

HEALTH AND WELLNESS WORKING GROUP MEMBERS

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SCENARIO ONE: MINIMAL COMMUNITY SPREAD

MENTAL AND SOCIAL EMOTIONAL HEALTH

Do Before School Buildings Open for In-Person Instruction

- ❑ Review and augment, if necessary, the current composition of the crisis response team (name of team may vary) identified under your current School Comprehensive Safety Plan/Emergency Preparedness Plan in the Emergency Reporting Information Portal (ERIP) for current membership and inclusion of, at a minimum, a school nurse, a school counselor, and a school psychologist who can focus on the student staff mental health and wellness.
- ❑ Where possible, confirm appropriate mental health staff ratios and capabilities to address a wide range of issues that include but are not limited to COVID-19 as well as civil unrest.
- ❑ Review mental and emotional staffing for capacity considerations, including family crisis therapists, behavioral health consultants, school counselors, school psychologists, school-based wellness staff, school social workers, etc.
- ❑ Assess available resources (personnel, existing partners) to determine if there is a need for external support, and reach out to the existing vendor community to assess the potential for expanded work.
- ❑ Where possible, evaluate mental health readiness of staff utilizing questionnaires, surveys, and direct outreach. School and district mental health staff should be involved and integrated into developing the assessment tools that will be used.
 - ❑ DDOE to identify potential questionnaires and/or surveys
- ❑ Assess and consider options for providing adequate time for staff to prepare for resumption of school operations.
- ❑ Designate a school-based mental health liaison, such as a school counselor, school wellness staff member, school psychologist, social worker, or others as determined by the school, who will work with the district, local public health agencies, DDOE, and community partners.
- ❑ Liaise with the DDOE to understand and access newly available resources for student and staff mental health and wellness support.
 - ❑ Participate in currently established processes such as

Communication and Collaboration Network, chief/charter lead meetings, chief/charter lead and principal memos, lead school nurse meetings, lead school counselor meetings, etc. where relevant information is being shared.

- ❑ Where possible, develop and staff a direct communication channel for district and school stakeholders to address mental health concerns resulting from COVID-19 (this may be a telephone hotline, designated email, etc.).
 - ❑ DDOE and DPH/DSAMH to provide possible resources
- ❑ Communicate early and often with parents or guardians, via a variety of channels, return to school transition information including:
 - ❑ de-stigmatization of COVID-19¹
 - ❑ understanding behavioral response to crises
 - ❑ general best practices of talking through trauma with children
 - ❑ DDOE and DPH and community-based partners to provide sample templates and resources
- ❑ Where possible, develop site-specific communication resources, such as robo-calls, family letters, school/district websites, family communication apps, to help students and staff understand changes to operating procedures.

Do When School Buildings Are Open for In-Person Instruction

- ❑ Encourage and support schools in implementation of a mental health screening for all students.
 - ❑ Discuss and determine the relevant mental and emotional health assessment tools and processes with the crisis team/problem solving teams for implementation.
- ❑ Establish ongoing reporting protocols for school staff to evaluate mental health status.
 - ❑ DDOE, DPH, and DSAMH to provide sample reporting protocols
- ❑ Maintain mental health supports via on-going wellness assessments of staff and students.
- ❑ Encourage schools to normalize feelings through forums and spaces for compassionate listening, where students and staff can share, discuss, and process their common experiences relative to COVID-19.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>

SAFETY AND PROTOCOLS

Spacing and Movement

- ❑ Changes to class sizes and spacing are unnecessary.
- ❑ No changes in movement between classes is required.

Screening Students

- ❑ Support schools in the development of a process to gather and report on public health indicators, including students who present with COVID-19 symptoms, students whose immediate family members have tested positive for COVID-19, and student absenteeism.
 - ❑ DDOE and DPH to identify potential processes for use. Current processes in place include the addition of coding to eSchoolPlus to track students presenting with COVID-19 symptoms and the ability to track attendance in EdInsight.
- ❑ No restrictions are in place on student and staff entry/exit.
- ❑ Families are encouraged to check the students' temperature at home every morning using oral, tympanic, or temporal scanners; students with a temperature of 100.4 or greater without the use of fever reducing medications (ex: Tylenol or ibuprofen) should stay home and consider coronavirus testing if no other explanation is available.
- ❑ Families are encouraged to monitor for symptoms of COVID-19, including cough, congestion, shortness of breath, or gastrointestinal symptoms every morning. Any positives should prompt the family to keep the student home from school.
- ❑ Students sent home from school should be kept home until they have tested negative or have completely recovered according to CDC guidelines.
- ❑ Schools and school nurses should have printed copies of the [COVID-19 symptoms and screening tools](#) available for distribution to school staff, parents or guardians, and students.
 - ❑ DDOE and DPH to provide information sheets, sample parent/guardian letters

