Utah State Board of Education

08/12/2020
Version 3.0

School Reopening Planning Handbook

Contents

INSTRUCTIONS FOR USING THIS HANDBOOK

Local education agencies (school districts and charter schools also known as LEAs) are required to develop local plans for safely reopening schools for in-person instruction in the fall of 2020. This Handbook is intended to support local planning efforts by providing:

- a prompt to consider establishing guiding principles for reopening;
- recommended considerations associated with state requirements; and
- a tool to support LEAs in applying a principles-based problem-solving framework to assess and mitigate risk from COVID-19.

The focus of this Handbook is health and safety. USBE has provided, and is continuing to develop, resources specific to teaching and learning and student wellness, including USBE's Resource Hub for Educators. These and other resources can be found on USBE's Coronavirus webpage at www.schools.utah.gov/coronavirus.

The information contained in this Handbook will continue to evolve as further research, data, and resources become available.

Consult the following key:

- **State Requirements** (indicated with bold, purple font) were determined to be in the best interest of Utah's students and faculty to create a consistent, state-wide standard of expectation. The requirements should be kept and incorporated into your plans.
- Gray boxes include recommendations that provide considerations to guide local planning efforts and may be adapted to fit the unique circumstances of each LEA, school, and individual classroom.

Version 3.0 of this Handbook has been updated to:

1. **Reference a Resource**
   Reference and links have been added to the Utah Department of Health's COVID-19 School Manual, which contains supplemental health considerations. The manual is an expansion of guidance LEAs have been given for the reopening of schools and is intended to be a companion document to answer many questions in areas like contact tracing in schools, quarantine, isolation, screening for symptoms, cleaning, and considerations for employees.

2. **Eliminate a Requirement**
   At the request of the Utah Department of Health (UDOH) and the medical community, the Board eliminated the following requirement under the Monitoring for Incidents section (p. 8): "Do not allow symptomatic individuals to physically return to school unless their symptoms are not due to a communicable disease as confirmed by a medical provider." This brings USBE's requirements in line with updated health guidance contained in the COVID-19 School Manual, which advises against requiring a doctor's note for students, teachers, or employees to return to school or work (p. 28). Consult with your local health department and the COVID-19 School Manual for guidance on symptom monitoring and quarantine and isolation protocols.

3. **Institute a New Requirement**
   The Board added the following requirement under the Containing Potential Outbreaks section

(p. 9): “Implement proactive planning, protocols and procedures for outbreak scenarios as recommended in the Department of Health’s COVID-19 School Manual.”

Guiding Principles

There are a number of factors schools are balancing when developing reopening plans for the fall. In addition to public health and safety, schools have other crucial components to consider, including social emotional and mental health needs, learning outcomes, equity, and the impact of the education sector on the larger economy. Establishing guiding principles at the outset of planning efforts can help inform the desired balance of risk mitigation strategies to adopt.

Consider the following questions:

- What are your guiding principles for re-opening?
- What is your purpose statement for re-opening?

Examples

- Providing social-emotional and academic support for highly impacted student populations
- Providing clear and consistent communication to entire school community
- Elevating educators and equip them for success
- Taking extra precautions with the most vulnerable and high-risk populations

Resources

- *Utah Leads Together: Color-Coded Phased Guidelines* for definitions and specifics regarding high-risk individuals: https://coronavirus.utah.gov/utah-leads-together/
- USBE’s coronavirus webpage: http://www.schools.utah.gov/coronavirus
- USBE guidance on supporting families during remote learning: https://schools.utah.gov/file/eaf03f5d-64bb-4e0d-a997-0edf2b816623

Repopulating Schools

Communication and Training

State Requirements

- Develop administrator/teacher/staff education and training on school’s reopening protocol and action plans
    - Educate and train students and caregivers on school’s protocols and action plan; post and/or make accessible to school communities
    - Make materials available to families in their respective preferred/primary language
- Appoint a point of contact for each school available for questions or specific concerns.

Consider the following details when developing administrator/teacher/staff education and training plans

- **Topic:** the content on which the training will focus
- **Audience:** the stakeholder group(s) who will participate

- **Lead Person and Position:** the person or organization that will provide the training
- **Session Format:** the strategy/format that will be utilized to facilitate participant learning
- **Materials, Resources, and or Supports Needed:** any materials, resources, or support required to implement the requirement
- **Start Date:** the date on which the first professional learning activity for the topic will be offered.
- **Completion Date:** the date on which the last professional learning activity for the topic will be offered

Additional Recommended Considerations

- Regularly communicate to staff, students and families on best practices for at-home preventive care
- Use a variety of communication tools to reach varying stakeholder audiences including email, voice messaging, website, social media, and print mailings
- Communicate the economic importance of supporting parents' return to a normal workday
- Express a willingness to always evaluate, improve and reevaluate as necessary
- Be prepared for locally driven crisis response communications
- In consultation with local health, pre-write/draft statements for varying situations regarding outbreaks, positive cases, etc.
- Plan to include messaging to counter stigma and discrimination

Resources

- See Appendix for a handout describing the principles-based, problem solving framework to mitigate risk in school settings

Accommodating Individual Circumstances (e.g., High-Risk, Personal Decisions)

