

GUAM DEPARTMENT OF EDUCATION

PANDEMIC RE-ENTRY PLAN



JULY 2020

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ABOUT COVID-19

In February 2020, the World Health Organization (WHO) officially named the 2019 novel coronavirus outbreak that was first identified in Wuhan, China COVID-19 (**CO**rona**VI**rus **D**isease 20**19**). “COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. The name of this disease was selected following the World Health Organization (WHO) for naming of new human infectious diseases.” (Center for Disease Control (CDC), 2020). COVID-19 is a respiratory disease caused by the SARS-CoV-2 virus.

Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe, and in some cases also be fatal. Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus, have also experienced non- respiratory symptoms. Other people infected with the virus, have also experienced no symptoms at all, also referred to as asymptomatic cases.

According to CDC, symptoms of COVID-19 may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle or body aches
- Sore throat
- Congestion or runny nose
- New loss of taste or smell
- Headache
- Fatigue
- Less common symptoms also including: nausea, vomiting, or diarrhea

Some children have similar symptoms to adults and generally have mild illness. This list is not all inclusive. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

Signs and Symptoms of Multisystem Inflammatory Syndrome in Children (MIS-C):

A new rare condition similar to Kawasaki disease and toxic shock syndrome may affect children who had COVID-19 but later recovered. Children who are suspected of having signs and symptoms of MIS-C should be seen by a healthcare provider. Children who exhibit any serious signs and symptoms of illness need to be taken to an emergency room. ¹

Common signs of Multisystem Inflammatory Syndrome (MIS-C) include

- High fever (100.4F or greater) lasting several days
- Abdominal pain
- Pink or red eyes
- Enlarged lymph nodes on one side of neck
- Cracked lips
- Red tongue
- Blotchy rash
- Swollen hands and feet
- Blood pressure/heart rate out of range
- Cardiac inflammation

¹ Information sourced from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>

OVERVIEW

The decision and confidence to reopen all 41 elementary, middle, and high schools, and GDOE Central Office (i.e., all support divisions) is dependent upon strategic and measured community monitoring to prevent COVID -19 from spreading. **Given low levels of COVID -19 spread within the island community and confidence supported by public health data that the incidence of infection is genuinely low will allow GDOE to gradually reopen educational services and support functions.**

The decision and rate at which GDOE will resume activity will be continuously monitored and informed by GDOE, DPHSS, and other government agencies using interagency communication and based on the Pandemic Condition of Readiness System.

The Pandemic Condition of Readiness (PCOR) System² was established by the Government of Guam to be used as a scale to determine gradual and appropriate lifting of public mandates and restrictions. The graphic below identifies a system-based on specific public health readiness data and triggers that establish informed decision-making by the Governor. There are four phases to this system, ranging from PCOR 1 (maximum restrictions) to PCOR 4 (no restrictions). The graphic detailing PCOR System is located on the following page.

In conjunction with the guidance of the Guam Department of Public Health and Social Services, Guam Homeland Security, and the Office of the Governor of Guam, GDOE has taken appropriate and deliberate measures to ensure the highest possible level of safety for our students and employees.

IMPORTANT NOTE

The guidance provided within this document has been taken directly from the literature distributed by the U.S. Center for Disease Control (CDC), the World Health Organization, and other federal and local government public health entities.

The sources for each of the sections is indicated throughout the document.

GDOE acknowledges that the worldwide situation regarding COVID-19 guidance is constantly evolving, and, as such, the guidance within this document will subject to change and modification as needed.

² Guam Homeland Security & the Office of the Governor of Guam



CHÅLAN PARA HINEMLO'

GUAM'S ROAD TO RECOVERY

PCOR: PANDEMIC CONDITIONS OF READINESS

PCOR1

PCOR2

TRIGGERS TO INFORM DECISION TO MOVE TO PCOR2:

CASES: Downward trend of confirmed cases and a downward trend of positive tests as a percent of total tests within a 14-day period, utilizing a 5-day rolling average; and

HOSPITALIZATION: Guam hospitals are able to treat all inpatients without resorting to crisis standards of care due to an increased rate of COVID-19 cases; and

TESTING: Guam has the capacity to test all people with COVID-19 symptoms; and

CONTACTING TRACING: The DPHSS has the capacity to conduct adequate monitoring of all COVID-19 cases and tracings of their contacts