Testing for Students and Responding to Positive Cases

- ❑ Students who develop fever or become ill at school should be transported by their families, or ambulance if clinically unstable, for off-site testing. These students should be kept in a designated area of quarantine with a surgical mask in place until they can be transported off campus. Students who develop fever or become ill at school should not ride home on school buses.
- ❑ In the event that a student tests positive for COVID-19, immediate efforts should be made to contact any close contacts (those who spent more than 10 minutes in close proximity to the student) so that they can be quarantined at home. Classmates should be closely monitored for any symptoms.
- ❑ Families should be notified of the presence of any positive cases in the classroom and/or school to encourage closer observation for any symptoms at home.
- ❑ Students sent home from school should be kept home until they have tested negative or have completely recovered according to CDC guidelines.
 - ❑ DDOE and DPH to provide family letters

Responding to Positive Tests Among Staff and Students

- ❑ In the event of a positive test among staff or a student, the classroom or areas exposed should be immediately closed until cleaning and disinfection can be performed.
 - ❑ If the person was in the school building without a facial covering, or large areas of the school were exposed to the person, short-term dismissals (2-5 days) may be required to clean and disinfect the larger areas. This decision should be made in concert with the local public health department.
 - ❑ DDOE and DPH to provide guidance
- ❑ Where possible, custodial staff should wear an N95 respirator when performing cleaning of these areas along with gloves and face shield.
 - ❑ DDOE, DPH and DEMA to provide guidance

Dining, Gathering and Extracurricular Activities

- ❑ Students, teachers, and cafeteria staff should wash hands or use hand sanitizer before and after every meal.
 - ❑ DDOE and DPH to provide sample letters to families related to the use of hand sanitizer
- ❑ Meal activities may continue without social distancing procedures.
 - ❑ Schools may consider using disposable cutlery or bagged lunch at their discretion.
- ❑ Students and teachers should wash hands or use hand sanitizer before and after every event.
- ❑ Large scale gatherings are permitted without restriction.
- ❑ Extracurricular activities and gatherings are permitted without restriction.
- ❑ After-school programs are permitted with restriction.

Athletics

- ❑ Schools should refine allowances for athletic activities in line with scientific data and in coordination with the Delaware Interscholastic Athletic Association (DIAA), DPH, and DDOE.

Personal Protective Equipment and Hygiene

- ❑ No personal protective equipment is required.

Cleaning

- ❑ School campuses should undergo normal cleaning on a daily basis.
- ❑ Frequently touched surfaces including lights, doors, benches, bathrooms, etc. should undergo cleaning with either an [EPA-approved disinfectant](#) or dilute bleach solution (½ cup bleach in 1 gallon of water) at least twice daily.²
- ❑ Libraries, computer labs, arts, and other hands-on classrooms should undergo standard cleaning procedures.
- ❑ Student desks should be should wiped down with either an [EPA-approved disinfectant](#) or diluted bleach solution at the beginning and end of every day.

² <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-coV-2>

- ❑ Playground equipment and athletic equipment can be cleaned with either an [EPA-approved disinfectant](#) or dilute bleach solution twice daily.
- ❑ Staff should wear gloves, surgical mask, and face shield when performing all cleaning activities.

Busing and Student Transportation

- ❑ School busing operations proceed without restriction.
- ❑ Bus drivers may choose to wear a facial covering at their discretion.