State Requirements

- Create a process for students/families and staff to identify as high risk for severe illness due to COVID-19 and have a plan in place to address requests for alternative learning arrangements, remote learning or instruction, or work re-assignments
- Take reasonable steps to minimize and mitigate risk for employees who identify as high-risk as outlined in the Utah Leads Together Plan and by ADA
- Systematically review all current plans (e.g., Individual Healthcare Plans, Individualized Education Plans or 504 plans) for accommodating students with special healthcare needs and update their care plans as needed to decrease their risk for exposure to COVID-19

- Accommodate personal decisions of families and students who would prefer to continue remote learning, to the extent of resources available
- Consider emotional and social needs of educators including additional stresses related to workload, adult interactions, and breaks
- Consider emotional and social needs of students, including physical breaks and peer engagement

Resources

- The Families First Coronavirus Relief Act (FFCRA) requires certain employers (including schools) to give employees emergency paid sick leave or expanded family and medical leave for reasons related to COVID-19
- See Appendix for a table overview of the FFCRA developed by the Utah Department of Health
- See the COVID-19 School Manual for additional considerations for schools as employers.

Enhanced Environment Hygiene & Safety

State Requirements

- Develop protocols for implementing an increased cleaning and hygiene regimen
- Per State Public Health Order, each individual, including an employee, student, or visitor, on school property or on a school bus is required to wear a face covering. See the State Public Health Order for exceptions based on individual circumstances and for certain activities.
- Make hand sanitizer, disinfecting wipes, soap and water, or similar disinfectant readily available to staff/students/visitors in controlled environments to ensure safe use

Recommended Considerations

- Implement hygiene standards as a part of regular instruction
- Assist local health department should they require contact tracing
- Clean and disinfect frequently touched surfaces and items at least daily (doorknobs, desks, computers, sporting equipment, shared supplies, etc.)
- Locally determine what constitutes an adequate hygiene and prevention inventory: PPE supplies, face coverings, sanitizer, soap, etc.
- Maximize physical distancing, acknowledging that physical distancing of 6 feet or greater is not feasible in many instances
- Work with your local health department to deploy proper sanitation processes
- Consider temporary closure of computer lab if students are able to access the content outside the lab (i.e., school has 1:1 devices)

Resources

- Physical distancing and face coverings signage developed by the State of Utah: https://drive.google.com/drive/folders/1Se3ny-UO7SXdzCxvuSnER78om77Id_Za
- Resources to support hand hygiene geared toward children: https://www.cdc.gov/handwashing/materials.html
- Reference to COVID-19 School Manual for additional enhanced environment hygiene and safety considerations.

School Schedules

Due to the unique nature of school schedules, USBE has not provided state-wide requirements. Please consider the needs of your LEA and how this aspect could impact student learning, particularly for vulnerable students for whom remote learning is suboptimal, and families' child care needs.

Recommended Considerations

- When considering strategies that attempt physical distancing by reducing the number of students on-campus, consider financial hardships and alternative childcare arrangements for single parent families or for families in which both parents must work outside the home and strain on childcare capacity.

Monitoring for Incidents

Preparation Phase

State Requirements

- Develop administrator/teacher/staff education and training on your protocol for symptom monitoring

Symptom Monitoring

State Requirements

- Establish a plan to assist families in conducting symptom checking at home
- Assist families in access to thermometers, or other items, as needed to fulfill appropriate symptom checking requirements
- Monitor staff/student symptoms and absenteeism carefully
- Educate and promote to staff/students: "If you feel sick; stay home"
- Do not allow symptomatic individuals to physically return to school unless their symptoms are not due to a communicable disease as confirmed by a medical provider

Additional Recommended Considerations

- Develop a plan for monitoring students and staff for COVID-19 symptoms
- Implement more lenient absentee policies during periods of mild to moderate and sustained local COVID-19 transmission
- Have parents or caregivers complete an affirmation that they will not send their children to school with symptoms.
- Provide options for those with barriers (e.g. if parents or caregivers are unable to check symptoms, allow them to request the school check the student's symptoms)
- Consider leniency of punitive attendance and late work policies due to student illness

Resources

- See Appendix for sample checklists and attestation forms developed by the Utah School Nurses Association
- See symptom monitoring signage developed by the State of Utah here: https://drive.google.com/drive/folders/1Se3ny-UO7SXdzCxvuSnER78om77Id_Za
- Reference the COVID-19 School Manual for additional symptom monitoring considerations

Containing Potential Outbreaks

Preparation Phase

State Requirements

- Develop administrator/teacher/staff education and training on school's protocol for containing potential outbreaks
- Consult with local health department regarding procedures for tracing a positive COVID-19 case by an employee, student, visitor, or those who have come into contact with an individual testing positive

Quarantine/Isolation Protocol[1]

State Requirements

- Designate quarantine rooms at each school to temporarily house students who are unable to return home
- Communicate health and safety issues transparently, while protecting the privacy of students and families

Additional Recommended Considerations

- Ensure office first aid kit includes a digital thermometer
- Consider identifying three separate quarantine areas for students: a) a General Waiting Area (for students presenting with unscheduled needs); b) a Well Student Area (for students presenting with scheduled medical needs); c) a Quarantine Area (for students presenting with COVID-19 symptoms—separate from other students)
- Limit the number of students in the office or health room by managing minor injuries and first aid in classrooms

Resources

- Reference the COVID-19 School Manual for isolation and quarantine protocols.
- Decision tree for teachers when determining which students can be treated in the classroom developed by the Utah School Nurses Association: https://a7307de9-8af0-46a8-9007-42fb00d17c90.filesusr.com/ugd/54bb38_68b9b8811b4e4187a293ce869fbed24c.pdf

[1] "Quarantine" refers to the recommendations regarding someone that has been exposed to virus (but not yet a confirmed case) is recommended to separate oneself while waiting to see if symptoms develop. "Isolation" refers to the recommendations regarding someone who has a confirmed infection.

