

## Scenario 1: Minimal Community Spread

<p>Virus Status</p>	<ul style="list-style-type: none"> <li>✓ Few, if any, active COVID-19 cases locally.</li> <li>✓ <math>R_0</math> significantly less than 1.</li> <li>✓ This would correspond to late Phase Two to Phase Three of the Reopening Delaware Plan.</li> </ul>
<p>How to Keep School Communities Safe</p>	<ul style="list-style-type: none"> <li>✓ School preparedness activities primarily focused around awareness and updating emergency operations plans.</li> <li>✓ Close and continuing communication between school and local public health leaders focused on local basic reproductive number and any changes in disease surveillance that would necessitate a change to “minimal to moderate spread” community spread status.</li> <li>✓ Evaluate whether there are students or staff at risk for severe illness and develop or refine plans for remote work and education if necessary.<sup>1</sup></li> <li>✓ Encourage sick students and staff to stay home and consider waiving requirements for doctor’s excuse notes.</li> <li>✓ Familiarize staff and students with approved personal protective equipment and policies for use in school.</li> <li>✓ Clean and disinfect work and school areas regularly.</li> </ul>
<p>School Operating Status</p>	<ul style="list-style-type: none"> <li>✓ Open <del>for in-person instruction. and operating normally.</del></li> </ul>

## Essential Actions to Take



<sup>1</sup> Defined as having advanced age >65, hypertension, diabetes, pulmonary disease including asthma and/or chronic obstructive pulmonary disease, and those with immunosuppression or on immunosuppressive medications.



## Wellness

### Mental, Physical and Social Emotional Health

#### Do Now

- 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, ~~the~~ school nurse, school counselor, and school psychologist that can focus on the student staff mental health and wellness. , such as School Wellness Center staff.
- 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 Psychologist, 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.
- Evaluate ~~the mental health readiness of staff~~ ~~mental health readiness~~ 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 with partners to identify potential questionnaires and/or surveys.
- Provide adequate time for ~~teachers-educators~~ to prepare for resumption of school operations.
  - \*\*This is an LEA decision. Feedback was provided requesting DOE review any regulations that may preclude this from occurring such as the number of student/teacher days.\*\*.We could also use language such as.....Assess and consider options for providing educators time before school resumes to effectively plan and prepare. ~~Possible option to provide additional time for educators to be in schools prior to students.~~
  -
- Designate a mental health liaison (school-based), such as the ~~lead school nurse~~, school counselor, school wellness staff, psychologist, social worker,

and others or other as determined by the school, who will work with the district, local public health agencies, and community partners.

- ~~— Establish a crisis response team focused on student and staff mental health and wellness. Crisis response teams should include school nurses as well mental health staff such as psychologists and counselors. Provide adequate time for crisis response teams to prepare for resumption of school operations.~~
- ~~□ Confirm appropriate mental health staff ratios and capabilities to address wide range of issues that include but are not limited to COVID-19 as well as civil unrest.~~
- ~~□ Assess natural 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.~~
- ~~□ Evaluate staff mental health readiness utilizing questionnaires, surveys, and direct outreach. Provide adequate time for teachers to prepare for resumption of school operations.~~
- ~~□ Provide resources for staff self-care, including resiliency strategies.~~
- ~~□ Designate a mental health liaison (school-based) who will work with the district, local public health agencies, and community partners.~~

### Before School Opens

- Liaise with the Delaware ~~State~~ Department of Education to understand and access newly available resources for student and staff mental health and wellness support.
  - Participate in currently established processes such as CCN, Chief/Charter Lead Meetings, Chief/Charter and Principal memos, Lead School Nurse, Lead School Counselor etc where information is being shared
- 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 parents or guardians~~parents~~ have tested positive for COVID-19, and student absenteeism ~~m.m~~
  - 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.
- Develop and staff a direct communication channel for district and charter school stakeholders to address mental health concerns resulting from COVID-19/SARS-CoV-2 (this may be a telephone hotline, designated email, etc.).
- Communicate early and often with parents or guardians~~parents~~, via a variety of channels, return to school transition information including:

- De-stigmatization of SARS-CoV-2<sup>2</sup>
- Understanding normal behavioral response to crises
- General best practices of talking through trauma with children
- DDOE and DPH and community-based ~~partners~~ partners to provide sample template and resources.
- Develop site-specific communication resources, such as robo-calls, parent/guardian letters, school/district websites, parent/guardian communication apps, to help students and staff understand changes to normal operating procedures.
- Communicate need for daily home health screening.

