

## **Douglas County Reopening – Minimum Guidance for Educational Institutions**

The below guidance has been developed to provide educational institutions minimum recommended standards for reopening and contains current guidance from various entities including Centers for Disease Control and Prevention, Kansas State Department of Education, Kansas Department of Health and Environment (KDHE) and Lawrence-Douglas County Public Health (LDCPH) as well as state and local health orders. It has been reviewed by Unified Command Safety as well as Kansas Health Partners and the University of Kansas Pandemic Medical Advisory Team. All guidance is consistent with current KDHE standards; it is **subject to change at any time** to maintain compliance with KDHE requirements. These are minimum guidelines; schools and/or districts can choose to go above and beyond the outlined recommendations.

This document is meant to be **complementary** to the phased reopening document, *“COVID-19 Smart and Safe School Reopening Guidance Plan: Recommendations for Instructional Format and Activities Based on Risk Level and Community Transmission of COVID-19.”* Items covered below include Testing and Response and Movement and Gathering.

Guidance was developed with input from LDCPH, LMH Health, USD 497, USD 491, USD 348, USD 343, University of Kansas, and Haskell Indian Nations University. It has been vetted through the Douglas County Health Officer, Dr. Thomas Marcellino.

Please call LDCPH at 785-843-3060 or email [info@ldchealth.org](mailto:info@ldchealth.org) with any questions related to this document.

### **Minimum Guidance for Testing and Response**

This document outlines the MINIMUM guidance that Douglas County educational institutions should adhere to regarding COVID-19 testing and response to a suspected or confirmed COVID-19 positive case. These are minimum guidelines; schools and/or districts can choose to go above and beyond the outlined recommendations.

Guidance that differs for institutions of higher education has been noted in **RED**.

#### **General Recommendations:**

- Every school/district should have an identified COVID-19 Response Team with members who are able to liaison and work with LDCPH on suspected or confirmed positive COVID-19 cases.
- School nurses, an identified back-up or isolation room lead/monitor should wear gloves, an N95 (or other approved respirator) and a face shield (or other approved eye protection) when caring for suspected or confirmed COVID-19 positive patients to avoid being listed as a close contact.
  - School nurses will work with Logistics section to obtain necessary sets of PPE and to identify who needs to be fit tested for N95 respirators. ([logistics@ldchealth.org](mailto:logistics@ldchealth.org))
    - N95s should be stored in a paper bag when not in use (one per bag).
    - N95s should be discarded in the following situations: visible contamination with blood, bodily fluids, or respiratory/nasal secretions; close contact with a positive COVID-19 case; obviously damaged or deformed.
    - N95s should not be shared between users.

- Disinfection & Reuse: N95s can be reprocessed by specific equipment. N95s cannot be reprocessed if stained with makeup.
- Schools are mandated infectious disease reporters, so they can give contacts of a case without parental or patient consent. (*This does not apply to daycares.*)
- All plans should remain consistent with current Douglas County Public Health executive orders.

### Testing Recommendations:

The CDC recommends against universal testing for schools, unless it is a component of a comprehensive prevention strategy. The guidance below outlines a targeted testing response following identification of a positive COVID-19 case.

- Testing is available for anyone who develops symptoms consistent with COVID-19 and highly recommended for those who develop consistent symptoms following a known COVID-19 exposure.
  - This can be coordinated with LDCPH by calling 785-856-4343 or performed at a community testing site.
  - LDCPH can only test those that are symptomatic, regardless of known exposure.
  - Asymptomatic testing is at the discretion of the ordering provider.

**Higher Education Institutions:** May work with on-campus clinic, LDCPH and/or other community testing site to coordinate testing.