Temporarily Reclosing (if Necessary)

Preparation Phase

State Requirements:

- Develop administrator/teacher/staff education and training on school's protocol for temporarily reclosing schools if necessary
- Establish a plan in consultation with local health on responding to confirmed cases and the coordination of temporary closure of a school
- In the event of an outbreak, contact the local health department in order to trigger the pre-established plan which may include: class dismissal, school dismissal, longevity of dismissal based on community spread, cleaning/sanitization, communications, contact tracing, etc.

Resources

- See Appendix for decision model depicting criteria at the community and school level that may factor into decisions to execute scenarios ranging from full in-person learning, remote learning, and hybrid approaches

Transition Management Preparation

State Requirements:

- Develop a communication procedure for students and faculty in the case there is a temporary reclosure
- Review original Continuity of Education Plans that were implemented during the spring 2020 soft closure and analyze lessons learned. Consider making changes accordingly and incorporating into transition management plans
- Analyze remote learning capabilities
- Explore extracurriculars/in-person events that may also need to be temporarily postponed/canceled or transitioned to virtual

Mitigation Tactics for Specific School Settings

Analyze each of the following settings to determine the appropriate risk mitigation strategies to implement. By analyzing the environmental features of your unique setting/activity, you can use what you know about how the virus works and how it spreads to develop a plan for additional strategies. State requirements are included in purple, bold font. The other items are recommended strategies to mitigate risk.

a. *There are seven descriptors to help you break down characteristics of each environment. First, for each setting/activity, identify which descriptor (e.g., directed vs undirected) best describes your setting/activity for each of the seven situational characteristics. For example, is movement of people constrained or highly directed in your setting/activity? Or is it a setting/activity in which movement is fluid and undirected?*

b. *Next, for any high-risk descriptors you selected, consider what steps you could take to adapt your environment so that it reflects the lower risk descriptor. For example, are there things that you can do to decrease the duration that people stay in your setting to less than 15-minutes? What could you do to make it so that there are no points/periods of congestion in your setting? Implementing these ideas will help to decrease the risk to your staff and your students.*

c. *Lastly, for any descriptors that cannot be shifted from the higher to the lower risk descriptors, brainstorm ideas for things you can do to mitigate the risk in other ways. For example, if you can't avoid high-touch surfaces, can you do a better job of cleaning and disinfecting them? How would that work? What do you need to do to make it happen safely? If you can't, consider avoiding the setting/activity until the risk level in your location goes down.*

d. *Add additional rows for other school settings that your LEA would like to address.*

For additional explanation on how to use this worksheet, watch the webinar presented by USBE, Templates & Tools to Re-open K-12 Schools (scheduled for June 29, 2020 and July 8, 2020), and/or consult the Leavitt Partners publication, Principles to Mitigate the Spread of COVID-19 and Situational Characteristics, which can be accessed here.

		Mitigation Tactics				
Setting	Situational Characteristics to Assess Risk Level	Isolate Symptoms	Minimize Outbreak Probability	Physical Distancing	Respiratory Hygiene	Physical Hygiene
		(e.g., contact tracing, testing, symptom monitoring, self-isolation, etc.)	(e.g., group size, interaction with multiple groups, etc.)	(e.g., maintaining distance, close physical interaction, frequency of travel, etc.)	(e.g., face coverings, appropriate covering of sneeze/cough, reduce duration spent face-to-face, increase air flow, etc.)	(e.g., personal hygiene, physical space hygiene, personal protective equipment, etc.)
Classrooms		- Assign seats and/or small groups to support contact tracing	- Develop and provide educator training on implementing strategies to identify and mitigate risk in a classroom setting - Keep the same students and teachers or staff with each group to the greatest extent practicable	- Maximize space between seating and desks (acknowledging that 6 feet of distance between desks is not feasible for most Utah classrooms) - Identify and use large spaces (auditoriums, gyms, and outdoors) to maximize distancing - Move nonessential furniture and equipment out of classrooms to increase distancing footprints	- Seat students facing forward	- Establish separation of students through other means, such as plexiglass barriers, if practicable

Descriptor	*Lower Risk*	*Higher Risk*
Movement	*Directed*	*Undirected*
Duration	*<15 Minutes*	*>15 Minutes*
Proximity	*> 6 Feet*	*< 6 Feet*
Group Size	*<Recommended Limit*	*>Recommended Limit*
Respiratory Output	*Normal*	*Increased*
Touch	*Low*	*High*
Congestion	*Low*	*High*