### When Schools are Open and Operating

- Encourage schools to implement a mental health screening for all students.
  - Discuss and determine the relevant mental and emotional health assessment tools and processes with school crisis team/problem solving teams for implementation.
- Establish ongoing reporting protocols for school staff to evaluate physical and mental health status. At this time, the CDC does not recommend temperature screening in areas with no to minimal community spread.
- Schools are also not expected to perform COVID-19 screening at this time. Students or staff who develop a fever at school should don a face mask and be quarantined in a nursing office or similar isolation area (see: Appendix C).
- Maintain mental health supports via on-going wellness assessments of staff and students. School and district mental health staff should be involved and integrated into developing the assessment tools that will be used.
- Encourage schools to normalize feelings through forums and spaces for compassionate listening where students and school staff can share, discuss, and process their common experiences relative to SARS-CoV-2.
- ~~Prevent the spread of infection by utilizing cleaning and personal hygiene best practices, including hand washing best practices.~~  
~~Introduce hand washing best practices.~~
- DDOE and DPH to provide resources including available videos, signage.
- Review and amend vaccinations planning.
  - School officials should expect to receive guidance on the timing and availability of teacher and student vaccines from public health officials.

<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>

- DDOE and DPH to provide any updates or changes to current requirements in 14 DE Admin Code 804 Immunizations
- Update and finalize student and staff health records.
  - Develop alternate staffing and teaching strategies for students and teachers with high risk conditions.
  - School nurses and HR staff to review student and staff records as needed.

## Protocols

### Spacing and Movement

- Changes to class sizes and spacing unnecessary; can resume normal seating.
- No changes in movement between classes is required.

### Screening Students

~~At this time, the CDC recommends temperature screening of students upon entry only if feasible for the situation. Most larger schools will not be able to provide this screening for every student, though smaller schools may be able to do so. If any screening does occur, it should comply with privacy and HIPAA requirements. A feasible protocol would include:~~

- Students are allowed to enter/exit the building using normal procedures.
- ~~Parents or guardians~~Parents should check the student's~~check student's~~ temperature at home every morning using oral, tympanic, or temporal scanners; students with a temperature 100.4 or greater~~greater than 100.4~~, without the use of~~require the use of fever reducing medications (ex: tylenol or ibuprofen).~~ should stay home and consider coronavirus testing if no other explanation is available.
- ~~Parents or guardians~~Parents are ~~required to ask their children or~~ should monitor for symptoms of COVID-19, including any cough, congestion, shortness of breath, or gastrointestinal symptoms every morning. Any positives should prompt the parent 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~~parents, and students.~~

## Testing for Students and Responding to Positive Cases

~~The CDC has specifically stated that schools are not expected to be testing students or staff for SARS-CoV-2. At this time, there are new antigen tests seeking approval by the Food and Drug Administration that would make point of care testing a possibility, but this is not expected to extend to schools or be performed by school nurses. With that consideration, a feasible protocol would include:~~

- Students who develop fever or fall ill at school should be transported by their parents or guardians~~parents~~, or ambulance if clinically unstable, for off site testing. These students should be kept in an area of quarantine such as a nurses office or other area of separation with a surgical mask in place until they can be transported off campus. Students who develop fever or fall 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.
- Parents or guardians~~Parents~~ 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. Parents or guardians~~Parents~~ should check student's temperature at home every morning using oral, tympanic, or temporal scanners; students with a temperature ~~greater than~~ 100.4 or greater, without the use of fever reducing medications, should stay home and consider coronavirus testing if no other explanation is available.
- Parents or guardians~~Parents~~ are required to ask their children or monitor for any cough, congestion, shortness of breath, or gastrointestinal symptoms every morning. Any positives should prompt the parent to keep the student home from school and seek out testing.
- Students sent home from school should be kept home until they have tested negative or have completely recovered according to CDC guidelines.

