



## **MOBERLY SCHOOL DISTRICT #81 RETURN TO SCHOOL GUIDANCE**

In collaboration with the Randolph County Health Department, the families of our students via survey, staff input via survey, consultation with healthcare providers, as well as guidance from the Center for Disease Control (CDC), the American Academy of Pediatrics, and the Department of Elementary and Secondary Education, this plan was developed to safely and effectively re-open our schools on August 25, 2020. The safety of our students and staff are paramount, and implementation of this plan was developed by what is feasible, practical, acceptable, and tailored to the needs and context of the Moberly community.

The following questions were the primary focus of this plan:

1. What do our students/families want/need?
2. What does our faculty/staff want/need?
3. What do health providers propose/recommend?

As health experts learn more about COVID-19, this plan will likely evolve to better prevent the spread of this virus.

This guidance pertains specifically to school settings and operations and may differ from guidance provided to the general public. The recommendations included in this document are endorsed by the Randolph County Health Department and the Moberly School District #81 and are subject to adjustment as conditions change.

This document is categorized into “must” and “may” sections and items may be re-categorized if conditions should change. This guidance, to the extent possible, was established with the current known factors as of July 15, 2020.

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**Introduction:**

School in our community was impacted in an unprecedented way by the emergence of the novel coronavirus (SARS-CoV-2), the causative agent of COVID-19. Moving through this pandemic, we have learned that children are less vulnerable to infection and are unlikely to become seriously ill with COVID-19. The profound negative impact of loss of in-person schooling on the wellbeing of children has been well documented and thus we are preparing for the return to school for the 2020-2021 school year.

We, however, must be attentive that this public health crisis has not ended. Adults, particularly those who are older and those with underlying health conditions, are at increased risk of serious illness from COVID-19. Our schools need to be prepared to reduce the chance that anyone will acquire this infection during the school day and armed with a protocol to respond to a case of infection. Schools must be poised to adapt to new and emerging information in order to create a safe and robust educational experience. Although planning for school during this COVID-19 pandemic may create some inconveniences, if we work together as a community we will help ensure that our students, staff and faculty will stay healthy and reduce the chance of significant educational disruptions.

**General Parameters/Suggestions:**

- Establish a plan for daily screening for illness or exposure to the novel coronavirus.
- Minimize interaction—stagger lunch times, alternate common space usage and keep students in cohorts to the extent possible.
- Keep students physically distanced in a classroom, to the extent possible.
- Avoid large gatherings that mix multiple groups and do not allow for social distancing. For the short-term, avoid assemblies and pep rallies.
- Develop contingency plans to respond to changing levels of transmission within the community. Protocols should be developed for virtual learning that can be activated should the circumstances dictate.

**Social Distancing**

Social distancing of 3-6 feet remains one of the best preventative measures for reducing the spread of COVID-19. It is recognized that this cannot be accomplished at all times, distancing of at least 3 feet has been shown to reduce infections. While children are unlikely to exhibit serious symptoms from COVID-19, social distancing helps prevent the spread to adults—especially those who may be at high risk. **Note that all individuals who spend more than 15 minutes within 6 feet of an individual tested positive for COVID-19 will be asked to quarantine. Keep this in mind when deciding parameters in regard to social distancing.**

**Schools Must:**

- Establish social distancing protocols for various activities during the school day—classroom, cafeteria, gym, playground, etc.

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- Establish processes for social distancing, reducing opportunities for mixing different student groups, and sanitizing between groups when students are eating within a cafeteria.
- Establish a contained area (such as a vestibule) for parents when checking students in/out during the school day. If others are waiting to check their student in, they should wait outside (in their vehicle if necessary) so there is a limited number of individuals in the contained area. Only one person at a time should be waiting in the contained area.
- Discontinue allowing non-essential visitors into the school.
- Administer health screening questions to any essential visitors allowed into the school building. Face masks will be required for these individuals.
- Keep accurate records of anyone who has been inside a building in case an outbreak occurs to assist with contact tracing efforts.
- Desks should be placed facing forward in the same direction, so students do not sit face-to-face.
- Schools should place physical distancing markers and cues throughout the building, which will remind and prompt students to remain six feet apart in areas where they are not stationary, such as hallways, cafeterias, restrooms, and other locations where lines assemble.

- Physical activity during recess and physical education class is important for a child's physical, mental, and emotional health. Students should engage in these activities with their primary cohorts (to the extent possible) to reduce the number of contacts. Multiple cohorts could have recess at the same time, as long as they are playing in separate areas of the playground.

***Schools May Consider:***

- Addressing class size by splitting classes and/or reducing the number of students within the classroom.
- Adjusting elective classes by offering activities within the classroom when appropriate instead of students moving to a new space.
- Establishing a schedule for varying arrival and departure times to minimize the number of students entering and exiting the building at the same time.