		Mitigation Tactics				
Setting	Situational Characteristics to Assess Risk Level	Isolate Symptoms	Minimize Outbreak Probability	Physical Distancing	Respiratory Hygiene	Physical Hygiene
		(e.g., contact tracing, testing, symptom monitoring, self-isolation, etc.)	(e.g., group size, interaction with multiple groups, etc.)	(e.g., maintaining distance, close physical interaction, frequency of travel, etc.)	(e.g., face coverings, appropriate covering of sneeze/cough, reduce duration spent face-to-face, increase air flow, etc.)	(e.g., personal hygiene, physical space hygiene, personal protective equipment, etc.)
Transitions	*Descriptor* / *Lower Risk* / *Higher Risk* Movement / *Directed* / *Undirected* *Duration* / *<15 Minutes* / *>15 Minutes* *Proximity* / *> 6 Feet* / *< 6 Feet* *Group Size* / *<Recommended Limit* / *>Recommended Limit* *Respiratory Output* / *Normal* / *Increased* *Touch* / *Low* / *High* *Congestion* / *Low* / *High*	- Stagger or limit transitions to support contact tracing and minimize interactions with multiple groups	- Increase time for transitions	- Identify high traffic areas and apply floor markings or signage to direct traffic - Minimize and monitor congregation of students		- Provide cups or alternative procedures to minimize use of water fountains when at all possible - Prop doors open to reduce touch - Clean high-touch surfaces after transition periods
Entry/Exit Points	*Descriptor* / *Lower Risk* / *Higher Risk* Movement / *Directed* / *Undirected* *Duration* / *<15 Minutes* / *>15 Minutes* *Proximity* / *> 6 Feet* / *< 6 Feet* *Group Size* / *<Recommended Limit* / *>Recommended Limit* *Respiratory Output* / *Normal* / *Increased* *Touch* / *Low* / *High* *Congestion* / *Low* / *High*	- Establish protocols for drop-off/pick-up and communicate updates and expectations to families - Consider staggering arrival and drop off times and plan to limit direct contact (I.e. stay in vehicle, etc.)	- Limit nonessential visitors and volunteers to campuses and programs; each school is to determine essential versus nonessential - Establish protocols for any visitors and non-regular staff, including at a minimum temperature checking and the wearing of face coverings - Consider protocols for visitors, including sign-in and sign-out, locations being visited, screening, calling front office before entering, etc.	- Designate entry/exit flow paths to minimize congestion - Post visible signage to encourage physical distancing - Use both entrance and egress to avoid clustering at single points of entry	-	- Make available hand sanitizer and/or hand washing stations upon exit/entry

		Mitigation Tactics				
Setting	Situational Characteristics to Assess Risk Level	Isolate Symptoms	Minimize Outbreak Probability	Physical Distancing	Respiratory Hygiene	Physical Hygiene
		(e.g., contact tracing, testing, symptom monitoring, self-isolation, etc.)	(e.g., group size, interaction with multiple groups, etc.)	(e.g., maintaining distance, close physical interaction, frequency of travel, etc.)	(e.g., face coverings, appropriate covering of sneeze/cough, reduce duration spent face-to-face, increase air flow, etc.)	(e.g., personal hygiene, physical space hygiene, personal protective equipment, etc.)
Transportation	*Descriptor* / *Lower Risk* / *Higher Risk* Movement / *Directed* / *Undirected* *Duration* / *<15 Minutes* / *>15 Minutes* *Proximity* / *> 6 Feet* / *< 6 Feet* *Group Size* / *<Recommended Limit* / *>Recommended Limit* *Respiratory Output* / *Normal* / *Increased* *Touch* / *Low* / *High* *Congestion* / *Low* / *High*	- Assign seating to support contact tracing	- Develop protocols for minimizing mixing of students from different households and regularly cleaning and disinfecting seats and other high-touch surfaces	- Maximize physical distancing, acknowledging that physical distancing of 6 feet or greater is not feasible in many instances		- Implement strategies to ensure driver safety - Plexiglass around driver
Restrooms	*Descriptor* / *Lower Risk* / *Higher Risk* Movement / *Directed* / *Undirected* *Duration* / *<15 Minutes* / *>15 Minutes* *Proximity* / *> 6 Feet* / *< 6 Feet* *Group Size* / *<Recommended Limit* / *>Recommended Limit* *Respiratory Output* / *Normal* / *Increased* *Touch* / *Low* / *High* *Congestion* / *Low* / *High*	- If students are grouped by the same hallway/floor/grade level, designate restroom for each cohort	- Systems to reduce simultaneous, multiple users and thus reduce contact with others	individuals in a restroom - Increase barriers between stalls/urinals - Block off every-other stall	- Ensure proper airflow and ventilation through building engineering - Place markings on floor to encourage physical distancing when waiting to use facilities	- Provide education and display signage on proper hand hygiene - Create schedule for cleaning high-touch areas (e.g., faucets, paper towel dispensers, door handles) - Ensure PPE (gloves, masks) is available for staff providing support in restrooms, including custodians - Provide training for proper cleaning protocols for COVID-19 - Establish a rotating monitor to frequently ensure soap is available