## 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 face mask, 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 [Delaware's Division of Public Health](#)~~the local public health department~~.
- If possible, smaller areas should be closed for 24 hours before cleaning to minimize the risk of any airborne particles.
- 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 or use hand sanitizer before and after every meal.
- Meal activities continue per normal operating procedures.
  - Schools may consider using disposable cutlery or bagged lunch at their discretion.
- Students and teachers wash hands or use hand sanitizer before and after every event.
- Large scale gatherings are allowed per normal operating status.
- Extracurricular activities and gatherings conducted normally.
- After school programs are open and operating normally.

### Athletics

- All activities are allowed to continue per normal procedures.
  - Athletic equipment that goes home with students should be cleaned in regular laundry, soap and water, or an EPA-approved disinfectant on a nightly basis.
- Spectator events are allowed per normal procedures.
- Delaware Interscholastic Athletic Association (DIAA), in coordination with DPH and DOE to provide additional guidance as needed.

### Personal Protective Equipment and Hygiene

~~Use of physical distancing measures are designed to create layers of redundancy recognizing that students are unlikely to be able to maintain full compliance at all times. They are designed to minimize the risk of transmission as much as possible while still allowing for feasibility, flexibility, and ease of use.~~

- No personal protective equipment is required.

- Regular use of hand sanitizer and hand washing per normal operating status.

## Cleaning

~~Coronaviruses on hard surfaces can survive for hours to days. Exposure to sunlight and higher temperatures are expected to diminish their survival but the exact amount of time required remains unclear. At this point, more aggressive cleaning practices are recommended in order to err on the side of caution.~~

- Routine cleaning with standard soap and water removes germs and dirt and lowers the risk of spreading SARS-CoV-2.
- 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 (1/3 cup bleach in 1 gallon of water) at least twice daily.<sup>3</sup>
- Libraries, computer labs, arts, and other hands-on classrooms should undergo standard cleaning procedures per normal operating status.
- Student desks should be should wiped down with either an [EPA-approved disinfectant](#) or dilute bleach solution at the beginning and end of every day.
- 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

The risks associated with student transportation in buses have not been studied to date. As a result, these recommendations are derived from school operating procedures and the best “reasonable standard” given feasibility constraints.

- School busing operations proceed normally.
- No changes to schedules or seating patterns on the buses are required.
- Bus drivers may choose to wear a face mask at their discretion.

## Medically Vulnerable Students and Teachers [including medically vulnerable Students with Disabilities](#)

~~Understandably, a key concern is whether certain populations of students and teachers may be at increased risk of infection and severe disease by attending school in person. These high risk groups include but are not limited to persons with:~~

<sup>3</sup> <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

- ~~an advanced age >65;~~
- ~~hypertension;~~
- ~~diabetes;~~
- ~~pulmonary disease including asthma and/or chronic obstructive pulmonary disease, immunosuppression or on immunosuppressive medication;~~
- ~~an underlying disability~~
- ~~Unfortunately, there is no validated data on how much risk these individuals incur by attending school in person and individuals will need to make the decision to attend in close consultation with their health care provider. A reasonable protocol may include the following, however:~~
  - All students and staff are able to attend school and activities normally.
  - Systematically review all current plans (e.g., Individual Healthcare Plans, Individualized Education Programs, or 504 plans) for accommodating students with special healthcare needs and update their care plans as needed to decrease their risk for exposure to SARS-coV-2.
  - Create a process for students/families and staff to self-identify as high risk for severe illness due to SARS-coV2 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.
  - Students, parents or guardians, and teachers are encouraged to develop and use Individualized Education Programs for students who qualify.
  - Schools should develop robust alternative virtual learning plans that can be implemented with students who are medically vulnerable and should not attend school per physician recommendations.



