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- Provide ongoing education and communication to staff, parents/guardians and students about signs and symptoms of COVID-19, and the importance of staying home if sick. See the

(https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symp-

CDC Symptoms Fact Sheet toms.pdf)

and

CDC Prevent Spread of COVID-19 

(https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf)

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- Require students and parents/guardians/caregivers to perform a symptom screening prior to arriving at school or at the bus stop each day. (

(/Schools/safeschools/emergencyplanning/COVID-19/SchoolReopeningGuidance/ReopeningPreKto12/PublicHealthGuidance/Pages/default.as-

See Symptom Screening Tool.

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Additional Resources

- DOH

Guidance on Home Isolation or Quarantine and Returning to Work

(https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Quarantine-Isolation%20Work%20Guidance.pdf)

- DOH

PA Health Alert Network (HAN) #504

(https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-504-05-04-UPD%20-Interim%20Gu.pdf)

CDC guidance on how to safely end home isolation 

(https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html?CDC_AA_refVal=https://www.cdc.gov/coronavirus/2019-ncov/prev
ent-getting-sick/when-its-safe.html)

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Responding to Confirmed or Probable Cases

After a Positive Case of COVID-19

DOH or county and municipal health departments

(<https://www.health.pa.gov/About/Pages/State%20Health%20Centers.aspx>)

(CMHDs) staff will notify the school entity immediately upon learning that a person with a confirmed or probable case of COVID-19 was present at the school or a school event while infectious. DOH or CMHD staff will assist the school with risk assessment, isolation and quarantine recommendations, and other infection control recommendations. Schools should take every measure to maintain the confidentiality of the affected individual.


It is the responsibility of DOH or CMHD staff to contact a student or staff person with COVID-19, inform close contacts of their possible exposure, and give instructions to those involved, including siblings and other household members, regarding self-quarantine and exclusions. The individual who tested positive will not be identified in communications from DOH or the CMHD to the school community at large but may need to be selectively identified for contact tracing by the DOH or CMHD staff.

Pre-K to 12 schools are reminded to contact local DOH or CMHD staff before acting in response to a known or suspected communicable disease. Call DOH at 1-877-PA Health (1-877-724-3258); a representative is on-call 24 hours a day. Pre-K to 12 schools located in a jurisdiction with a CMHD should call the CMHD. DOH and CMHDs will provide guidance to schools regarding disease information, appropriate letters and communications, identification of high-risk individuals, appropriate action and treatment, and on-going support and assistance.

- If the person is present on school property when DOH or CMHD staff notify the school of the positive case information, the person should immediately, but discreetly, be

taken to the COVID-19 related isolation space for pick up (if student) or asked to return home (if staff).

- Establish procedures for safely transporting home sick individuals.
- Contact DOH or the CMHD for further guidance if a parent/guardian/caregiver notifies the school of potential exposure by a student, staff member, or school visitor.
- The entire building does not need to be evacuated.
- Wait at least 24 hours before cleaning and disinfecting. If not feasible, wait as long as possible. If seven days have passed since the sick individual was in the affected area, cleaning is not needed.
- Close off areas used by the sick person and do not use again before cleaning and disinfecting. Follow

[CDC Guidance on Cleaning and Disinfecting](https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html) 

(<https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>)

protocols.

- Create a communication system to self-report symptoms and for notifying staff and families of exposures and closures. Schools should, however, take every measure to maintain the confidentiality of the affected individual.

Contact Tracing

Robust surveillance, case investigation, contact tracing and isolation of positive cases or quarantine of close contacts can slow and stop the transmission of COVID-19.

Pennsylvania's public health infrastructure of epidemiologists, community health nurses, and CMHD staff are the backbone of this work. More information on contact tracing and case investigation can be found in

(<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Contact-Tracing.aspx>)

[DOH'S Contact Tracing Plan](https://www.health.pa.gov/topics/disease/coronavirus/Pages/Contact-Tracing.aspx).