		Mitigation Tactics				
Setting	Situational Characteristics to Assess Risk Level	Isolate Symptoms	Minimize Outbreak Probability	Physical Distancing	Respiratory Hygiene	Physical Hygiene
		(e.g., contact tracing, testing, symptom monitoring, self-isolation, etc.)	(e.g., group size, interaction with multiple groups, etc.)	(e.g., maintaining distance, close physical interaction, frequency of travel, etc.)	(e.g., face coverings, appropriate covering of sneeze/cough, reduce duration spent face-to-face, increase air flow, etc.)	(e.g., personal hygiene, physical space hygiene, personal protective equipment, etc.)
afeterias	*Descriptor* / *Lower Risk* / *Higher Risk* Movement / *Directed* / *Undirected* *Duration* / *<15 Minutes* / *>15 Minutes* *Proximity* / *> 6 Feet* / *< 6 Feet* *Group Size* / *<Recommended Limit* / *>Recommended Limit* *Respiratory Output* / *Normal* / *Increased* *Touch* / *Low* / *High* *Congestion* / *Low* / *High*	- Record seating and attendance to support contact tracing	- Students assigned to cafeteria times or areas by cohort - Decrease lunch times	- Mark spaced lines and designate serving line flow paths - Consider staggering lunch hours to reduce number of students at one time	- Use outdoor eating areas for increased circulation	- Remove self-service salad bars and buffet - Student hand hygiene routines (i.e., hand washing or sanitizer) before and after meal services - Increase cleaning and disinfecting of high-touch areas - Use disposable plates, utensils, etc. when possible - Prepare and distribute sack or box lunches for students to eat in homerooms or outside - Use paper cups and personal bottles instead of water fountains
Large Group Gatherings (e.g. assemblies, performances)	*Descriptor* / *Lower Risk* / *Higher Risk* Movement / *Directed* / *Undirected* *Duration* / *<15 Minutes* / *>15 Minutes* *Proximity* / *> 6 Feet* / *< 6 Feet* *Group Size* / *<Recommended Limit* / *>Recommended Limit* *Respiratory Output* / *Normal* / *Increased* *Touch* / *Low* / *High* *Congestion* / *Low* / *High*	- Record attendance and seating location of large gatherings to support contact tracing - At special events, consider screening/non-contact temperature testing of adults who will be direct participants and have close contact with students	- LEAs ensure group gatherings are organized with health and safety principles and requirements in place and, as needed, in consultation with local health departments - Explore limiting and/or canceling nonessential assemblies, recitals, dances, etc. or reschedule as virtual gatherings - Include mitigation strategies for safety drills (i.e., fire, lockdown, earthquake)	- Broadcast to home rooms or hold multiple sessions of the same assembly with smaller groups - Create alternate plans for whole staff gatherings such as virtual meetings		

		Mitigation Tactics				
Setting	Situational Characteristics to Assess Risk Level	Isolate Symptoms	Minimize Outbreak Probability	Physical Distancing	Respiratory Hygiene	Physical Hygiene
		(e.g., contact tracing, testing, symptom monitoring, self-isolation, etc.)	(e.g., group size, interaction with multiple groups, etc.)	(e.g., maintaining distance, close physical interaction, frequency of travel, etc.)	(e.g., face coverings, appropriate covering of sneeze/cough, reduce duration spent face-to-face, increase air flow, etc.)	(e.g., personal hygiene, physical space hygiene, personal protective equipment, etc.)
Unique Courses with Higher Risk of Spread	*Descriptor* / *Lower Risk* / *Higher Risk* Movement / *Directed* / *Undirected* *Duration* / *<15 Minutes* / *>15 Minutes* *Proximity* / *> 6 Feet* / *< 6 Feet* *Group Size* / *<Recommended Limit* / *>Recommended Limit* *Respiratory Output* / *Normal* / *Increased* *Touch* / *Low* / *High* *Congestion* / *Low* / *High*	-	- LEAs must identify courses that would be more at risk and make plans with support from local health departments (as needed) to mitigate the risks - Consider limiting and/or canceling nonessential assemblies, recitals, dances, etc. or reschedule as virtual gatherings	-	- Choir is an inherently high-risk activity due to the increased level of respiratory output; consider layering several other strategies to mitigate, including conducting in outdoor spaces, space at least 6 feet apart, reduce duration spent face-to-face, use of barriers, increasing airflow and ventilation	- Build in time for sanitation between sessions/use
Recess and Playground	*Descriptor* / *Lower Risk* / *Higher Risk* Movement / *Directed* / *Undirected* *Duration* / *<15 Minutes* / *>15 Minutes* *Proximity* / *> 6 Feet* / *< 6 Feet* *Group Size* / *<Recommended Limit* / *>Recommended Limit* *Respiratory Output* / *Normal* / *Increased* Touch / Low / High Congestion / Low / High	- Alternate recess, playground time, and use of outdoor spaces	- LEAs ensure recess and playgrounds are managed with health and safety principles and requirements in place and, as needed, in consultation with local health departments	-	-	- Disinfect playground/gym equipment after each use

<table>
<tr><th></th><th></th><th colspan="5">Mitigation Tactics</th></tr>
<tr><th>Setting</th><th>Situational Characteristics to Assess Risk Level</th><th>Isolate Symptoms</th><th>Minimize Outbreak Probability</th><th>Physical Distancing</th><th>Respiratory Hygiene</th><th>Physical Hygiene</th></tr>
<tr><td></td><td></td><td>(e.g., contact tracing, testing, symptom monitoring, self-isolation, etc.)</td><td>(e.g., group size, interaction with multiple groups, etc.)</td><td>(e.g., maintaining distance, close physical interaction, frequency of travel, etc.)</td><td>(e.g., face coverings, appropriate covering of sneeze/cough, reduce duration spent face-to-face, increase air flow, etc.)</td><td>(e.g., personal hygiene, physical space hygiene, personal protective equipment, etc.)</td></tr>
<tr><td>Special Education, Related Services, or School Counseling (e.g. School Psychologist, Speech Language Pathologist, etc.)</td><td>
<table>
<tr><th>Descriptor</th><th>Lower Risk</th><th>Higher Risk</th></tr>
<tr><td>Movement</td><td>Directed</td><td>Undirected</td></tr>
<tr><td>Duration</td><td><15 Minutes</td><td>>15 Minutes</td></tr>
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<tr><td>Group Size</td><td><Recommended Limit</td><td>>Recommended Limit</td></tr>
<tr><td>Respiratory Output</td><td>Normal</td><td>Increased</td></tr>
<tr><td>Touch</td><td>Low</td><td>High</td></tr>
<tr><td>Congestion</td><td>Low</td><td>High</td></tr>
</table>
</td><td>- Make accommodations for circumstances that encounter close contact (i.e., counseling, school psychologist)</td><td>-</td><td>-</td><td>- Provide plexiglass, face shields, and/or auxiliary aids for one-on-one close contact to ensure students with disabilities have equal access to information
- Reference State Public Health Order for face covering exceptions based on individual circumstances</td><td>-</td></tr>
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APPENDIX