PCOR3

TRIGGERS TO INFORM DECISION TO MOVE TO PCOR3:

CASES: Downward trend of confirmed cases and a downward trend of positive tests as a percent of total tests within a 28-day period, utilizing a 5-day rolling average starting from when PCOR2 was declared; and

HOSPITALIZATION: Guam hospitals continue to treat all inpatients without resorting to crisis standards of care due to an increased rate of COVID-19 cases; and

TESTING: Guam continues to have the capacity to test all people with COVID-19 symptoms AND the availability and affordability of rapid and reliable testing of travelers as it relates to quarantine requirements; and

CONTACTING TRACING: The DPHSS continues to have the capacity to conduct adequate monitoring of all COVID-19 cases and tracings of their contacts

PCOR4

TRIGGERS TO INFORM DECISION TO MOVE TO PCOR4:

VACCINE: Ability to confer adequate immunity on Guam either by mass administration of a FDA authorized SARS-CoV-2 vaccine, if ever developed, OR by the confirmation that enough herd immunity has developed, via natural disease and recovery, to prevent another pandemic.

- Price freezing
- Face masks required
- Social distancing

MINIMUM RESTRICTIONS

- Prohibition of social gatherings of any type
- All K-12 Schools and higher education
- Gatherings prohibited
- Traveller quarantine
- Closure of public spaces

MODERATE RESTRICTIONS

- Any place of business or public accommodation: operate at diminished occupancy rate
- Non-essential Government of Guam offices
- Non-essential businesses and activities

MINIMUM RESTRICTIONS

- All K-12 Schools and higher education
- Gatherings prohibited
- Traveller quarantine
- Closure of public spaces
- Price freezing
- Face masks required
- Social distancing

MAXIMUM RESTRICTIONS

- Any place of business or public accommodation: operate at diminished occupancy rate
- Non-essential Government of Guam offices
- Non-essential businesses and activities
- Prohibition of social gatherings of any type

MODERATE RESTRICTIONS

- Any place of business or public accommodation: operate at diminished occupancy rate
- Non-essential Government of Guam offices
- Non-essential businesses and activities
- Prohibition of social gatherings of any type
- All K-12 Schools and higher education
- Gatherings prohibited
- Traveller quarantine
- Closure of public spaces
- Price freezing
- Face masks required
- Social distancing

MAXIMUM RESTRICTIONS

- Any place of business or public accommodation: operate at diminished occupancy rate
- Non-essential Government of Guam offices
- Non-essential businesses and activities
- Prohibition of social gatherings of any type
- All K-12 Schools and higher education
- Gatherings prohibited
- Traveller quarantine
- Closure of public spaces
- Price freezing
- Face masks required
- Social distancing

NO RESTRICTIONS

GENERAL INFORMATION FOR GDOE PERSONNEL

Basic Principles

Following basic principles can help keep students and employees safe and help stop the spread of this disease.

To ensure a healthy and safe work environment, employees must:

- Sick employees should not report to work.
- Schools/Central Office management should enforce regular hand washing with safe water and soap, alcohol rub/hand sanitizer or chlorine solution and, at a minimum, daily disinfection and cleaning of school surfaces.
- Schools/Central Office should provide follow environmental cleaning and decontamination procedures as outlined in the GDOE.
- Schools/Central Office should promote physical distancing of 6ft.

Know the latest facts

Understand basic information about COVID-19, including its symptoms, complications, how it is transmitted and how to prevent transmission. Stay informed about COVID -19 through reputable sources such as CDC and WHO and DPHSS. Be aware of unverified information/myths that may circulate by word -of-mouth or online. Employee training videos/documents have been placed on the GDOE Google Drive at the following link address: <https://bit.ly/2TpnGOU>

Ensure safe school/central office operations

Update or develop school emergency and contingency plans. Work with officials to guarantee schools are not used as shelters, treatment units, etc. Consider cancelling any community events/meetings that usually take place on school premises, based on risk.

Reinforce frequent handwashing and sanitation and procure needed supplies. Prepare and maintain handwashing stations with soap and water, and if possible, place alcohol-based hand rub (hand sanitizers) in each classroom, at entrances and exits, and near lunchrooms and toilets.