- Large spaces, such as multi-purpose rooms and auditoriums could be marked and utilized to account for appropriate physical distancing. The risk of transmitting the virus outdoors is much lower, so schools may also consider using outdoor learning spaces more often.

**Screening - Staff**

***Schools Must:***

- Implement a temperature screening check point for all staff as they report to work.
- Ask staff to administer a daily self-assessment before or when reporting to work. Questions on the self-assessment should include the new onset of any of the following not explained by

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another known condition (note: the CDC may update symptoms at any time): fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting or diarrhea; or if the individual has been in close contact in the past 2 weeks with an individual with a confirmed case of COVID-19.

- If an employee has a temperature greater than 100° or any new conditions not explained by another known condition, or if the individual has been in close contact in the past 2 weeks with an individual with a confirmed case of COVID-19 the employee should not report to work.
- If an employee leaves with a fever they must have a medical release to return to work.

***Schools May Consider:***

- Implementing random temperature checks to reinforce the practice of self-screening.

**Screening – Students**

***Schools Must:***

- Implement a temperature screening check point for all students as they report to class.
- Establishing a protocol for parents to screen their own children (check for a temperature of 100° or above and/or a wet cough) before sending them to school.
- If a student has a temperature greater than 100° or any new conditions not explained by another known condition, or if the individual has been in close contact in the past 2 weeks with an individual with a confirmed case of COVID-19 the student should not come to school.
- If a student leaves with a fever they must have a medical release to return to school.

***Schools May Consider:***

Note that only a minority of children who have COVID-19 will have a fever. Furthermore, temperature checks of students may create a bottleneck and cause the crowding and contact with other students that should be avoided.

**When Someone Is Sick**

We have a culture of working or going to school when sick, and we need to change that culture by encouraging staff and students to stay home when sick. This message should be clearly sent to staff, parents, and students. Perfect attendance awards for staff and students should be eliminated. We must strive to keep sick people at home.

***Schools Must (when someone is identified with any symptoms listed in the health screening):***

- Send a staff member home immediately. If it is a student, isolate the student until arrangements can be made for the child to be picked up by a parent or guardian.

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- Advise the individual to contact a healthcare provider if they exhibit symptoms. The healthcare provider will be able to determine whether the symptoms are a result of COVID-19 infection or if there are other health issues.
- Follow the guidance of the local health department regarding contact tracing, classroom or school closure, notification of community, sanitizing protocols, etc. if a case of COVID-19 is identified within the school.

### **Face Masks (or Face Shields) –Staff**

Two reusable face masks will be provided for all staff members. Each student will receive one reusable face mask. Buildings will have supplies of disposable face masks. The district has a small supply of face shields and are working to secure more.

#### ***Schools Must:***

- Require staff members to wear a face mask or face shield when within 6 feet of another individual.
- Require adults who are not staff members to wear a face mask when inside a building.
- Provide medical grade face masks, eye protection and other PPE to nurses and other staff for use when working with students who become ill at school.
- Instruct staff in the proper manner in which a face mask should be worn.

#### ***Schools May Consider:***

- Staff may consider wearing masks at all times when working with students as it is difficult to know when a student may encroach on your personal space.
- Providing face shields for health care workers as an additional precaution.

### **Face Masks – Students**

#### ***Schools Must:***

- Encourage older students (over the age of 9) to wear a face mask if there are circumstances that put them in close areas. If possible, wearing masks when in a hallway during the passing period is highly recommended. Younger students who are less able to comply with a requirement to wear a face mask should not be asked to do so.
- Isolate any student who becomes ill and provide a face mask.
- Instruct students who are being required to wear a face mask in the proper manner in which a mask should be worn. Efforts should be made to destigmatize the wearing of face masks to protect those students who need to wear one.

#### ***Schools May Consider:***

- Requiring older students (over the age of 9) to wear face masks at all times.
  - It should be noted that improper use of a cloth face mask or frequent hand-to-face activity which might be stimulated by continuous face mask usage could result in increased risk of infection.

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- Requiring all students to wear face masks at all times.

### **Gloves – Staff (gloves not necessary for students)**

#### ***Schools Must:***

- Provide gloves for any staff member working with sick or suspected sick individuals. A fresh pair of gloves should be worn when working with each new individual. An individual should use hand sanitizer before putting on gloves and then once again after removing gloves.

#### ***Schools May Consider:***

- Require custodians to use gloves whenever cleaning.

### **Hand Washing – Staff and Students**

#### ***Schools Must:***

- Encourage hand washing or the use of hand sanitizer upon entering a building, before eating, after eating, after restroom usage, before any group activities and before boarding school buses.
- Recommend hand washing any time the face/mouth are touched (which may prove difficult with younger students).