## Scenario 2: Minimal to Moderate Local Community Spread

<p>Virus Status</p>	<ul style="list-style-type: none"> <li>✓ <del>A R<sub>0</sub> of approximately 1 greater than 1</del></li> <li>✓ <del>Decrease in daily hospitalizations and the percentage of positive tests</del></li> <li>✓ <del>A 14-day case trend of tests indicating a significant amount of circulating virus in the community, positive tests or increasing percentage of positive COVID-19 tests over a 14 day period</del></li> <li>✓ <u>Corresponds to Delaware Reopening Roadmap Phases 1-2.</u></li> <li>✓ Public health capacity that may be exceeded including an inadequate number of contact tracing professionals for the local community</li> <li>✓ Testing capacity that may be inadequate for the local community</li> </ul>
<p>How to Keep School Communities Safe</p>	<ul style="list-style-type: none"> <li>✓ School preparedness and response activities shift from ongoing surveillance to a series of active mitigation measures.</li> <li>✓ Schools should be prepared to immediately implement social distancing measures that include:             <ul style="list-style-type: none"> <li>✓ Reducing the frequency of large gatherings,</li> <li>✓ Altering schedules,</li> <li>✓ Limiting inter-school interactions, and</li> <li>✓ Deploying distance learning.</li> </ul> </li> <li>✓ Short-term dismissals of 2-5 days and suspension of extracurricular activities should be expected for cleaning and contact tracing purposes.</li> <li>✓ Students and teachers at increased risk of severe illness should be prepared to implement distance teaching and learning modalities.</li> </ul>
<p>School Operating Status</p>	<ul style="list-style-type: none"> <li>✓ Situation dependent</li> </ul>

Essential Actions and Protocols (These actions should be reviewed as additive and, in some cases, in place of Scenario 1) ~~to Take~~

Health and Wellness

Instruction and  
Equity

Operations and  
Services~~Reopening~~

## Wellness

### Mental, Physical and Social Emotional Health

#### Do Now:

- Prepare crisis response team for action should conditions worsen.
- Current crisis team to be updated and provided information from DPH/DOE/DEMA to make informed decisions related to changes in COVID-19 spread and potential need to make modifications to current structures in place.
- Activate natural-available resources (personnel, existing partners) to support administrator, teacher, school staff and student wellness.
- Continually monitor school community mental health and offer expanded access.
- DOE/DPH/DSAMH and others to communicate any additional resources.
- Review school facilities plans for classroom and other spaces that may need to be altered to allow for appropriate social distancing.

#### If Schools are Instructed to Close:

- Leverage Delaware ~~State~~ Department of Education for resources for student and staff mental health and wellness support.
- DOE and DPH to update resources as available.
- Activate direct communication channel for district stakeholders to address mental health concerns resulting from SARS-CoV-2 (this may be a telephone hotline, designated email, etc.). Refer to Scenario 1 for district/charter established communication channels
- Communicate with parents or guardians~~parents~~, via a variety of channels, return to school transition information including:
  - De-stigmatization of SARS-CoV-2
  - Understanding normal behavioral response to crises
  - General best practices of talking through trauma with children

#### When Schools are Open and Operating

- Encourage schools to implement a mental health screening for all students.
  - Refer to Scenario 1- Discuss and determine the relevant mental and emotional health assessment tools and processes with school crisis team/problem solving teams for implementation.
- Establish ongoing reporting protocols for school staff to evaluate physical and mental health status.

- In areas of minimal to moderate spread, CDC recommends “temperature and respiratory symptom screening of students, staff, and visitors if feasible”. It is important to remember that persons can still spread the virus in the absence of any fever or other symptoms (see: Appendix B).
- Emphasis should instead be placed on home symptom monitoring as well as facility access control to limit the number of persons entering the building.
- Facility access control:
  - Single parent drop off of young children
  - Curbside or bus drop off for all older children
- Prevent the spread of infection: there are a variety of potential interventions, but there is not good evidence to yet suggest which measures are more effective than others. These options represent a list of potential actions but they should be implemented based on feasibility and local circumstances:
  - Encourage students and staff to stay away from school when sick.
  - Teach students and staff to use facial coverings and protective equipment appropriately, covering a cough, and using/discarding tissues appropriately.
  - Stress the importance of keeping hands away from the eyes, nose, and mouth.
  - Surfaces should be cleaned between classes and frequently touched surfaces should be cleaned every 2-3 hours if not more frequently.
  - Wearing of facial coverings inside the school building.
  - Schedule hand washing with soap and water [or hand sanitizer](#) every two hours.