- See **Attachment 1** for detailed algorithm for testing and isolation/quarantine; Additional points to be emphasized:
  - Persons who test negative while in quarantine must still finish quarantine - you cannot test out of quarantine!
  - All those tested must isolate at home until test results are received
  - Have the person isolate at home and call LDCPH for interpretation for those with a negative “rapid” test that require a “confirmatory” test
  - Antibody testing is not accepted
- In the event of a high-risk outbreak (with a vulnerable population or where transmission is likely, following regular, ongoing exposure), contact LDCPH to determine if close contacts qualify for asymptomatic testing through LDCPH. *This is not a guarantee and is a case-by-case decision made in consultation with KDHE.*

### Pre-Entry Screening & Sick Students, Staff, or Visitors:

Everyone is required to go through at least one screening prior to entry into the building, which involves a temperature check, symptom check, travel history and exposure history. Screening can be done at home, on a bus, or other setting prior to arrival at the school – but will be repeated upon arrival. (Temperature checks at home, prior to bus or other transportation, may eliminate both unnecessary transport and decrease likelihood of exposing others during transport.) Parents should also consider completing a Daily Home Screening checklist, an example can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/schools-childcare/Daily-Home-Screening-for-Students-Checklist-ACTIVE-rev5A.pdf>

- Temperature check; fever is defined as  $\geq 100.4$ 
  - If temperature is elevated but  $< 100.4$ , wait 5 minutes and re-take temperature to confirm result.
- Symptom check; if individual meets criteria for Clinically Compatible COVID-19 Ill Person (see below), they should be sent home and referred for testing:
  - Clinically compatible illness is defined as one high-risk symptom or two moderate-risk symptoms:
    - High-Risk Symptoms: New or atypical: cough, difficulty breathing, loss of taste/smell
    - Moderate-Risk Symptoms: Any fever  $\geq 100.4$ , chills; New or atypical: congestion/runny nose, nausea/vomiting/diarrhea, sore throat, headache, muscle or body aches
  - Alternatively, schools or districts may choose to identify two symptoms from KDHE's Person Under Investigation (PUI) definition without delineating high and moderate: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/367/PUI-Criteria-PDF---7-21-20>
  - Follow additional recommendations as outlined in Return to School Flowchart (See **Attachment 1**).
- Gather information on potential COVID-19 exposures:
  - Within 6 feet for 10 minutes or longer of a suspected or confirmed COVID-19 positive case.
  - Travel to, or association with, any current KDHE-mandated quarantine site; This list is updated approximately every two weeks and can be found at: <https://ks-kdhecovid19.civicplus.com/175/Travel-Exposure-Related-Isolation-Quaran>
- Any persons who screen positive should be placed in an identified isolation space that meets the following requirements:
  - Designated staff with proper PPE to monitor isolation room.
  - Large enough to hold multiple socially-distanced persons (minimum 6 feet), based on typical volumes.
  - Face masks available for the patient.
  - EPA-registered disinfectant readily available.

**Higher Education Institutions**: Isolation spaces may be identified within places of high-risk exposure and transmission (example: student clinic, residence halls, etc.) In other instances, the student or staff who screens positive may be asked to immediately leave the location, return to their local address and await a call from a provider.
- Parents should make every effort to pick up children within 60 minutes of notification.
- Work with LDCPH or medical provider to coordinate testing for the suspected case.

**Higher Education Institutions**: May work with on-campus clinic, LDCPH and/or other community testing site to coordinate testing.

## Response to Positive COVID-19 Case:

- All positive cases are required to enter isolation at a residence as mandated by LDCPH. **This is required; there is no modified isolation.**

**Higher Education Institutions:** Higher education institutions will have a higher standard, for isolation of positive students and quarantine of students identified as close contacts, than K-12 schools and districts. Considerations should be made for the following:

- Dedicated rooms, floors, residence halls or off-site housing for isolation or quarantine.
  - Non-shared bathrooms/bedrooms; if a bathroom must be shared, it should be disinfected after each use.
  - Alternative modes of course instruction for those in mandated isolation or quarantine.
  - Access to food and laundry while remaining in isolation or quarantine, virtual health checks to ensure compliance.
- Each school should have a plan for notification of families/guardian(s), faculty and staff in the event of a positive case.
    - Public Information Officers from schools/districts are encouraged to coordinate messaging strategies.
    - Pre-developed templates for notification are recommended.
    - Communication should include that the student(s) are not considered a close contact or at high risk for COVID-19 exposure unless they are otherwise contacted by the school or public health.
    - Members of the COVID-19 response team at the school should work closely with LDCPH to develop a process for notification of families/guardian(s) of close contacts.
    - All efforts should be made to protect the privacy of the positive case.