Clean and disinfect school buildings, classrooms and especially water and sanitation facilities at least once a day, particularly surfaces that are touched by many people (railings, lunch tables, sports equipment, door and window handles, toys, teaching and learning aids etc.)

Safe School & Office Environments

- ✓ Promote and demonstrate regular hand washing and positive hygiene behaviors and monitor their uptake.
 - Ensure adequate, clean and separate toilets for girls and boys.
 - Ensure soap and safe water is available at age-appropriate hand washing stations.
- ✓ Encourage frequent and thorough washing (at least 20 seconds)
- ✓ Place hand sanitizers in restrooms, classrooms, halls, and near entrance/exits where possible
- ✓ Ensure adequate, clean and separate toilets or latrines for both genders
- ✓ Clean and disinfect offices, school buildings, classrooms and especially water and sanitation facilities at least once a day, particularly surfaces that are touched by many people (countertops, railings, lunch tables, sports equipment, door and window handles, toys, teaching and learning aids etc.)
- ✓ Use sodium hypochlorite at 0.5% (equivalent 5000ppm) for disinfecting surfaces and 70% ethyl alcohol for disinfection of small items, and ensure appropriate equipment for employees assisting with cleaning
- ✓ Increase airflow and ventilation where climate allows (open windows, use air conditioning, etc.)
- ✓ Post signs encouraging good hand and respiratory hygiene practices. Ensure trash is removed daily and disposed of safely

Promote information sharing

Coordinate and follow guidelines from DPHSS, JIC and GDOE Public Information Officer. Share known information with employees, caregivers and students, providing updated information on the disease situation, including prevention and control efforts at school/central office. Reinforce that caregivers should alert the school and health care authorities if someone in their home has been diagnosed with COVID-19 and keep their child at home. Utilize parent-teacher committees and other mechanisms to promote information sharing. Also be sure to address children's questions and concerns, including through the development of child-friendly materials such as posters which can be placed on bulletin boards, in restrooms, and other central locations.

Adapt school/central office policies where appropriate

Develop flexible attendance and sick leave policies that encourage students and employees to stay home when sick or when caring for sick family members. Discourage the use of perfect attendance awards and incentives. Identify critical job functions and positions, and plan for alternative coverage by cross-training employees. Plan for possible academic calendar changes, particularly in relation to breaks and exams.

Other suggestions by the CDC include:

- Discouraging the use of perfect attendance awards and incentives during the COVID-19 situation
- Identifying critical job functions and positions, plan for alternative coverage by cross-training staff.

Monitor school/central office employee attendance

Until PCOR4 is declared, attendance policies will remain flexible. Parents and schools must remain in communication regarding student attendance issues.

Implement school absenteeism monitoring systems to track student and employee absence and compare against usual absenteeism patterns at the school. Inform C.H.A.N.S. Administrator about large increases in student and employee absenteeism due to respiratory illnesses.

Plan for continuity of learning

In the case of absenteeism/sick leave or temporary school closures, support continued access to quality educational services. This can include:

- Use of online/e-learning strategies
- Assigning reading and exercises for home study
- Radio, podcast or television broadcasts of academic content
- Assigning teachers to conduct remote daily or weekly follow up with students
- Review/develop accelerated education strategies

In All Phases of Operation

- Establish and continue communication with the Department of Public Health and Social Services (DPHSS) to determine current mitigation levels in your community.
- Identify, protect, and support vulnerable students and employees who are at higher risk for severe illness, by providing options for telework and virtual learning.
- Provide teachers and employees from higher transmission areas with accommodations. **Please refer to SOP _____ from Guam DOE HR/EEO.**
- Ensure that external community organizations that use the facilities also follow this guidance.

Key Messages and Actions

COVID-19 is a new virus and we are still learning about how it affects children. People of any age can be infected with this virus. Older adults and people who have underlying medical conditions remain at an increased risk for severe illness. We know it is possible for people of any age to be infected with the virus, but so far there have been relatively few cases of COVID-19 reported among children. The virus can be fatal in cases, so far mainly among older people with pre-existing medical conditions.

Know the Latest Facts

Understand basic information about COVID-19, including symptoms, complications, transmission and transmission prevention. Stay informed about COVID -19 through reputable sources such as CDC, WHO, and DPHSS. Avoid disseminating unverified information.