Medically Vulnerable Students and Staff (including medically vulnerable students with disabilities)

- ❑ 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.
- ❑ Create a process for students/families and staff to self-identify as high-risk for severe illness due to COVID-19 and have a plan in place to address requests for alternative learning arrangements or work re-assignments.
- ❑ Enable staff that self-identify as high-risk for severe illness to minimize face-to-face contact and to allow them to maintain a distance of six feet from others, modify job responsibilities that limit exposure risk, or to telework, if possible.
- ❑ Families and staff are encouraged to have individualized discussions with their health care providers to assess their own health risks and determine whether it is safe to attend school in-person.
 - ❑ If they choose to do so, staff and students may self identify as having a high-risk medical condition to school staff for planning purposes in the event of an outbreak. Relevant privacy protections and HIPAA must be considered.

SCENARIO TWO: MINIMAL TO MODERATE COMMUNITY SPREAD

MENTAL AND SOCIAL EMOTIONAL HEALTH

Do Before School Buildings Open for In-Person Instruction

- Prepare crisis response team for action should conditions worsen.
- Current crisis team to be updated and provided information from DPH/DDOE/DEMA to make informed decisions related to changes in COVID-19 spread and potential need to make modifications to current structures in place.
- Activate resources (personnel, existing partners) to support administrator, teacher, and student wellness.
- Continually monitor school community mental health and offer expanded access.
 - DDOE/DPH/DSAMH and others to communicate any additional resources

If School Buildings are Instructed to Close

- Leverage DDOE for resources for student and staff mental health and wellness support.
 - DDOE and DPH to update resources as available
- Activate direct communication channel for district stakeholders to address mental health concerns resulting from COVID-19 (this may be a telephone hotline, designated email, etc.). Refer to Scenario One for district/charter established communication channels

SAFETY PROTOCOLS

Spacing and Movement

- Spacing should be six feet between desks.
- All desks should be arranged facing the same direction toward the front of the classroom.
- Teachers should try to maintain six feet of spacing between themselves and students as much as possible.
- Classroom windows should be open as much as possible as conditions allow.
- Assemblies of less than 50 students at a time should be discouraged but allowed as long as facial coverings remain in use.
- Large scale assemblies of more than 50 students should be discontinued.
- Flow of foot traffic should be directed in only one direction, if possible.
- Efforts should be made to try and keep six feet of distance between persons in the hallways.

- ❑ Facial coverings should be worn at all times in hallways.
- ❑ Staggered movements at incremental intervals should be used if feasible to minimize the number of persons in the hallways as able.
- ❑ Floor tape or other markers should be used at six foot intervals where line formation is anticipated.

Screening Students

- ❑ Students are allowed to enter the building at no more than two access points and should egress from other exits to keep traffic moving in a single direction.
- ❑ Families are not allowed in the school building except under extenuating circumstances based on district or school guidance; adults entering the building should wash or sanitize hands prior to entering.
- ❑ Only one family member per child should be allowed to enter to minimize the number of entering persons, unless under guidance from district or schools for extenuating circumstances.
- ❑ Strict records, including day and time, should be kept of non-school employees entering and exiting the building.
- ❑ Families are encouraged to check student's temperature at home every morning using oral, tympanic, or temporal scanners; students with a temperature of 100.4 or greater or without the use of fever reducing medications (i.e., Tylenol or ibuprofen) should stay home and consider coronavirus testing if no other explanation is available.
- ❑ Parents or guardians are encouraged to monitor for symptoms of COVID-19 including cough, congestion, shortness of breath, or gastrointestinal symptoms every morning. Any positives should prompt the parent to keep the student home from school.
- ❑ If resources allow, staff can perform temperature checks on students once per day; febrile students should be sent to a designated area of quarantine for transport home.
- ❑ Children who become ill at school should be placed in a designated area of quarantine with a surgical mask in place. Nurses should wear N95 masks when caring for these students.
- ❑ Students sent home from school should be kept home until they have tested negative or have completely recovered according to CDC guidelines.

Testing Protocols for Students and Responding to Positive Cases

- ❑ Students who develop fever or become ill at school should be transported by their parents or guardians, or ambulance if clinically unstable, for off-site testing. These students should be kept in a designated area of quarantine with a surgical mask in place until they can be transported off campus. Students who develop fever or become ill should not ride home on school buses.

- ❑ In the event that a student tests positive, immediate efforts should be made to contact any close contacts (those who spent more than 10 minutes in close proximity to the student) so that they can be quarantined at home. Classmates should be closely monitored for any symptoms. At this time, empiric testing of all students in the class is not recommended, only those that develop symptoms require testing.

