Physical Distancing Measures

Physical distancing, sometimes referred to as social distancing, is simply the act of keeping people separated with the goal of limiting spread of contagion between individuals. It is fundamental to lowering the risk of spread of SARS-CoV-2, as the primary mode of transmission is through respiratory droplets by persons in close proximity.

- In many school settings, 6 feet between students is not feasible without limiting the number of students. Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings and are asymptomatic.
- Given what is known about transmission dynamics, adults and adult staff within schools will attempt to maintain a distance of 6 feet from other persons as much as possible, particularly around other adult staff.
- Physical distancing by and among adults is strongly recommended, and meetings and curriculum planning should take place virtually if possible.
- In addition, other strategies to increase adult-adult physical distance in time and space will be implemented, such as staggered drop-offs and pickups, and drop-offs and pickups outside when weather allows.
- Parents will, in general, be discouraged from entering the school building.
- Physical barriers, such as Plexiglas, will be installed in reception areas and employee workspaces where the environment does not accommodate physical distancing, and congregating in shared spaces, such as staff lounge areas, will be discouraged.
- There will be no assemblies or presentations that require the entire school or multiple classrooms to congregate together.
- Field trips will not be allowed.
- There will be no academic fairs or competitions: social studies fair, science fair, math field day, spelling bee, etc.

Pre-Kindergarten (Pre-K)

In Pre-K, the relative impact of physical distancing among children is likely small based on current evidence and certainly difficult to implement. Therefore, Pre-K should focus on more effective risk mitigation strategies for this population. These include hand hygiene, infection prevention education for staff and families, adult physical distancing from one another, adults wearing face coverings, and spending time outdoors.

Higher-priority strategies:

- Students will interact with their own classmates as exclusively as possible to minimize crossover among children and adults within the school.
- Outdoor spaces will be utilized when possible.
- Unnecessary visitors into the building will be limited.

Lower-priority strategies:

- Face coverings (cloth) for children in the Pre-K setting may be difficult to implement.
- Reducing classmate interactions/play in Pre-K aged children may not provide substantial COVID-19 risk reduction.

Elementary Schools

Higher-priority strategies:

- Children will wear face coverings when harms (eg, increasing hand-mouth/nose contact) do not outweigh benefits (potential COVID-19 risk reduction). This will include during small group instruction with the teacher.
- Desks will be placed 3 to 6 feet apart when feasible. Classes will limit interaction with one another to minimize crossover among children and adults within the school.
- Outdoor spaces will be utilized, when possible. Outdoor recess and physical education classes will be required, weather permitting.

Lower-priority strategies:

- The risk reduction of reducing class sizes in elementary school-aged children may be outweighed by the challenge of doing so.
- Similarly, reducing classmate interactions/play in elementary school-aged children may not provide enough COVID-19 risk reduction to justify potential harms.

A typical school day for an elementary student:

- When students arrive at school, they will report directly to his or her classroom. There will be no "bus room" or large gatherings of students waiting to report to class.
- Teachers will ask basic questions to screen for COVID-19 symptoms.
- A "grab and go" breakfast will be provided and eaten in the cafeteria or the classroom, depending on the number of students and each school's schedule.
- Instruction will be provided in the core subjects (English Language Arts and Math with the integration of Science and Social Studies to the greatest extent possible) by the classroom teacher. Instruction will be based solely on the most important skills for students to learn at their level.
- Tables and desks will be spread as far apart as space will allow, while maintaining at least 3 feet of distance. All students will face the same direction.
- Instruction will be differentiated, or tailored to individual student needs, in small groups. During small group instruction, teachers will wear masks and/or face shields and students will wear masks. Additional clear barriers may be utilized, depending on availability.
- Students will utilize their device (iPad or laptop) to independently engage in targeted practice based on assessment data in iReady.
- Students will receive art, music, and physical education instruction in the specialists' classrooms, outdoor spaces, or in their regular classroom, depending on school sizes and schedules.
- Movement around the school will be limited, but students will not be required to stay in one classroom for the duration of the school day.
- Students will participate in outdoor recess and outdoor physical education classes, as often as weather permits.
- Students will be required to wash their hands thoroughly and frequently, and utilize hand sanitizer when soap and water is not readily available. This will include after using shared equipment or utensils, before and after meals, and after participating in any other high-touch activity such as recess and physical education.
- When leaving the school to travel home, they will be required to wear a mask. If they ride the bus, students will be required to sit in their assigned seats on the bus.