GDOE COVID-19 PANDEMIC RE-ENTRY PLAN
School Re-Opening Plan Checklist: Phase I

School: _____

Prepared by: _____

Category	Met <input type="checkbox"/>	Description of Plan
ASSESSMENT AND MARKING OF THE PHYSICAL SPACE (Maximum Capacity: Student Area / 36sqft)		
Classrooms	<input type="checkbox"/>	
Offices	<input type="checkbox"/>	
Cafeteria	<input type="checkbox"/>	
Library	<input type="checkbox"/>	
Offices	<input type="checkbox"/>	
Nurse's Office	<input type="checkbox"/>	
Other areas	List	
IDENTIFY STUDENTS/STAFF WITH HIGH RISK UNDER COVID-19		
Age (65+ years old)	<input type="checkbox"/>	
Chronic Illnesses	<input type="checkbox"/>	
Social/Emotional Health	<input type="checkbox"/>	
Hallway (foot traffic)	<input type="checkbox"/>	
Cafeteria	<input type="checkbox"/>	
Common Areas	<input type="checkbox"/>	
Other		
INCLEMENT WEATHER/EMERGENCY RESPONSE PLAN		
Plan prepared to deal with inclement weather and Emergency Drills	<input type="checkbox"/>	
PROPOSED BELL SCHEDULE - based on levels (elem / middle / high)		
Proposed Bell Schedule	<input type="checkbox"/>	
PLAN FOR HEALTHY HYGIENE PRACTICES		
Handwashing	<input type="checkbox"/>	
Cloth Face Coverings	<input type="checkbox"/>	
Frequency of Cleaning & Disinfecting	<input type="checkbox"/>	
PERSONAL PROTECTIVE EQUIPMENT		
Personal Protective Equipment	<input type="checkbox"/>	Procurement Facilities & Maintenance
READY-TO-WORK SURVEY FOR ALL EMPLOYEES		
Ready-to-work Survey	<input type="checkbox"/>	
TRAINING / HANDBOOKS / SOPS FOR EMPLOYEES & STUDENTS		
Employee Video	<input type="checkbox"/>	
Student Video	<input type="checkbox"/>	
Student Handbook	<input type="checkbox"/>	
Employee Handbook /SOP	<input type="checkbox"/>	
EXTENUATING CIRCUMSTANCES (Other)		
	Student Or Employee	
	Student Or Employee	

GDOE COVID-19 PANDEMIC RE-ENTRY PLAN

	Student Or Employee	
<i>MAINTENANCE / FACILITIES CONCERNS (RELATED TO COVID-19 ONLY)</i> Be specific: Identify location and priority need		

School Safety Plan Guidance

How a COVID-19 Outbreak Could Affect Workplaces

Similar to influenza viruses, SARS-CoV-2, the virus that causes COVID-19, has the potential to cause extensive outbreaks. Under conditions associated with widespread person-to-person spread, multiple areas of the island and schools may see impacts at the same time. In the absence of a vaccine, an outbreak may also be an extended event.

As a result, workplaces may experience:

Absenteeism. Workers could be absent because they are sick; are caregivers for sick family members; are caregivers for children if schools or day care centers are closed; have at-risk people at home, such as immunocompromised family members; or are afraid to come to work because of fear of possible exposure.

Change in patterns of commerce. Consumer demand for items related to infection prevention (e.g., sanitizer, bleach) is likely to increase significantly, while consumer interest in other goods may decline. Consumers may also change shopping patterns because of a COVID-19 outbreak. Consumers may try to shop at off-peak hours to reduce contact with other people, show increased interest in home delivery services, or prefer other options, such as drive-through service, to reduce person-to-person contact.

Interrupted supply/delivery. Shipments of items from geographic areas severely affected by COVID-19 may be delayed or cancelled with or without notification.

Steps All Employers Can Take to Reduce Workers' Risk of Exposure to COVID19

This section describes basic steps that every employer can take to reduce the risk of worker exposure to SARS-CoV-2, the virus that causes COVID-19, in their workplace. Later sections of this guidance—including those focusing on jobs classified as having low, medium, high, and very high exposure risks—provide specific recommendations for employers and workers within specific risk categories.

Develop an Infectious Disease Preparedness and Response Plan

If one does not already exist, develop an infectious disease preparedness and response plan that can help guide protective actions against COVID-19.