**Higher Education Institutions:** Institutions of higher education do not need to notify families or the entire campus of a single positive case. Targeted communication should be considered and developed in order to be deployed quickly, including considerations for notification of faculty/staff or departments with potential exposure. Separately, guidance should be provided on handling of absences for isolation/quarantine.

- The school/district COVID-19 Response Team should liaise with LDCPH to ensure awareness of the positive case and to begin identification of close contacts (see Contact Tracing section for additional information).
- Room Closure:
  - Immediately close any public areas where positive patient spent considerable time to begin disinfection. This is *in addition to* standard daily cleaning and disinfection.
  - If available and reasonable given the weather, open windows to the outside.
  - Classrooms (especially in the PreK-5 setting) may need to be dismissed to home for a short period of time (1-2 days) to complete this process.
- Sanitation: COVID-19 transmission risk when cleaning is low, but necessary precautions should be taken.

- All sanitation workers performing disinfection protocols should wear disposable mask, gown, face shield (or other approved eye protection), and gloves.
- Clean surfaces with soap and water, if needed, then disinfect surfaces.
- All disinfectants should be registered with EPA and have SARS-CoV-2 or human coronavirus listed as a target pathogen. Make sure to follow the label directions, including contact time.
  - Bleach solution can also be used: Mix 1/3 cup bleach to 1 gallon of water (discard after 24 hours).
- It is not recommended to disinfect outdoor playgrounds.
- It is not recommended to clean or disinfect outdoor wooden structures (example: benches).
- Clothes should be washed as soon as possible once home. Normal laundering at home is fine.
- If more than 7 days has passed since the person was last in the setting, then additional disinfection is not needed.

Cleaning: removing dirt, dust, or other debris from a surface using soap and water (first step)

Disinfection: destroys viruses and bacteria on a surface (second step)

- Contact Tracing: All schools are mandated infectious disease reporters, so they can provide lists of contacts to public health without parental or patient consent. (*This does not apply to daycares.*)
  - Immediately begin to gather close contacts of the positive case in the school setting, from 48 hours prior to symptom onset, to send to public health. This should be done utilizing school records, attendance, and other systems already in place.
 

*Schools are not required to identify contacts of a positive case outside of the school. This will be done by LDCPH Disease Investigators.*
  - Close Contacts are identified as:
    - Within 6 feet for longer than 10 minutes of a suspected or confirmed positive COVID-19 case.
    - Contact with a positive case's respiratory particles (examples: being sneezed/coughed on, kissing, sharing of utensils, etc.)
    - *Cloth masks do not exclude someone from being an identified contact.*

**Higher Education Institutions:** Institutions should strongly encourage all positive cases to be forthcoming and honest regarding their close contacts and recent activities. Institutions can also gather close contacts of the positive case in the school setting to send to public health, but it may not be feasible to identify all close contacts in this setting. Regardless, it is beneficial to provide the following to LDCPH: in-person class schedule, on-campus residence and roommates, or on-campus work. Determine if other areas within the campus system should be considered for investigation and share with LDCPH; possible close contacts include, but are not limited to:

- On campus roommates
- In person classmates or teachers within 6 feet
- Healthcare persons who were exposed
- People in alternate settings: Cafeteria, gym facilities, libraries
- Staff/Faculty exposed in other administrative buildings
- Any students or staff that maintained a 6-foot distance will not be considered a close contact and therefore will not enter quarantine.
- Only direct contacts are placed in quarantine by public health. Secondary contacts are not placed in quarantine (example: a classmate of a positive case is a direct contact; the classmate's sibling is a secondary contact.)

Quarantine: For those that are exposed to prevent on-going transmission; length is 14 days following last potential exposure to a suspected or positive case.

- Modified “cohorting quarantine” is approved **if, and only if, all requirements can be met.** (Requirements outlined in **Attachment 2.**) If ALL requirements cannot be met, modified quarantine is not approved.

Cohorting Quarantine: The ability for all students and staff in the exposed classroom to continue physically attending school by staying together and avoiding others outside the classroom during their quarantine period, but remaining in home quarantine outside of the regular school day.