Responding to Positive Tests Among Staff and Students

- ❑ In the event of a positive test among staff or a student, the classroom or areas exposed should be immediately closed until cleaning and disinfection can be performed.
 - ❑ If the person was in the school building without a facial covering, or large areas of the school were exposed to the person, short term dismissals (2-5 days) may be required to clean and disinfect the larger areas. This decision should be made in concert with DPH.
- ❑ Cleaning staff should wear an N95 respirator when performing cleaning of these areas along with gloves and face shield.

Dining, Gathering, and Extracurricular Activities

- ❑ Students, teachers, and cafeteria staff wash hands before and after every meal.
- ❑ If possible, classrooms should be utilized for eating in place.
- ❑ If possible, students should bring food from home.
- ❑ School supplied meals should be delivered to classrooms with disposable utensils.
- ❑ If cafeterias need to be used, meal times should be staggered to create seating arrangements with six feet of distance between students, as able.
 - ❑ Disposable utensils should be employed.
 - ❑ Serving and cafeteria staff should use barrier protection including gloves, face shields, and surgical masks; N95 respirators are not required.
 - ❑ Schools should develop plans for extra custodial staff needs for cleaning in non-traditional dining areas.
 - ❑ Use of microwaves and other shared materials should be discontinued.
- ❑ Assembly sizes should be limited to the sizes consistent with State of Delaware guidelines on crowd sizes.
- ❑ Seating capacity in dining areas may exceed 50 persons as long as six feet of spacing between persons can be afforded.
- ❑ Outside visitors should not be permitted to attend extracurricular activities.
- ❑ Staff and students wash hands before and after every event.
- ❑ Large scale assemblies of more than 50 students should be discontinued unless six feet of spacing between persons can be afforded.
- ❑ Off-site field trips should be discontinued.

- Inter-school activities may continue provided that bus transportation is provided and students wear facial coverings throughout the transport period.
- After school programs may continue with the use of facial coverings.

Athletics

- Students, teachers, and staff wash hands before and after every practice, event, or other gathering. Every participant should confirm that they are healthy and without any symptoms prior to any event.
- All equipment should be disinfected before and after use.
- Schools should continue to refine allowances for athletic activities in line with scientific data and in coordination with the Delaware Interscholastic Athletic Association (DIAA), DPH, and DOE.
- Spectators are allowed provided that face facial coverings are used by observers at all times.
 - Schools may elect to discontinue these activities.
- Weight room and physical conditioning activities should be discontinued commensurate with the Reopening Delaware Plan.
- Handshakes, fist bumps, and other unnecessary contact should be minimized.
- Locker rooms and group changing areas should be closed.
- Any uniforms or other clothing that need to be washed/laundered at school can be washed in warm water with regular detergent. These should be single use without sharing of ice towels or other materials.
- Each participant should use a clearly marked water bottle for individual use. There should be no sharing of this equipment.
- Large scale spectator or stadium events are not allowed.

Personal Protective Equipment and Hygiene

- All staff and students should wear facial coverings at all times except for meals; facial coverings may be homemade or disposable level one (basic) grade surgical masks; N95 respirators are not necessary.
 - DPH to provide guidance
- Students should wash their hands or use hand sanitizer after changing any classroom; teachers in the classroom should wash their hands or use sanitizer every time a new group of students enters their room.
- Students and teachers should have scheduled hand washing with soap and water every 2-3 hours.
- Where possible, privacy or barrier screens should be placed on all desks in classrooms; alternatively, clear face shields may be substituted.
 - DPH to provide guidance
- Gloves are not required except for custodial staff or teachers cleaning their classrooms.
- Gowns, hair coverings, and shoe covers are not required.