Stay abreast of guidance from federal, state, local, tribal, and/or territorial health agencies, and consider how to incorporate those recommendations and resources into workplace-specific plans.

Plans should consider and address the level(s) of risk associated with various worksites and job tasks workers perform at those sites. Such considerations may include:

- Where, how, and to what sources of SARS-CoV-2 might workers be exposed, including:
 - The general public, customers, and coworkers;
 - Sick individuals or those at particularly high risk of infection (e.g., international travelers who have visited locations with widespread sustained (ongoing) COVID-19 transmission, healthcare workers who have had unprotected exposures to people known to have, or suspected of having, COVID-19).
- Non-occupational risk factors at home and in community settings.

The OSHA COVID-19 webpage provides additional information about OSHA standards and requirements, including requirements in states that operate their own OSHA-approved State Plans, recordkeeping requirements and injury/illness recording criteria, and applications of standards related to sanitation and communication of risks related to hazardous chemicals that may be in common sanitizers and sterilizers. See: www.osha.gov/SLTC/covid-19/standards.html.

GUAM DEPARTMENT OF EDUCATION

COVID-19 Re-Opening Safety Plan

Instructions: Use this form to document your thinking about how you and your employees will keep safe at work during the COVID-19 pandemic. Provide as much information in response to each question as possible. This information will help your employees and customers to know exactly what to do and what to expect.

The COVID-19 pandemic is an evolving situation – review your plan regularly and make changes as required. Use the planning checklist to guide you in this endeavor.

When complete, please submit to the Deputy Superintendent of Educational Support and Community Learning.

School/Office Details

School Site:

Name of Deputy:

Office Lead Name:

Date completed:

Date Submitted:

Date of Approval:

Revision date:

Refer to Executive Orders, DPHSS Guidance, and other resources on operating safely.

	DESCRIBE WHAT YOU WILL DO	WHO IS RESPONSIBLE
How will you manage the risks of restarting part or all of your operations?	<p>Consider: Changed procedures, changed rosters, hygiene disinfecting requirements (surfaces, separation, toilet), maintenance, ventilation systems.</p> <p><i>Example: Restart the line – carry out restart procedure and sterilize all touch surfaces.</i></p>	
How will you ensure all employees are able to keep themselves safe from exposure to COVID-19?	<p>Consider: Providing guidance, meetings to discuss distancing and hygiene, regular review.</p> <p><i>Example: Ensure our procedures are up-to-date by a daily review of DOE/DPHSS guidance.</i></p>	

COVID-19 Re-Opening Safety Plan

	DESCRIBE WHAT YOU WILL DO	WHO IS RESPONSIBLE
<p>How will you gather information on your employees' wellness to ensure they are safe and well to work?</p>	<p>Consider: Development of SOP for daily checks on employees' health, discussing options with workers, follow-up procedures for ill workers, contact tracing information.</p> <p><i>Example: To find out if employees are well when they come to work, we will ask each worker basic questions about their physical and mental health.</i></p>	
<p>How will you operate your campus/office in a way that keeps employees and customers safe from exposure to COVID-19?</p>	<p>Consider: Who needs to be in the workplace, employee input into different ways of working, what other people or businesses you'll have to interact with, ensuring separation distances, disinfecting surfaces, shared equipment, equipment for remote workers, training requirements, physical separation or PPE requirements, worker transport.</p> <p><i>Example: We will review guidance on the Governor/DPHSS website and to be sure we are cleaning surfaces the right way with the right disinfectant.</i></p>	
<p>How will you manage an exposure or suspected exposure to COVID-19?</p>	<p>Consider: Isolation procedures, including proactive isolation, gathering and using workplace contact tracing information, clean down procedures, contacting the CHNSA.</p> <p><i>Example: Arrange safe transport home immediately and provide all workers with advice on contacting authorities based on guidance from the CHNSA.</i></p>	

GDOE COVID-19 PANDEMIC RE-ENTRY PLAN

COVID-19 Re-Opening Safety Plan

	DESCRIBE WHAT YOU WILL DO	WHO IS RESPONSIBLE
<p>How will you check to see if your work processes and risk controls are effective?</p>	<p>Consider: Adapting plans as you find better/easier ways to do things, how to ensure workers are raising concerns or solutions, conducting regular reviews of your plan, communicating changes.</p>	
<p>How do any changes impact on the risks of the work you do?</p>	<p>Consider: With employees, review existing critical risks and whether work practice changes will affect current risk management, are any new critical risks introduced due to changes in employee numbers, work practices, what new risk controls are required?</p> <p><i>Example: Regular check-ins with workers about how they're coping with the change to shift work.</i></p>	