- Household contacts of a positive case are not eligible for modified quarantine and must quarantine at home.
- Close contacts with evidence of previous infection supported by a positive PCR or antigen test may be exempt from quarantine after re-exposure. This is determined by the local health officer based on a possible 3 month period of presumed immunity. If an investigation was done documenting the date that symptoms resolved, or the date isolation measures were discontinued, then the 3 month period can start from that date. If those dates are not available, then the period will start from the date of the positive laboratory test. A serology or antibody test may not be substituted for a laboratory report of a viral diagnostic test.

**Higher Education Institutions**: Cohorting or modified quarantine may not be feasible for institutions of higher education. However, there may be other on-campus situations in which the concepts and requirements of cohorted quarantine can be used, such as quarantining floors of dormitory halls, sororities/fraternities, or athletic teams, but must still adhere to all requirements listed in **Attachment 2.**

- Follow the Return to School Flowchart to determine when a student or staff member can return to school (See **Attachment 1**).
  - LDCPH provides a “Letter of Isolation” to all positive cases upon completion of isolation that can be used by the school to determine if someone has completed requirements.
  - Release from isolation is based on current scientific understanding of when a positive case is no longer infectious. LDCPH is not able to provide clinical assessment for

individual cases who still report feeling ill or are dealing with complications. This should be performed by a medical provider.

### **Building Closure:**

This guidance is not in regard to moving through the in-person, hybrid, or remote learning model, but about closing the building for a short period of time (1-3 days) to do contact tracing and disinfection of the space.

- It is not required to close a building following one positive case; although specific classrooms or settings may be dismissed to allow for contact tracing and disinfection.
- The decision to close a school building should be made in conjunction with LDCPH. Considerations include:
  - How much contact did the positive case have with others in the school?
  - Is the school the source of the outbreak?
  - Have efforts been made to break transmission chains (intensity, frequency, and duration of interactions), but transmission is still occurring?
  - Is the spread within the school higher than what's occurring within the community?
- Should a building closure be required, cancel extracurricular group activities and large events that were scheduled to occur in the building.

### **Minimum Guidance for Movement and Gathering**

This document outlines the MINIMUM guidance that Douglas County educational institutions should adhere to regarding movement and gathering of persons. These are minimum guidelines; schools and/or districts can choose to go above and beyond the outlined recommendations.

**Separate guidance for institutions of higher education has NOT been included in this section.** Although the general goals are similar, significant variations exist. Colleges and universities should adhere to standards outlined by federal, state and local governments as well as appropriate governing bodies (e.g., National Collegiate Athletic Association) for specified situations.

### **Movement (in-person classes or events):**

- Busses
  - As noted in the *Pre-Entry Screening & Sick Students, Staff, or Visitors* section, everyone is required to go through at least one screening prior to entry into the building. This involves a temperature check, symptom check, travel history and exposure history. Screening can be done at home, on a bus, or other setting prior to arrival at the school.
  - Transportation specifics, as well as intra- and interstate travel and out-of-state competitions are local school/district decisions
  - Consideration should be given to LDCPH's "*COVID-19 Smart and Safe School Reopening Guidance Plan: Recommendations for Instructional Format and Activities Based on Risk Level and Community Transmission of COVID-19*"
  - Standard Mitigation:

- No group travel by bus or other collective means that does not allow for mitigation
  - Disinfection protocols are in place
  - For travel to in-person classes, temperatures should be taken prior to boarding the bus and before entering the school
  - Maximize ventilation, windows should remain open as tolerated
  - Attempt to maintain 6 feet between passengers, with exceptions for household members
  - Masks must be worn
- Additional considerations:
  - Assign seats for potential contact tracing
  - Add personnel on busses or physically mark seats to ensure proper social distancing
  - Take attendance as students enter the bus
  - One-way flow for embark/disembark
  - Hand hygiene available
  - Alternate transportation for high-risk, medically vulnerable students

### **Gatherings (Indoors/Outdoors: School & Sports)**

This section encompasses a wide range of before, during and after school events. To aid in cooperation and understanding, all buildings should ensure **clear and prominent signage** stating rules and expectations.