DOH and its CMHD partners have established procedures for timely communication with Pre-K to 12 school entities when there is a probable or positive COVID-19 case. Local DOH staff or the CMHD will notify the school entity and PDE immediately upon learning that someone who tested positive for COVID-19 was present at the school or school event while infectious. DOH or CMHD staff will assist the Pre-K to 12 school with risk assessment, isolation and quarantine recommendations, and other infection control recommendations.

DOH or CMHD staff will assist the Pre-K to 12 school entity with contact tracing and may request information regarding potential close school contacts from school nurses/health staff. Decisions to track additional health information (i.e., quarantine timeframes) will be made at the local school level.

Take measures that allow for exposed individuals to be more easily traced:

- Use assigned seating for each class when feasible.
- Take attendance for every class and include all individuals (staff and contractors) who were in the classroom.
- Use sign-in sheets for in-person meetings to document staff attendees.
- Keep accurate records of any persons other than students and staff that enter the building, their reason for being there, the locations in the building they visit, and the names of close contacts they visit in the building if possible.

Attendance Policies

Current quarantine guidance for close contacts of persons with COVID-19 may present attendance challenges for students who are quarantined because of a household contact with a case. A "close contact" is defined as either being within approximately 6 feet of a COVID-19 case for 15 or more minutes (close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case), or having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). See the

Department of Health Case versus Contact

(<https://www.health.pa.gov/topics/disease/PublishingImages/Case-Contact.png>)

for more information on these distinctions.

- Schools should be prepared to refer symptomatic individuals or those who have a known exposure to a confirmed case to an appropriate health care provider or testing site. Refer to DOH information on

Coronavirus Symptoms and Testing

(<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Symptoms-Testing.aspx>)

for details on current testing locations throughout the Commonwealth.

- Schools should support students and staff who are quarantined by allowing for leniency in absenteeism from in-person instruction and extra-curricular activities and transitioning to remote learning and work.

Returning to Pre-K to 12 School

- Staff and students with fevers or symptoms associated with COVID-19 should seek medical attention for further evaluation and instructions before returning to school.
- Staff and students with fever or symptoms that may be associated with COVID-19 and no known direct exposure to a person with COVID-19 may return to school when they are asymptomatic and have been fever free for at least 24 hours without the use of fever-reducing medicine or have confirmation of an alternative diagnosis from a health care provider that explains the COVID-19-like symptom(s).
- Staff or students with symptoms who have had a direct exposure to a person with COVID-19 will be considered probable cases and should remain excluded from school/work until

release from isolation criteria <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>)
has been met.

- A student or staff member who is quarantined following close contact with a case may not return to school until cleared to do so by DOH or the appropriate CMHD. A negative test obtained prior to the end of quarantine does not clear an individual for return. The entire quarantine period must be completed. See CDC guidance on

Quarantine if You Might be Sick <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>)

Closing School

The Department of Health will continue to monitor community transmission rates and other surveillance metrics across the commonwealth, including Pre-K to 12 school specific outbreaks of COVID-19. Based on this disease monitoring and surveillance DOH may, in close coordination with PDE, issue guidance related to targeted school closures as part of a wider public health mitigation strategy.

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Example School Symptom Screening Tool

Complete Daily Prior to School/Work*

Employee or Student Name:

Assigned Class/Group:

Temperature:

Are you/is the student taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?

Are you/is the student experiencing any of the following?

| Group A 1 or more symptoms | Group B 2 or more symptoms |
|---|---|
| Fever (100.4 or higher) Cough Shortness of breath Difficulty breathing | Sore throat Runny nose/congestion Chills New lack of smell or taste Muscle pain Nausea or Vomiting Headache Diarrhea |

Stay home if, you or the student:

- Have one or more symptoms in Group A **OR**
- Have two or more symptoms in Group B **OR**
- Are taking fever reducing medication.

**May be utilized as a screening tool for both at home and on-site screening practices.*