The primary criteria for reopening will relate to physical protection against the coronavirus. GDOE may start by reopening facilities on a limited basis to allow for basic operations. Aside from this - a practical consideration is the availability of school personnel. Teacher and student numbers in classrooms must be determined which will have an impact on the typical school day. Using the campus survey as a starting point for planning with the maximum number of students and staff on the campus (using the 6ft physical distance formula requirements).

Opening of School for Students

Keep Children in School When Healthy

Until PCOR4 is declared, attendance policies will remain flexible. Parents and schools must remain in communication regarding student attendance issues.

All students should be taught good hand and respiratory hygiene practices. These practices include frequent handwashing (see graphic), covering a cough or sneeze with a flexed elbow or tissue, throwing away the tissue into a closed bin, and not touching their eyes, mouths or noses if they haven't properly washed their hands.

Help Children Cope With the Stress

Children may respond to stress in different ways. Common responses include having difficulties sleeping, bedwetting, having pain in the stomach or head, and being anxious, withdrawn, angry, clingy or afraid to be left alone. Respond to children's reactions in a supportive way and explain to them that they are normal reactions to an abnormal situation. Listen to their concerns and take time to comfort them and give them affection, reassure them they're safe and praise them frequently

If possible, create opportunities for children to play and relax. Keep regular routines and schedules as much as possible, especially before they go to sleep, or help create new ones in a new environment. Provide age-appropriate facts about what has happened, explain what is going on and give them clear examples on what they can do to help protect themselves and others from infection. Share information about what could happen in a reassuring way.

For example, if your child is feeling sick and staying at home or the hospital, you could say, "You have to stay at home/at the hospital because it is safer for you and your friends. I know it is hard (maybe scary or even boring) at times, but we need to follow the rules to keep ourselves and others safe. Things will go back to normal soon."

For additional information you may contact GDOE Student Support Services Division.

Implement Targeted Health Education

Integrate disease prevention and control in daily activities and lessons. Ensure content is age-, gender-, ethnicity-, and disability-responsive and activities are built into existing subjects.

Below are suggestions on how to engage students of different ages on preventing and controlling the spread of COVID-19 and other viruses. Activities should be contextualized further based on the specific needs of children (language, ability, gender, etc.).

Preschool

- Focus on good health behaviors, such as covering coughs and sneezes with the elbow and washing hands frequently
- Sing a song while washing hands to practice the recommended 20 second duration.
- Children can "practice" washing their hands with hand sanitizer
- Develop a way to track hand washing and reward for frequent/timely hand washing
- Use puppets or dolls to demonstrate symptoms (sneezing, coughing, fever) and what to do if they feel sick (i.e. their head hurts, their stomach hurts, they feel hot or extra tired) and how to comfort someone who is sick (cultivating empathy and safe caring behaviors)
- Have children sit further apart from one another, have them practice stretching their arms out or 'flap their wings', they should keep enough space to not touch their friends.

Elementary School

- Make sure to listen to children’s concerns and answer their questions in an age -appropriate manner; don’t overwhelm them with too much information. Encourage them to express and communicate their feelings. Discuss the different reactions they may experience and explain that these are normal reactions to an abnormal situation
- Emphasize that children can do a lot to keep themselves and others safe
- Introduce the concept of physical distancing (standing further away from friends, avoiding large crowds, not touching people if you don’t need to, etc.)
- Focus on good health behaviors, such as covering coughs and sneezes with the elbow and washing hands
- Help children understand the basic concepts of disease prevention and control. Use exercises that demonstrate how germs can spread. For example, by putting colored water in a spray bottle and spraying over a piece of white paper. Observe how far the droplets travel
- Demonstrate why it is important to wash hands for 20 seconds with soap and water
- Put a small amount of glitter in students’ hands and have them wash them with just water, notice how much glitter remains, then have them wash for 20 seconds with soap and water
- Have students analyze texts to identify high risk behaviors and suggest modifying behaviors. Use scenarios for example, a teacher comes to school with a cold. He sneezes and covers it with his hand. He shakes hands with a colleague. He wipes his hands after with a handkerchief then goes to class to teach. What did the teacher do that was risky? What should he have done instead?