Overview of Families First Coronavirus Relief Act

Generally, the FFCRA says employees of covered employers are eligible for:

Reason for paid sick leave	Covered hours of paid sick leave	Covered rate of pay	Documentation needed for FFCRA tax credit
The employee is unable to work because the employee is quarantined or isolated due to COVID-19.	Up to 80 hours	Employee's regular rate of pay	A statement from the employee that says he or she has symptoms of COVID-19 and will get medical treatment. **The statement should include:** • Employee's full name • Date of birth • Social security or work residency number • Rate of pay
The employee is unable to work because he or she has to care for someone who is quarantined for COVID-19. **Or** The employee has to care for a child (under 18 years of age) whose school or childcare provider is closed or unavailable for reasons related to COVID-19.	Up to 80 hours of paid sick leave	Two-thirds (2/3) the employee's regular rate of pay	A statement from the employee that says he or she is unable to work because he or she must provide care for someone who is quarantined. **The statement must include:** • Employee's full name • Employee's date of birth • Employee's social security number or work residency number • Full name of the person the employee is taking care of • The date of birth of the person the employee is taking care of • The employee's relationship to the person he or she is taking care of • Name of the government entity or healthcare provider that required the quarantine.
An employee, who has been employed for at least 30 calendar days, is unable to work because he or she has to care for a child whose school or childcare provider is closed or unavailable for reasons related to COVID-19.	Up to an additional 10 weeks of paid expanded family and medical leave	Two-thirds (2/3) the employee's regular rate of pay	A statement from the employee that says he or she is unable to work because he or she must provide care for children whose school or childcare center is closed due to COVID-19 related reasons. The statement must say that no other person will be providing care for the period the employee is receiving EFMLEA. If the child is over the age of 14, the employee must also state there are special circumstances requiring the employee to provide care. **The statement must include:** • Employee's full name • Employee's date of birth • Employee's social security number or work residency number • Full name of the children the employee is taking care of • The dates of birth of the children the employee is taking care of • The employee's relationship to the children he or she is taking care of • The name of the school, care center, or childcare provider that is unavailable for COVID-19 reasons.

UNDERSTANDING THE "WHY":
PRINCIPLES-BASED FRAMEWORK FOR MITIGATING COVID-19 RISK

Understanding how the virus works—how it spreads from person to person—is essential for understanding and applying appropriate mitigation strategies for each unique school setting. The following are the key principles of the "what" and "how" behind the virus' contagion. By knowing what the virus is doing and how the virus is doing it, schools are able to apply guidelines to unique school-specific situations.

HOW THE VIRUS IS DOING IT

Close Contact

Respiratory Droplets

"Fomite" Contact

MITIGATE HOW THE VIRUS IS DOING IT

Physical Distancing

- Maintain X ft Distance
- Close Physical Interaction
- Frequency of Travel

Respiratory Hygiene

- Face Mask / Coverings
- Appropriate covering of Sneeze / Cough
- Reduce Duration Spent Face-To-Face
- Air Circulation / Filtering

Physical Hygiene

- Personal Hygiene
- Physical Space Hygiene
- Personal Protective Equipment

WHAT THE VIRUS IS DOING

Reproduction

Infectiousness

SLOW WHAT THE VIRUS IS DOING

Isolate Symptoms

- Testing
- Contact Tracing
- Symptom Monitoring
- Self Isolating

Minimize Outbreak Probability

- Group Size
- Interaction Outside of Core "Bubble"

ASSESSING RISK OF A SITUATION

As students and staff return to schools, knowing the “what” and “how” behind the virus, helps school communities mitigate risk. Schools across Utah have used the following situational framework to systematically assess unique situations that—given the key principles described above explaining how the virus spreads—might introduce risk. Understanding which elements of a situation make it more or less “risky” allows schools to choose the appropriate measures necessary to mitigate that risk.

Movement

How do people move around in the space?

Directed
(lower risk)

Undirected
(higher risk)

Duration

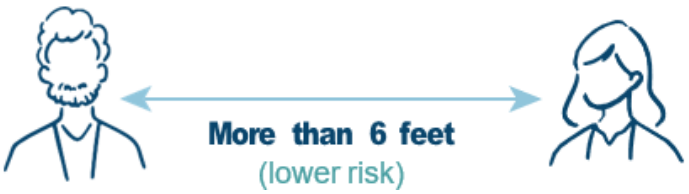
How long are people in this space?