Cleaning

- ❑ School campuses should undergo cleaning on an increased tempo.
- ❑ Frequently touched surfaces including lights, doors, benches, bathrooms, etc. should undergo cleaning with either an [EPA-approved disinfectant](#) or dilute bleach solution should now be cleaned every two hours.
- ❑ Libraries, computer labs, arts, and other hands on classrooms should undergo cleaning with either an [EPA-approved disinfectant](#) or dilute bleach solution should now be cleaned after every class period. Efforts should be made to minimize sharing of materials between students, as able.
- ❑ Student desks should be wiped down with either an [EPA-approved disinfectant](#) or dilute bleach solution after every class period.
- ❑ Playground equipment and athletic equipment can be cleaned with either an [EPA-approved disinfectant](#) or dilute bleach solution twice daily.
- ❑ Staff should wear gloves, surgical mask, and face shield when performing all cleaning activities.

Busing and Student Transportation

- ❑ Clean and disinfect transportation vehicles regularly. Children must not be present when a vehicle is being cleaned. Consult with bus contractors on cleaning products.
- ❑ Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children and adequate ventilation when staff use such products.
- ❑ Bus drivers and bus aides should wear a facial covering.
- ❑ Build and implement a communications plan to inform parents of best social distancing practices at bus stops.
- ❑ Where possible, identify at least one adult to accompany the driver to assist with to monitor children during transport and help with public health protocols.
- ❑ Clean and disinfect frequently touched surfaces in the vehicle (i.e., surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) prior to morning routes and prior to afternoon routes.
- ❑ Keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- ❑ Clean, sanitize, and disinfect equipment including items such as car seats and seat belts, wheelchairs, walkers, and adaptive equipment being transported to schools.
- ❑ Create a plan for getting students home safely if they are not allowed to board the vehicle because of illness.

- ❑ Follow public health guidance if a student becomes sick during the day, they must not use group transportation to return home and must follow protocols outlined above.
- ❑ If a driver becomes sick during the day, they must follow protocols for sick staff above and must not return to drive students.
- ❑ Encourage the use of hand sanitizer before entering the bus. Where possible, hand sanitizer should be supplied on the bus.
- ❑ Where possible, allow for six feet of social distancing between students, and between students and the driver, while seated on vehicles if feasible.
- ❑ Consider keeping windows open while the vehicle is in motion to help reduce spread of the virus by increasing air circulation, if appropriate and safe (with specific attention to inclement weather, IEP requirements, and the safety of K-3 children).
- ❑ Establish protocols for parent pick-up and drop-off to account for additional vehicles on school grounds.

Medically Vulnerable Students and Staff (including Medically Vulnerable Students with Disabilities)

- ❑ Systematically review all current plans (i.e., 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.
- ❑ Create a process for students/families and staff to self-identify as high risk for severe illness due to COVID-19 and have a plan in place to address requests for alternative learning arrangements or work re-assignments.
- ❑ Enable staff that self-identify as high risk for severe illness to minimize face-to-face contact and to allow them to maintain a distance of six feet from others, modify job responsibilities that limit exposure risk, or to telework if possible.
- ❑ Families and staff are encouraged to have individualized discussions with their health care providers to assess their own health risks and determine whether it is safe to attend school in person.
 - ❑ If they choose to do so, staff and students may self identify as having a high risk medical condition to school staff for planning purposes in the event of an outbreak.

SCENARIO THREE: SUBSTANTIAL COMMUNITY SPREAD

MENTAL AND SOCIAL EMOTIONAL HEALTH

If School Buildings are Closed for In-Person Instruction

- Leverage DDOE Education resources for student and staff mental health and wellness support.
- Activate direct communication channel for district stakeholders to address mental health concerns resulting from COVID-19 (this may be a telephone hotline, designated email, etc.).
- Communicate with parents or guardians, via a variety of channels, return to school transition information including:
 - [De-stigmatization of COVID-19](#).
 - Understanding normal behavioral response to crises.
 - General best practices of talking through trauma with children.

SAFETY PROTOCOLS

Spacing and Movement

- School buildings are closed for in-person instruction.

Screening Students

- School buildings are closed for in-person instruction.

Dining, Gathering and Extracurricular Activities

- School buildings are closed for in-person instruction.

Athletics

- All athletics are suspended.

Personal Protective Equipment and Hygiene

- School buildings are closed for in-person instruction.

Cleaning

- Cleaning practices adjusted to maintain school buildings in well-functioning order.

Busing and Student Transportation

- ❑ All busing operations are suspended.

Medically Vulnerable Students and Teachers

- ❑ All teaching should be moved to remote platforms.
- ❑ 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.