Middle School

- Make sure to listen to students’ concerns and answer their questions.
- Emphasize that students can do a lot to keep themselves and others safe.
- Introduce the concept of physical distancing
- Focus on good health behaviors, such as covering coughs and sneezes with the elbow and washing hands
- Remind students that they can model healthy behaviors for their families
- Encourage students to prevent and address stigma in schools.
- Discuss the different reactions they may experience and explain these are normal reactions to an abnormal situation. Encourage them to express and communicate their feelings
- Build students’ agency and have them promote facts about public health. Have students make their own Public Service Announcements through school announcements and posters
- Incorporate relevant health education into other subjects
 - Science can cover the study of viruses, disease transmission and the importance of vaccinations
 - Social studies can focus on the history of pandemics and evolution of policies on public health and safety
 - Media literacy lessons can empower students to be critical thinkers and makers, effective communicators and active citizens

High School

- Make sure to listen to students’ concerns and answer their questions.
- Emphasize that students can do a lot to keep themselves and others safe.
- Introduce the concept of physical distancing

GDOE COVID-19 PANDEMIC RE-ENTRY PLAN

- Focus on good health behaviors, such as covering coughs and sneezes with the elbow and washing hands Encourage students to prevent and address stigma
 - Discuss the different reactions they may experience and explain these are normal reactions to an abnormal situation. Encourage them to express and communicate their feelings.
- Incorporate relevant health education into other subjects
 - Science courses can cover the study of viruses, disease transmission and the importance of vaccinations
 - Social studies can focus on the history of pandemics and their secondary effects and investigate how public policies can promote tolerance and social cohesion.
- Have students make their own Public Service Announcements via social media, radio or even local television broadcasting
 - Media literacy lessons can empower students to be critical thinkers and makers, effective communicators and active citizens.

Safety Considerations

How Germs Spread

The virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet).

Hand Hygiene

Washing hands can keep you healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:

- Touch your eyes, nose, and mouth with unwashed hands
- Prepare or eat food and drinks with unwashed hands
- Touch a contaminated surface or objects
- Blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects

Washing your hands is one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

Hand Washing and Physical Distancing Protocol


1. **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
2. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
3. Avoid touching your eyes, nose, and mouth with unwashed hands.
4. Avoid close contact.
5. Avoid close contact with people who are sick, even inside your home. If possible, maintain 6 feet between the person who is sick and other household members.
6. Put distance between yourself and other people outside of your home. **Stay at least 6 feet (about 2 arms' length) from other people.**
7. Remember that some people without symptoms may be able to spread virus.
8. Do not gather in groups. Stay out of crowded places and avoid mass gatherings.
9. Cover your mouth and nose with a face cover when around others
10. You could spread COVID-19 to others even if you do not feel sick
11. Everyone should wear a **face cover** when they have to go out in public, for example to the grocery store or to pick up other necessities. The cloth face cover is meant to protect other people in case you are infected.
12. Face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
13. Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for physical distancing.
14. Cover coughs and sneezes
15. If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
16. Throw used tissues in the trash.

17. Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% ethanol or 70% isopropanol.
18. If tissues are unavailable, encourage individuals to cough or sneeze into their upper sleeve or elbow, not onto their hands. Then they should wash their hands.
19. Wash hands often with soap and water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub with at least 60% ethanol or 70% isopropanol.


Stop Germs! Wash Your Hands.

When?


- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage




How?




Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.




Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.



Rinse hands well under clean, running water.




Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH



CLEAN HANDS



ALTERNATIVES

If there is no hand soap in the home, you can also use shampoo or dish soap for hand washing.

www.cdc.gov/handwashing

This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies. CS310077-A

Personal Protective Equipment (PPE) Expectations

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as [handwashing](#), [staying home when sick](#)) and environmental [cleaning and disinfection](#) are important principles that are covered in this document. Fortunately, there are a number of actions school/central office administrators can take to help lower the risk of COVID-19 exposure and spread during school/division operations and activities.