### **Water Fountains – Staff and Students (note: the CDC has not issued specific guidance regarding water fountains)**

#### ***Schools Must:***

- Water fountains will only be open if they are converted to filling stations.
- Allow the use of water filling stations for filling water bottles.

### **Restrooms**

#### ***Schools Must:***

- Limit the number of individuals in the restroom.
- Administer at least one deep cleaning a day and clean/wipe down high touch surfaces throughout the day. High-touch surfaces can transmit the disease, but it is not a high instance.
- Maintain a cleaning log to assist with contact tracing if necessary.

#### ***Schools May Consider:***

- Implementing scheduled restroom breaks so each grade/class can use at a specific time and avoid mixing students from different classes.

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- Marking spaces outside restrooms to provide visual cues to ensure social distancing while waiting.

## **Transportation**

### ***Schools Must:***

- Encouraging parents to transport students to and from school.
- Encourage all students to wear face masks while being transported on the bus if sitting in the same seat as a non-family member. Students riding a bus may be asked to wear masks depending upon the circumstances on the bus.
- Assign seats to reduce transmission and assist with contact tracing if necessary.
- Establish a protocol for loading and unloading of buses to minimize student contact such as loading the rear of the bus first.
- Having windows open when safe and weather-permitting.
- Establish daily cleaning protocols for sanitizing each bus.
- Require bus drivers/bus monitors to wear face masks and or face shields while students are loading and unloading.

### ***Schools May Consider:***

- Sanitizing each bus in between routes.
- Installing physical barriers such as plexiglass between the driver and students, if feasible.

## **Cleaning and Disinfecting the Centers for Disease Control and Prevention (CDC) has provided guidelines regarding cleaning and disinfecting school buildings and other areas.**

### ***Schools Must:***

- Clean and disinfect surfaces per CDC guidance.
- Practice routine cleaning of frequently touched surfaces.
  - More frequent cleaning and disinfection may be required based on level of use.
  - High-touch surfaces and objects (such as tables, doorknobs, light switches, desks, phones, keyboards, faucets, etc.) should be cleaned and disinfected regularly.
- Disinfect using EPA-registered household disinfectant, properly diluted bleach solutions or alcohol solutions with at least 70% alcohol.

### ***Schools May Consider:***

- Implementing sanitizing procedures using alternative means. Please check the effectiveness with the local health department.

## **Social and Emotional Well-being**

This pandemic has caused stress on staff and students. From prolonged absences to fear of the unknown to deaths related to COVID-19, there have been a variety of stressors on our school community. Schools should consider these objectives when creating their re-entry plans:

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- Consider adopting an approach of universal services for mental health support for all students and staff.
- Provide training to teachers and other staff on how to talk to and support students during a pandemic and psychological first aid.
- Consider contacting students who do not return to school with a wellness check-in as they may be experiencing school avoidance due to anxiety related to the pandemic.
- Provide additional support to students who may be exhibiting suicidal ideation or grieving due to loss of a family or friend or missed experiences.
- Consider implementation of academic accommodations for students having difficulty concentrating or learning new information due to stress associated with the pandemic.

### **When a Case is Identified**

If an individual within a school building is tested positive for COVID-19, schools must work with their local health department but could expect some of these parameters to be put in place:

- Identify who the individual was in contact with, within a 6-foot space, for at least 15 minutes. If specific contacts cannot be identified, quarantine everyone who was in the same room, bus, or other areas. Schools will need to keep room/bus logs or photos in order to assist with contact tracing. By having a seating chart, bus seating charts or photos, the number of students required to be quarantined can be minimized.
- The Randolph County Health Department recommends that if over 5% of the student body in a building or district test positive any day, 4% test positive over 2 days in a row or 3% test positive for 3 days in a row, then that building or district closes for 10 days (percentages may change when better scientific data becomes available).
- Schools need to ensure there is a space to isolate a sick student or staff member until the individual can leave the building.
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the staff or students, a school may close for 1-2 days for cleaning and disinfection of that building or exposed area if unable to clean during the nighttime closing.

Students with symptoms should not attend school and parents should consult their healthcare provider and follow CDC considerations regarding their return to school. For students who are diagnosed with COVID-19, preferably, confirmed by a laboratory test, return to school is permissible when the student is at least 10 days from symptom onset, has had three days with no fever and has improved symptoms and provides a medical release. Return to school for children with an alternate diagnosis is at the discretion of their healthcare provider. Children with a known close contact with COVID-19 (or an adult with symptoms compatible with COVID-19) should stay home for 14 days from their last contact and until return to school is approved by the local health department in accordance with the CDC guidance.

Please remember this is a plan to provide guidance for in seat instruction. As the health department is monitoring COVID-19 cases daily we could go into shut down at any time. We will continue to be mindful of that and plan for it accordingly.

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