Secondary Schools

There is likely a greater impact of physical distancing on risk reduction of COVID in secondary schools than early childhood or elementary education. There are also different barriers to successful implementation of many of these measures in

older age groups, as the structure of school is usually based on students changing classrooms. The following physical distancing risk mitigation strategies will be utilized when feasible:

- Universal face coverings will be required in middle and high schools when not able to maintain a 6-foot distance (students and adults).
- Close physical proximity will be avoided in cases of increased exhalation (singing, exercise); these activities are likely safest outdoors and spread out.
- Desks will be placed 3 to 6 feet apart when feasible.
- Schools will limit cross-over of students and teachers to the extent possible.
    - Block schedule to reduce class changes and transition time.
    - Utilize outdoor spaces when possible.
    - Teachers should maintain 6 feet from students when possible and if not disruptive to educational process.

Special Education

Every child and adolescent with a disability is entitled to a free and appropriate education and is entitled to special education services based on their individualized education program (IEP). Students receiving special education services may be more negatively affected by distance-learning and may be disproportionately impacted by interruptions in regular education. It may not be feasible, depending on the needs of the individual child and adolescent, to adhere both to distancing guidelines and the criteria outlined in a specific IEP. Attempts to meet physical distancing guidelines should meet the needs of the individual child and may require creative solutions, often on a case-by-case basis.

Physical Distancing in Specific Enclosed Spaces

Bussing

- Alternative modes of transportation is encouraged for students who have other options.
- Bus drivers will implement assigned seating; seats will be assigned by cohort (same students sit together each day; this could include members of the same household or those sharing a bus stop).
- Tape marks will indicate to students where to sit.
- When a 6-foot distance cannot be maintained between students, face coverings will be worn.
- Driver must wear face covering when students are entering or exiting the bus
- The number of people on the bus at one time will be minimized, within reason.
- Adults who do not need to be on the bus should not be on the bus.
- Windows should be open if weather allows.

Hallways

- One-way hallways will be utilized to reduce close contact, as much as feasible.
- Physical guides, such as tape, on floors or sidewalks will create one-way routes.
- Where feasible, students will be kept in the classroom and rotate teachers instead.
- Class period changes will be staggered by cohorts for movement between classrooms if students must move between classrooms to limit the number of students in the hallway when changing classrooms.

Playgrounds

Enforcing physical distancing in an outside playground is difficult and may not be the most effective method of risk mitigation. Emphasis should be placed on cohorting students and limiting the size of groups participating in playground time. Outdoor transmission of virus is known to be much lower than indoor transmission.

Meals/Cafeteria

School meals play an important part in addressing food security for children and adolescents.

- Students will remain with their classmates or cohort in the cafeteria, or in their classrooms, especially if students remain in their classroom throughout the day.
- School staff will create separate lunch periods to minimize the number of students in the cafeteria at one time.
- Students will wash hands or use hand sanitizer before and after eating.
- The cafeteria may only be seated at 50% capacity.

Cleaning and Disinfection

The main mode of COVID-19 spread is from person to person, primarily via droplet transmission. For this reason, strategies for infection prevention should center around this form of spread, including physical distancing, face coverings, and hand hygiene. Given the challenges that may exist in children and adolescents in effectively adhering to recommendations, staff will be setting a good example for students by modeling behaviors around physical distancing, face coverings and hand hygiene. Infection via aerosols and fomites is less likely. However, because the virus may survive in certain surfaces for some time, it is possible to get infected after touching a virus contaminated surface and then touching the mouth, eyes, or nose. Frequent handwashing as a modality of containment is vital.

- Cleaning will be performed per established protocols followed by disinfection when appropriate. Normal cleaning with soap and water decreases the viral load and optimizes the efficacy of disinfectants.
- When using disinfectants, the manufacturers' instructions will be followed, including duration of dwell time, use of personal protective equipment (PPE), if indicated, and proper ventilation.
- The use of EPA approved disinfectants against COVID-19 is recommend. When possible, only products labeled as safe for humans and the environment (eg, Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, citric acid, will be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.
- When EPA-approved disinfectants are not available, alternative disinfectants such as diluted bleach or 70% alcohol solutions will be used. Children will not be present when disinfectants are in use and will not participate in disinfecting activities.

In general, elimination of high-touch surfaces is preferable to frequent cleaning.