## Protocols

### Spacing and Movement

- Recommended spacing is six feet between desks.
- Arrange all desks facing the same direction toward the front of the classroom.
- Class sizes should be kept to less than 20 students or less (as afforded by necessary spacing requirements and personnel). [The class sizes will be dependent on the facilities plan review.](#)
  - If all students cannot fit in the classroom space available, it is recommended that a staggered school schedule that incorporates alternative dates of attendance or use of virtual teaching be implemented.
- 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 and conditions allow.
- Assemblies of less than 50 students at a time are discouraged but allowed as long as facial coverings [and social distancing of 6 feet](#) 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.
  - If one way flow is not possible, hallways can be divided with either side following the same direction.
- 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

~~At this time, the CDC recommends temperature screening of students upon entry only if feasible for the situation. Most larger schools will not be able to provide this screening for every student, though smaller schools may be able to do so. If any screening does occur, it should comply with privacy and HIPAA requirements. A feasible protocol would include:~~

- Students are allowed to enter the building at only 1-2 sites and must egress from other exits to keep traffic moving in a single direction.
- ~~Parents or guardians~~**Parents** are not allowed in the school building except under extenuating circumstances; adults entering the building should wash or sanitize hands prior to entering.
- Only one parent per child should be allowed to enter to minimize the number of entering persons.
- Strict records, including day and time, should be kept of non-school employees entering and exiting the building.
- ~~Parents or guardians~~**Parents** ~~should~~~~are required to~~ check student's temperature at home every morning using oral, tympanic, or temporal scanners; students with a temperature ~~greater than 100.4 or greater, or require the use~~~~without the use of fever reducing medications (ex: tylenol or ibuprofen)~~ should stay home and consider coronavirus testing if no other explanation is available.
- ~~Parents or guardians~~**Parents** are required to ask their children or monitor for any 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, home room teachers can perform temperature checks on students once per day; febrile students should be sent to the nurse's office for [assessment and then transport sent home if warranted](#).
- Children who fall ill at school should be placed in an area of quarantine in the nurse's office 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.

~~The CDC has specifically stated that schools are not expected to be testing students or staff for SARS-CoV-2. At this time, there are new antigen tests seeking approval by the Food and Drug Administration that would make point of care testing a possibility, but this is not expected to extend to schools or be performed by school nurses. With that consideration, a feasible protocol would include:~~

- Students who develop fever or fall ill at school should be transported by their ~~parents or guardians~~parents, or ambulance if clinically unstable, for off site testing. These students should be kept in an area of quarantineisolation such as a nurse's office or other area of separation with a surgical mask in place until they can be transported off campus. Students who develop fever or fall 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.
- ~~Parents or guardians~~Parents 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. Parents ~~or guardians~~Parents ~~shouldare required to~~ check student's temperature at home every morning using oral, tympanic, or temporal scanners; students with a temperature ~~greater than 100.4~~ or greater, without the use of fever reducing medications should stay home and consider coronavirus testing if no other explanation is available.
- ~~Parents or guardians~~Parents are required to ask their children or monitor for any cough, congestion, shortness of breath, or gastrointestinal symptoms every morning. Any positives should prompt the parent to keep the student home from school and seek out testing.
- Students sent home from school should be kept home until they have tested negative or have completely recovered according to CDC guidelines.

### 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 face mask, 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.

- If possible, smaller areas should be closed for 24 hours before cleaning to minimize the risk of any airborne particles.
- 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 [or use hand sanitizer](#) before and after every meal.
- If possible, classrooms should be utilized for eating in place.
- Students may bring food from home.
- School supplied meals ([Grab and Go](#)) should be delivered to classrooms with disposable utensils.
- If cafeterias need to be used, meal times must be staggered to create seating arrangements with six feet of distance between students [as able](#).
  - [Grab and Go meals and 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 and attendees should wear face coverings as able. Assemblies of up to less than 50 students at a time are discouraged but allowed as long as facial coverings remain in use. Seating capacity in dining areas may exceed 50 persons as long as six feet of spacing between persons can be afforded.](#)
- [Parents, grandparents, and guardians](#) ~~Parents or guardians~~ ~~Parents and grandparents~~ ~~parents~~ are not allowed to attend these assemblies, schools will offer telecasting of events if able.
- Students and teachers wash hands [or use hand sanitizer](#) before and after every event.
- Large scale assemblies of more than 50 students should be discontinued, [except as indicated for dining areas](#).
- Off-site field trips discontinued.
- Inter-school activities may continue provided that bus transportation is provided and students wear facial coverings throughout the transport period.
- Schools may elect to discontinue these activities if Ro and community transmission rise consistently.
- After school programs may continue with the use of facial coverings
  - Schools may elect to discontinue these activities if Ro and community transmission rise consistently.