Less than 15 minutes
(lower risk)

More than 15 minutes
(higher risk)

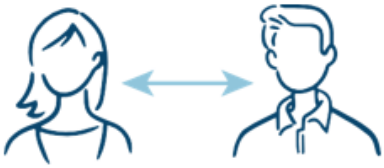
Proximity

How close together are people in this space?



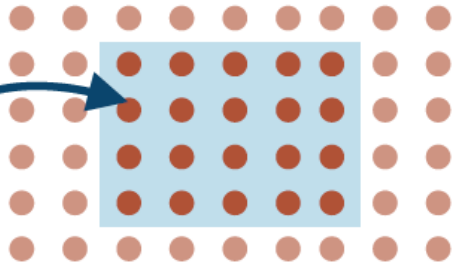
More than 6 feet
(lower risk)

Less than 6 feet
(higher risk)



Group Size

How many people are in the space?



Less than recommended limit
(lower risk)

More than recommended limit
(higher risk)

Respiratory Output

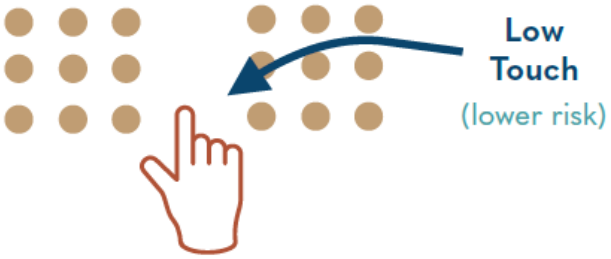
How are people breathing in the space?

Normal Output
(lower risk)

Increased Output
(higher risk)

Touch

How do people engage with objects?



Low Touch
(lower risk)

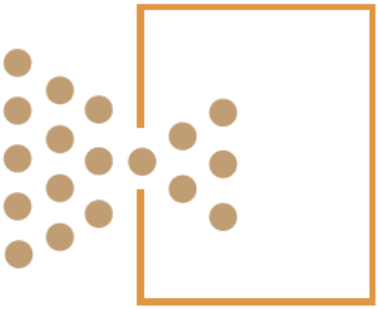
High Touch
(higher risk)

Congestion

Are there points of high congestion?

Low Congestion
(lower risk)

High Congestion
(higher risk)



Sample Health Office Symptom Monitoring Checklist

Name: _____ **DOB**: _____ **School**: _____

_____**Grade**: _____ **Teacher**: _____ _____

Student complaint: _____

Any chronic health condition(s)? _____

Has the student been around someone with COVID-19 in the past 10 days? ___YES ___NO

Symptoms (Mark all observed):

- ❑ Non-productive cough (see instructions on back)
- ❑ Shortness of breath (see instructions on back)
- ❑ Fever 100.4^{F} or higher (list temperature): _____
- ❑ Chills, shivering
- ❑ Skin (circle all that apply) - pink, pale, white, dry, sweating, red, swollen, rash
- ❑ Headache
- ❑ Sore Throat
- ❑ New loss of smell or taste
- ❑ Gastrointestinal symptoms
  - ❑ Nausea
  - ❑ Vomiting
  - ❑ Diarrhea
- ❑ Other (specify):_____

Action:

- ❑ Return to class
- ❑ Send home
- ❑ Recommend testing for COVID-19* (copy this form and send with student)
- ❑ Recommend student see healthcare provider (copy this form and send with student)
- ❑ Other (specify): _____

Contacted parent (time):_____ **Contacted (person):**

Evaluated by (name):_____ **Signature:** _____

*COVID-19 testing locations can be found here (https://coronavirus.utah.gov/utah-covid-19-testing-locations/). Please contact location before going for testing since most require pre-assessment or appointment.

Utah recommends following the CDC guidelines whenever possible. That guidance can be found here:
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

Staff Instructions (when no school nurse)

Respiratory Condition and temperature 100.3 and below:

Upper Respiratory Complaint

- Allergy and asthma symptoms are NOT acute respiratory illnesses (use Allergy & Asthma Network flowchart).
- Consider face mask and standard PPE.
- Evaluate if the individual has been exposed to someone with positive or presumed positive COVID-19.

Per CDC, "Patients with even mild symptom that might be consistent with COVID-19 (e.g., cough, sore throat, shortness of breath, muscle aches) should be cared for by people wearing all recommended PPE for the patient encounter (gloves, a gown, respiratory protection.

Respiratory Condition and temperature 100.4 and above:

- Per the CDC and NASN, "The use of facemasks for persons with respiratory symptoms and fever over 100.4F is recommended if available and tolerated by the person and developmentally appropriate."
- Investigate if the individual has been exposed to a person with positive or presumed positive COVID-19. Although symptoms are individualized and variable, sometimes even asymptomatic, the CDC has recognized that the primary symptoms are FEVER, COUGH, and SHORTNESS OF BREATH.
- If possibly presenting with COVID-19 symptoms have the individual wear a mask and take them to an isolation room.
- Isolate the student with someone monitoring them from a separate area until the parent comes to pick them up.
- Person monitoring student should wear gown, gloves, mask and face shield when in the same room as the symptomatic student.

Students and staff should stay home (if positive for COVID OR showing any COVID symptoms) per CDC until:

- they have had no fever for at least 72 hours (that is three full days of no fever **without** the use of medicine that reduces fevers), **AND**
- other symptoms have improved (for example, when your cough or shortness of breath have improved), **AND**
- at least 10 days have passed since symptoms first appeared.