- Where applicable, consideration should be given to LDCPH's "*COVID-19 Smart and Safe School Reopening Guidance Plan: Recommendations for Instructional Format and Activities Based on Risk Level and Community Transmission of COVID-19,*" in addition to current masking policies and current federal, state and local guidelines for phased reopening.
- Indoors
  - Masks required
  - Facility Capacity
    - Allow for at least 6 feet of personal distance when calculating capacity
    - When adequate distancing cannot be maintained, the Douglas County Public Health Order mass gathering limit applies
- Movement of classes
  - Cafeteria
    - Maintain at least 6 feet of distance while eating

- Explore alternate serving scenarios to maintain distance: dining in classrooms or alternate locations, staggering mealtimes, extended mealtimes, assigned seating or other environmental controls
    - Consider grab & go meals, multiple service locations, online or pre-ordering
  - Between classes
    - Attempt to maintain unidirectional flow: one-way hallways/stairwells
    - Avoid use of lockers; if unavoidable, stagger to avoid congregation
    - Limit the amount of student movement time outside of a classroom: stagger release times, limit out of class passes
  - Before and after classes
    - Limit congregation around schools: dedicated entrances and exits for student groups, stagger start/end of day by group, discourage early drop-offs
    - Limit congregation at bus stops: one bus loading/unloading at a time, pre-stage groups for loading
    - Consider eliminating or reducing before and after school programs
- Indoor Sporting Events
  - Refer to *“COVID-19 Smart and Safe School Reopening Guidance Plan: Recommendations for Instructional Format and Activities Based on Risk Level and Community Transmission of COVID-19”* for definitions of low, moderate and high risk activities.
  - Masks are required
  - Recommend all persons entering the facility undergo screening
    - Recommend maintaining documentation for all participants for each activity that includes individual/roster contact information, no presence of fever, symptoms
  - Limit number of persons in the facility
    - Must adhere to capacity and/or mass gathering limitations as above
    - Consider limiting spectators (example: 2 per player)
    - Participants should arrive before an event within minimal required time and leave immediately after event
  - Limit congregation:
    - One-way traffic (entrances and exits) should be used and appropriate signage posted
    - No locker room usage
  - Bleachers/benches/seats and other high-touch surfaces should be disinfected between games
    - Clean surfaces with soap and water, if needed; then disinfect surfaces.

- All disinfectants should be registered with EPA and have SARS-CoV-2 or human coronavirus listed as a target pathogen. Make sure to follow the label directions, including contact time.
  - No eating indoors at events
  - Teams from KDHE-designated hotspots or those that do not meet guidelines are not allowed to participate in events unless Kansas quarantine requirements are met
- Outdoor Sporting Events
  - Same as above with the following exceptions:
    - Masks are encouraged, but not required if able to maintain at least 6 feet of personal distance
    - For any unmasked singing or shouting, including spectators, attempts should be made to maintain at least 10 feet of personal distance
      - These points should be considered when calculating facility capacity
    - Concessions may be allowed outdoors, but should occur only in specified areas and/or with proper distancing

**Mask Use and Gathering Size by Distance, Location**

	Indoor <6ft	Indoor ≥6ft	Outdoor <6ft	Outdoor ≥6ft
Mask Recommended	--	--	--	YES
Mask Required	YES	YES	YES	NO*
Limit on Number of Individuals in a Group**	45	None	45	None

***Masks with exhalation valves or vents should be avoided.***

\*For any ***unmasked singing or shouting***, including spectators, attempts should be made to maintain at least 10 feet of personal distance

\*\* Avoid any instances in which groups of more than 45 individuals are in one location and are unable to maintain 6 feet of distance with only infrequent or incidental moments of closer proximity. This does not limit the total capacity, but requires that facilities limit mass gatherings ***in areas and instances in which physical distancing cannot be maintained*** such as at tables, entrances, lobbies, concession stands, etc.

## **DEFINITIONS:**

**Isolation:** Is for sick and/or infected people; 10 days after symptom onset (or specimen collection for asymptomatic cases) with symptoms improving and fever free for 72 hours. Cases that are admitted to the ICU are required to isolate 20 days from symptom onset.

VS.

**Quarantine:** Is for non-ill contacts and is used to break potential chains of transmission; 14 days from last exposure with a suspected or confirmed COVID-19 positive case. For ongoing contact, it is 14 days from the last day of the positive case's isolation.

VS.