## Athletics

- Students, teachers, and staff wash hands [or use hand sanitizer](#) 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.
- ~~Sports that can be modified to allow physical distancing are allowed to continue. This may include activities such as golf, track and field, and other sports that do not require close and continuing contacts. Off site, inter-school competitions may be held provided that school busing is provided and facial coverings are worn during transportation.~~
- Spectators are allowed provided that face facial coverings are used by observers at all times.
  - Schools may elect to discontinue these activities if ~~Re and~~ community transmission rise consistently.
- Weight room and physical conditioning activities should be discontinued commensurate with the Reopening Delaware Plan.
- ~~Sports that do not allow adequate distancing such as football, wrestling, basketball, etc. should be discontinued.~~
- Handshakes, fist bumps, and other unnecessary contact should ~~be~~ [not be permitted 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](#)

~~Use of physical distancing measures are designed to create layers of redundancy recognizing that students are unlikely to be able to maintain full compliance at all times. They are designed to minimize the risk of transmission as much as possible while still allowing for feasibility, flexibility, and ease of use.~~

- All staff and students should wear facing 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. [Districts and schools to use the current DPH face covering guidance and also determine how best to respond to non-compliance.](#)

- 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 [or hand sanitizer](#) every 2-3 hours.
- Privacy or barrier screens should be placed on all desks in classrooms; alternatively, clear face shields may be substituted.
- Gloves are not required except for custodial staff or teachers cleaning their classrooms.
- Gowns, hair coverings, and shoe covers are not required.

### Cleaning

~~Coronaviruses on hard surfaces can survive for hours to days. Exposure to sunlight and higher temperatures are expected to diminish their survival but the exact amount of time required remains unclear. At this point, more aggressive cleaning practices are recommended in order to err on the side of caution.~~

- School campuses should undergo cleaning on an increased tempo-. [This is recommended at every 2-3 hours.](#)
- 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 [and](#) 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. [This should not be done by students.](#)
- 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 [in the vehicle when a vehicle it 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.~~
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- Build and implement a communications plan to inform parents/guardians of best social distancing practices at bus stops.
- Where possible, identify at least one adult to accompany the driver to assist with ~~to~~ monitoring of ~~monitor~~ children during transport and help with public health protocols.
- Clean and disinfect frequently touched surfaces in the vehicle (e.g., 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 (e.g., by utilizing larger vehicles with more seats, by increasing frequency of routes to reduce occupancy, one rider per seat in every other row)
- 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.
- Establish protocols for parent/guardian pick-up and drop-off to account for potential increase of vehicles on school grounds due to additional parent/guardian pick-ups and drop-offs. additional vehicles on school grounds.

### Medically Vulnerable Students and Teachers

Understandably, a key concern is whether certain populations of students and teachers may be at increased risk of infection and severe disease by attending school in person. These high risk groups include but are not limited to persons with:

- an advanced age >65,
- hypertension,
- diabetes,

- pulmonary disease including asthma and/or chronic obstructive pulmonary disease,
- immunosuppression or on immunosuppressive medication,
- an underlying disability,
- Unfortunately, there is no validated data on how much risk these individuals incur by attending school in person and individuals will need to make the decision to attend in close consultation with their health care provider. A reasonable protocol may include the following, however:
  - Schools should move to broadcast in-classroom teaching via teleconferencing platforms for home learners.
  - Districts should abide by applicable labor law to provide self-identified high-risk staff with accommodation.
    - If able, high risk teachers may be reassigned to administrative or other roles that minimize interactions with others or allow work from home.
  - Parents or guardians ~~parents~~ ~~s~~ ~~Parents~~ may elect to keep children with underlying health conditions at home and either pursue education through virtual platforms.
  - Ultimately, individual decisions to attend school in person will be left to parents or guardians ~~parents~~ ~~or guardians~~ ~~parents~~, students, and staff.