- For example, classroom doors can be left open rather than having students open the door when entering and leaving the classroom or the door can be closed once all students have entered followed by hand sanitizing.
- As part of increasing social distance between students and surfaces requiring regular cleaning, schools could also consider eliminating the use of lockers, particularly if they are located in shared spaces or hallways, making physical distancing more challenging. If schools decide to use this strategy, it should be done within the context of ensuring that students are not forced to transport unreasonable numbers of books back and forth from school on a regular basis.
- When elimination is not possible, surfaces that are used frequently, such a drinking fountains, door handles, sinks and faucet handles, etc, will be cleaned and disinfected at least daily and as often as possible.
- Bathrooms, in particular, will receive frequent cleaning and disinfection.
- Shared equipment including computer equipment, keyboards, art supplies, and play or gym equipment will also be disinfected frequently.
- Hand washing will be promoted before and after touching shared equipment.
- Routine cleaning practices will be used for indoor areas that have not been used for 7 or more days or outdoor equipment. Surfaces that are not high touch, such as bookcases, cabinets, wall boards, or drapes will be cleaned following standard protocol. The same applies to floors or carpeted areas.

Outdoor playgrounds/natural play areas only need routine maintenance, and hand hygiene will be emphasized before and after use of these spaces. Outdoor play equipment with high-touch surfaces, such as railings, handles, etc, will be cleaned and disinfected regularly if used continuously.

Testing and Screening

Virologic testing is an important part of the overall public health strategy to limit the spread of COVID-19. Virologic testing detects the viral RNA from a respiratory (usually nasal) swab specimen.

- Testing all students for acute SARS-CoV-2 infection prior to the start of school is not feasible in most settings at this time.

- Even in places where this is possible, it is not clear that such testing would reduce the likelihood of spread within schools.
- It is important to recognize that virologic testing only shows whether a person is infected at that specific moment in time.
- It is also possible that the nasal swab virologic test result can be negative during the early incubation period of the infection. S
- o, although a negative virologic test result is reassuring, it does not mean that the student or school staff member is not going to subsequently develop COVID-19. Stated another way, a student who is negative for COVID 19 on the first day of school may not remain negative throughout the school year.

If a student or school staff member has a known exposure to COVID-19 (eg, a household member with laboratory-confirmed SARS-CoV-2 infection or illness consistent with COVID-19) or has COVID-19 symptoms, having a negative virologic test result, according to CDC guidelines, may be warranted for local health authorities to make recommendations regarding contact tracing and/ or school exclusion or school closure.

The other type of testing is serologic blood testing for antibodies to SARS-CoV-2. At the current time, serologic testing should not be used for individual decision-making and has no place in considerations for entrance to or exclusion from school. The CDC states that serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established. The AAP recommends this guidance be applied to school settings as well.

- Temperature checks and symptom screening are a frequent part of many reopening processes to identify symptomatic persons to exclude them from entering buildings and business establishments.
- Parents or caregivers will be required to screen their children each morning, prior to leaving their personal residence, for symptoms related to COVID-19. Although imperfect, these processes may be most practical and likely to identify the most ill children who should not be in school.
- **Parents should keep their child at home if they are ill.** Any student or staff member with a fever of 100.4 degrees or greater or symptoms of possible COVID-19 virus infection should not be present in school.
- School nurses or nurse aides will be equipped to measure temperatures for any student or staff member who may become ill during the school day and will have an identified area to separate or isolate students who may have COVID-19 symptoms.
- Any student and staff who exhibits symptoms of COVID-19 must quarantine for 14 days or present a negative testing result before

returning to school. Students who are quarantined will participate in school via the blended learning model.

COVID-19 infection manifests similarly to other respiratory illness in children. Although children manifest many of the same symptoms of COVID-19 infection as adults, some differences are noteworthy. According to the CDC, children may be less likely to have fever, may be less likely to present with fever as an initial symptom, and may have only gastrointestinal tract symptoms. A student or staff member excluded because of symptoms of COVID-19 should be encouraged to contact their health care provider to discuss testing and medical care. In the absence of testing, students or staff should follow local health department guidance for exclusion.

Face Coverings and PPE

Cloth face coverings protect others if the wearer is infected with SARS CoV-2 and is not aware. Cloth masks may offer some level of protection for the wearer. Evidence continues to mount on the importance of universal face coverings in interrupting the spread of SARS-CoV-2.