**Cohorting Quarantine:** The ability for all students and staff in the exposed classroom to continue physically attending school by staying together and avoiding others outside the classroom during their quarantine period, but remaining in home quarantine outside of the regular school day.

**Cleaning:** removing dirt, dust, or other debris from a surface using soap and water (first step)

VS.

**Disinfection:** destroys viruses and bacteria on a surface (second step)

**Close Contact:** Someone who is (1) within 6 feet for longer than 10 minutes\*; (2) direct contact with respiratory/nasal secretions; (3) a household member. Close contacts are gathered from 48 hours prior to symptom onset or specimen collection for asymptomatic case. They are required to enter quarantine.

\*The CDC has recommended for longer than 15 minutes, but KDHE has not approved this recommendation, so in that state of Kansas we are required to look at 10 minutes or longer.

VS:

**Secondary Contact:** Someone who is a contact of a contact and does not have direct contact with a positive case. They are not required to enter quarantine.

VS:

**Epidemiological Exposure:** Close contact as defined above; travel or association with KDHE mandated quarantine list; member of a risk cohort during an outbreak.

**Extended Use (PPE):** Using the same PPE for repeated close contacts without removing the respirator between encounters.

VS:

**Reuse (PPE):** The practice of using the same N95 respirator for multiple encounters, but removing it between encounters.

**Outbreak:** Defined as two or more cases (not in the same household) in the same setting with the same source of exposure; two cases in the same location does not necessarily constitute an outbreak.

Person Under Investigation: KDHE defined clinically compatible patient; at least two of the following symptoms: fever (>100.4), chills, rigors, myalgia, malaise, headache, sore throat, lower respiratory illness, loss of smell/taste, congestion/runny nose, nausea/vomiting, diarrhea without a more likely alternate diagnosis.

Positive Case: Meets one of the following criteria:

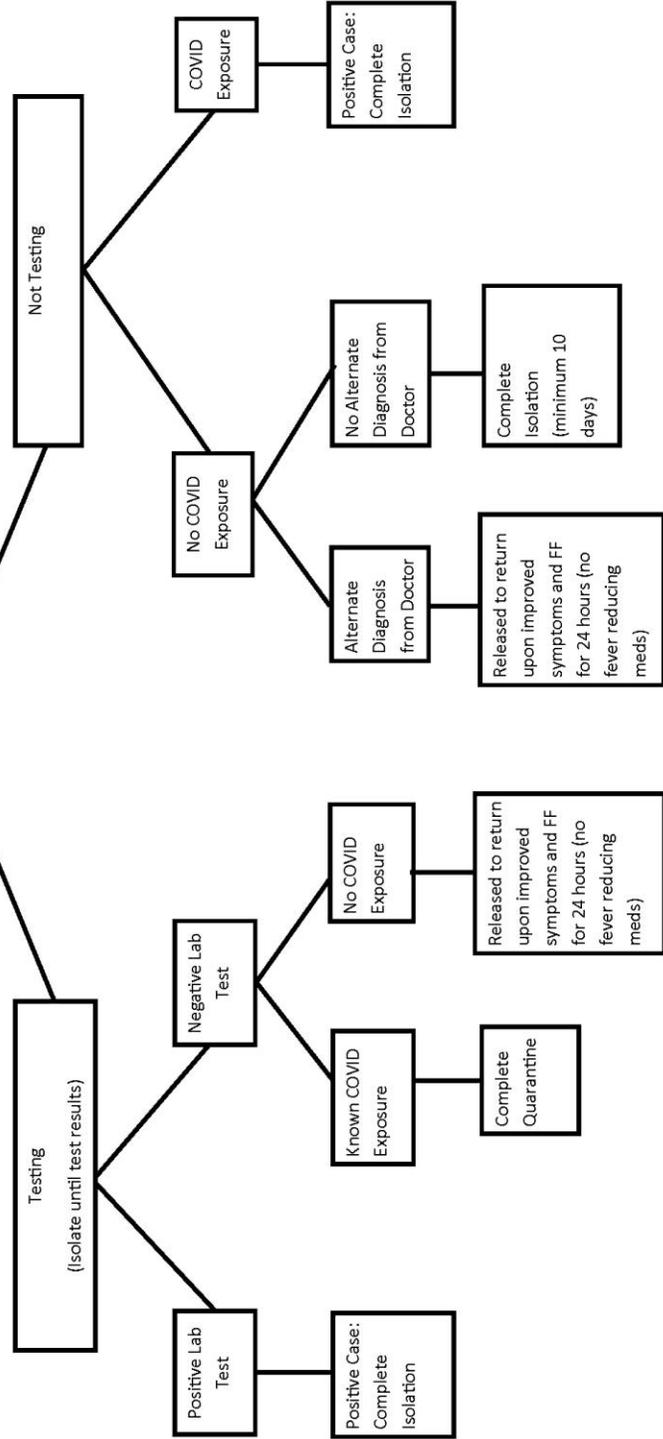
- (1) Positive PCR-confirmed clinical specimen
- (2) Positive antigen in a clinical specimen that is either clinically compatible or has epidemiological exposure
- (3) No lab but meets clinical criteria and epidemiological evidence