References:

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprevent-getting-sick%2Fwhen-its-safe.html

https://coronavirus.utah.gov/faq/

Symptom Self-Checklist (by month)

Name: _____ **School**: _____ **Month**: _____

Instructions: School students and employees must undergo a symptom check prior to coming to school. Please check your symptoms at home, select Y=Yes and N=No and record. If you answer **YES** to any of the below questions, you must stay home. For weekends draw a line through the date. If you have questions please contact your school nurse.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Exposure to COVID-19 in the past 10 days?																															
Are you feeling ill?																															
Record Temperature. If 100.4 or higher stay home																															
Cough Short of Breath Difficulty Breathing Chills Fatigue Muscle or Body Ache Congestions/Runny Nose Sore Throat Headache New loss of taste or Smell Nausea or Vomiting/Diarrhea																															

Sample Student Affirmation

School: _____ Date: _____

Name(s) and grade(s) of students in above named school (if applicable):

Student Name	Grade	Student Name	Grade

It is important that anyone showing any symptoms of COVID-19 not come to the school. This applies to students, parents, school employees, or any visitors.

- ☐ As the parent/guardian I affirm that I will not send my student(s) to school if they exhibit any COVID-19 symptoms, or if my student(s) has been exposed to anyone with COVID-19 within the past 14 days.
- ☐ As the parent/guardian I affirm that I will not come to the school if I exhibit any COVID-19 symptoms, or if I have been exposed to anyone with COVID-19 within the past 14 days.
- ☐ As a school staff member (or school employee) I affirm that I will not come to school if I exhibit any COVID-19 symptoms, or if I have been exposed to anyone with COVID-19 within the past 14 days.

I attest that the answers below are accurate to the best of my knowledge.

Printed Name: _____ Phone Number: _____

Signature: _____

Symptoms of COVID-19:	**Additional Symptoms Sometimes Seen in Children**
Cough (if student has a history of asthma, does cough continue after using an inhaler?	Nausea and/or vomiting (unidentified cause, unrelated to anxiety or eating)
Fever 100.4 or greater	Congestion or runny nose
Shortness of breath or trouble breathing	Chills
Sore throat	Fatigue
Muscle aches and pain	Diarrhea
New loss of taste or smell	

If you have any of the above symptoms you should be tested for COVID-19. Testing locations can be found here: https://coronavirus.utah.gov/utah-covid-19-testing-locations/

Stay Home Until:

Students and staff should stay home (if positive for COVID OR showing any COVID symptoms) per CDC until:

- they have had no fever for at least 72 hours (that is three full days of no fever **without** the use of medicine that reduces fevers), **AND**
- other symptoms have improved (for example, when your cough or shortness of breath have improved), **AND**
- at least 10 days have passed since symptoms first appeared.

If you feel sick; stay home!

Sample Visitor Attestation

School: _____ **Date**:_____

Instructions: Please select Y=Yes and N=No and record on the sheet. Please complete and sign below. If you answer **YES** to any of the questions you may not visit the school.

I attest that the answers below are accurate to the best of my knowledge. I confirm that I have not been exposed to anyone with COVID-19 in the past 14 days.

Printed Name of Visitor:_____ **Phone Number:**_____

Signature of Visitor:_____

	No	Yes
Have you been exposed to someone with COVID-19 in the past 14 days?	☐	☐
Do you feel ill?	☐	☐
Do you have:	☐	☐
Cough	☐	☐
Shortness of breath or difficulty breathing?	☐	☐
Chills	☐	☐
Fatigue	☐	☐
Muscle or body aches	☐	☐
Congestion or runny nose	☐	☐
Sore throat	☐	☐
Headache	☐	☐
New loss of taste or smell	☐	☐
Nausea and/or vomiting (unidentified cause, unrelated to anxiety or eating)	☐	☐
Diarrhea	☐	☐
Please record your temperature here: If your temperature is 100.4F or higher, you may not participate.		

Decision Model for Safe and Healthy School Reopening

Decision Making Process

It is anticipated that decisions to move from one school scenario to another during the 2020-2021 school year will be made by school districts or charter schools, in consultation with the local health department based on a myriad of factors

Regional or Community Metrics

Future decisions to move from one school scenario to another will be influenced as the region or community's COVID-19 metrics worsen or improve. Where data is available, these metrics could include the following:

- Local color-coded restriction phase
- Number of lab-confirmed cases
- Percentage of positive tests relative to total number of tests
- Number of daily hospitalizations
- Number of emergency department visits for COVID-related illness
- Overall state capacity for testing, contact tracing, and supply of PPE
- Capacity for hospital beds/ICU beds

District/Charter School Metrics

Districts and charter schools must also consider the institutional metrics when determining to move from one school scenario to another. Where data is available, these metrics could include the following:

- Number of students/staff infected
- Number of students/staff in quarantine
- Number of students choosing not to attend in-person
- Demographics of students, teachers and staff (i.e. racial or economic status, higher-risk population)
- Adherence of students, families and staff to prevention guidelines
- Number of staff who have access to childcare
- Number of students without parents/guardians at home during normal school hours
- Number of students and staff who have access to Wi-Fi and internet
- Number of students who have access to food at home
- Children's safety at home

School Scenarios

SCENARIO 1 In-Person Learning	SCENARIO 2 Hybrid Model	SCENARIO 3 Remote Learning Only