- Although ideal, universal face covering use is not always possible in the school setting for many reasons. Some students, or staff, may be unable to safely wear a cloth face covering because of certain medical conditions (eg, developmental, respiratory, tactile aversion, or other conditions) or may be uncomfortable, making the consistent use of cloth face coverings throughout the day challenging.
- For individuals who have difficulty with wearing a cloth face covering and it is not medically contraindicated to wear a face covering, behavior techniques and social skills stories(see resource section)can be used to assist in adapting to wearing a face covering.
- Preston County Schools staff and health advisors will consider whether the use of cloth face coverings is developmentally appropriate and feasible. If not developmentally feasible, which may be the case for younger students, and cannot be done safely (eg, the face covering makes wearers touch their face more than they otherwise would), masks will not be required when physical distancing measures can be effectively implemented.
- School staff and older students (middle or high school) may be able to wear cloth face coverings safely and consistently and will be encouraged to do so.
- Children under 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance will not wear cloth face coverings.

For certain populations, the use of cloth face coverings by teachers may impede the education process.

- These include students who are deaf or hard of hearing, students receiving speech/language services, young students in early education programs, and English-language learners.
- Clear plastic face shields will be provided to teachers whose students will benefit from seeing their teachers' mouth.

Students and families will be taught how to properly wear (cover nose and mouth) a cloth face covering, to maintain hand hygiene when removing for meals and physical activity, and for replacing and maintaining (washing regularly) a cloth face covering.

School health staff will be provided with appropriate medical PPE to use in health suites.

- This PPE should include N95 masks, surgical masks, gloves, disposable gowns, and face shields or other eye protection.
- School health staff will be aware of the CDC guidance on infection control measures.
- School staff working with students who are unable to wear a cloth face covering and who must be in close proximity to them should ideally wear N95 masks.
- When access to N95 masks is limited, a surgical mask in combination with a face shield should be used.
- Face shields or other forms of eye protection should also be used when working with students unable to manage secretions.

Education

The impacts of lost instructional time and social emotional development on children and adolescents are anticipated, and Preston County Schools is prepared to adjust curricula and instructional practices accordingly without the expectation that all lost academic progress can be caught up.

- Plans to make up for lost academic progress because of school closures and distress associated with the pandemic will be balanced by a recognition of the likely continued distress of educators and students that will persist when schools reopen.
- The academic expectations will not be unrealistic, so that school will not become a source of further distress for students (and educators) at a time when they need additional support.

- It is also critical to maintain a balanced curriculum with continued physical education and other learning experiences rather than an exclusive emphasis on core subject areas.

Students With Disabilities

The impact of loss of instructional time and related services, including mental health services as well as occupational, physical, and speech/language therapy during the period of school closures is significant for students with disabilities. Students with disabilities may also have more difficulty with the social and emotional aspects of transitioning out of and back into the school setting. As schools prepare for reopening, school personnel should develop a plan to ensure a review of each child and adolescent with an IEP to determine the needs for compensatory education to adjust for lost instructional time as well as other related services. In addition, schools can expect a backlog in evaluations; therefore, plans to prioritize those for new referrals as opposed to re-evaluations will be important. Many school districts require adequate instructional effort before determining eligibility for special education services. However, virtual instruction or lack of instruction should not be reasons to avoid starting services such as multi-tiered system of support (MTSS), even if a final eligibility determination is postponed.

Behavioral Health/Emotional Support for Children and Adolescents

Preston County Schools anticipates and is prepared to address a wide range of mental health needs of children and staff when schools reopen. Preparation for infection control is vital and admittedly complex during an evolving pandemic. But the emotional impact of the pandemic, financial/employment concerns, social isolation, and growing concerns about systemic racial inequity — coupled with prolonged limited access to critical school-based mental health services and the support and assistance of school professionals — demands careful attention and planning as well. Preston County Schools is prepared to adopt an approach for mental health support.

Preston County Schools will provide training to classroom teachers and other educators on how to talk to and support children during and after the COVID-19 pandemic. Students requiring mental health support will be referred to school mental health professionals.

Preston County Schools will incorporate academic accommodations and supports for all students who may still be having difficulty concentrating or learning new information because of stress associated with the pandemic. Schools will not anticipate or attempt to catch up for lost academic time

through accelerating curriculum delivery at a time when students and educators may find it difficult to even return to baseline rates.

Organized Activities

It is likely that sporting events, practices, and conditioning sessions will be limited in many locations. Preparticipation evaluations should be conducted in alignment with the AAP Preparticipation Physical Evaluation Monograph, 5th ed, and state and local guidance.