#### **RESOURCES & SOURCES:**

1. KDHE COVID-19 Disease Investigation Guideline:  
[https://www.kdheks.gov/epi/Investigation\\_Guidelines/COVID-19\\_Disease\\_Investigation\\_Guideline.pdf](https://www.kdheks.gov/epi/Investigation_Guidelines/COVID-19_Disease_Investigation_Guideline.pdf)
2. KDHE Person Under Investigation Form:  
<https://www.coronavirus.kdheks.gov/DocumentCenter/View/367/PUI-Criteria-PDF---7-21-20?bidId=>
3. Ad Astra: A Plan to Reopen Kansas:  
<https://www.coronavirus.kdheks.gov/DocumentCenter/View/1057/Plan-to-Reopen-Kansas-Framework-PDF---Full-Plan---5--26-20>
4. Navigating Change: Kansas' Guide to Learning and School Safety Operations:  
[https://www.ksde.org/Portals/0/Communications/Navigating%20Change/Navigating\\_Change.pdf?ver=2020-07-15-183032-667](https://www.ksde.org/Portals/0/Communications/Navigating%20Change/Navigating_Change.pdf?ver=2020-07-15-183032-667)

**Attachment 1:** Flowchart for return to School

**Person with Symptoms Consistent with COVID-19:**  
 (1 High-Risk Symptom or 2 Moderate-Risk Symptoms)  
High Risk: New cough; difficulty breathing; loss of taste/smell  
Moderate Risk: Fever/chills; congestion/runny nose; nausea/vomiting/diarrhea; sore throat; headache; muscle or body aches



**Definitions:**

**Isolation:** For positive cases; 10 days after symptom onset (or specimen collection for asymptomatic people) with symptoms improving and fever free 72 hours

**Quarantine:** For non-ill contacts; 14 days following last known exposure

**COVID Exposure:** (1) Household member + case (2) Within 6 feet for 10 minutes or longer + case (3) Direct respiratory contact with + case (4) Travel in past 2 weeks to KDHE hotspot

**Positive Case:** (1) PCR confirmed lab test (2) Positive Antigen Test or IgM that is either clinically compatible or had COVID exposure (3) Meets clinical criteria AND epidemiological exposure (lab not required)

## **Attachment 2: Requirements for Modified Cohorting Quarantining**

Approved for use by local schools and districts by KDHE on 7/28/2020.

### **Requirements:**

- Students and staff are only eligible if they remain asymptomatic. If a student develops symptoms, they should be put into isolation immediately.
- Transportation: Not allowed to commute with anyone else is also not on modified quarantine.
- Arrival/Dismissal: Must arrive and leave on a staggered schedule without interacting with rest of general population.
- Pre-Screen: Anyone with a temperature registering higher than 99 should have in-depth screening done (review of additional symptoms).
- Medical Check-in: Quarantine students and staff should check in with medical or school staff at specified time periods.
- Must wear a mask at all times.
- Physical Separation: The quarantined classroom must be physically separated from the general school population, including mealtimes and classes like art or music.
- Bathroom: The quarantine classroom must either have their own designated bathroom or one that is cleaned after they use it.
- School Activities: Quarantined students and staff are not allowed to participate in any activities that involve interaction with non-quarantined students and staff.
- Outside of School: Quarantined students and staff should remain in quarantine outside of the normal school day.