Using Personal Protective Equipment (PPE) is based upon several precautionary factors including local health officer/department guidance, level of COVID-19 contagion in the community and the role and the responsibility of the individual. For unlicensed assistive personnel (non-licensed paraprofessionals), specific training may need to be offered, with return demonstration, in order to teach proper donning and doffing of PPE. Inappropriate procedures for donning and doffing will increase the risk of contamination. The use of personal protective equipment will vary depending on the role or situation in the educational setting and may include using:

- Masks (surgical or N-95)
- Face shields
- Gloves
- Gowns

Surgical Facemasks:

1. DPHSS and CDC guidelines may require or recommend face masks to be worn. The guidelines may change.
2. PPE grade face masks (Surgical masks [face masks] and N-95 Respirators) should be reserved for health care providers who are assessing students and providing health care services
3. Individuals should be careful not to touch their eyes, nose, and mouth when removing their face covering and wash hands immediately after removing. Cloth face masks should be routinely washed in a washing machine
4. Health care providers should receive job-specific training on donning, removing and disposing of PPE and demonstrated competency with selection and proper use

Gloves (non-latex)

Wear gloves when it can be reasonably anticipated that contact with respiratory, blood, gastrointestinal fluids or other potentially infectious materials, mucous membranes, nonintact (broken) skin, or potentially contaminated intact skin (e.g., of a student incontinent of stool, urine or vomit) could occur.

Gowns

There may be a need to consider non sterile disposable patient isolation gowns when sputum or other bodily contents may come into contact with an employee’s clothing such as a one on one health aid or during suctioning procedures.

Cloth Face Coverings³

While not considered personal protective equipment, cloth face coverings may be ordered by GDOE. According to the CDC (2020), “Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask

³ <https://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-coverings-information.pdf>

without assistance.” Cloth face coverings should be washed daily. Care should be taken to avoid touching one’s face while wearing cloth face coverings.

FERPA & Coronavirus 2019

The United States Department of Education (USDOE) provided guidance for educational agencies and institutions, such as school districts, schools, colleges and universities, can play an important role in slowing the spread of COVID-19 in U.S. communities. Through information sharing and coordination with public health departments, educational agencies and institutions can help protect their schools and communities.

The purpose of this guidance is to assist school officials in protecting student privacy in the context of COVID-19 as they consider the disclosure of personally identifiable information (PII) from student education records to individuals and entities who may not already have access to that information. School officials should work with their State and local public health officials to determine the information needed to address this public health concern. Understanding how, what, and when information can be shared is a critical part of preparedness. *Please refer to GEB Policy 825 for guidance.*

CLEANING AND DISINFECTING

Clean and disinfect frequently touched surfaces at least two times daily. High frequent/traffic areas should be cleaned hourly. Listed below are disinfectant protocols and checklist provided by the Environmental Protection Agency as well as further actions to take when shutting down operations due to a positive COVID-19 event.

It is recommended to use EPA-registered household disinfectants. A list of the approved disinfectants and guidance on how to ensure safe and effective use of the product may be found at the following websites:

- CDC Guidance on Disinfecting - <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- List N: Disinfectants for Use Against SARS-CoV-2 | US EPA- <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-COVID-19>

Following the CDC guidelines, diluted household solutions may be used if appropriate for the surface.

- Check the label to see if your bleach is intended for disinfection and has a sodium hypochlorite concentration of 5%–6%. Ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.
- Unexpired household bleach will be effective against coronaviruses when properly diluted.
- **Follow manufacturer’s instructions** for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.
- **Leave solution** on the surface for **at least 1 minute.**
To make a bleach solution, mix:
 - 5 tablespoons (1/3rd cup) bleach per gallon of room temperature water
OR
 - 4 teaspoons bleach per quart of room temperature water
- Bleach solutions will be effective for disinfection up to 24 hours

Basic Cleaning and Disinfecting Information

1. Clean and disinfect high touch areas/surfaces within the educational setting using EPA approved disinfectants. These areas or surfaces may include but are not limited to:
 - Door knobs/handles
 - Light switches (unless electronically sensed)
 - Desktops
 - Sink faucet & handles
 - Water refill stations/water fountains
 - Restrooms knobs
 - Keyboards, tablets, mouse, copy machines, phones and laptops
 - Playground equipment
 - Shared objects (art supplies)
 - Counters that students frequently touch (office, library)
2. Clean and disinfect frequently touched surfaces on school buses at least daily. Please refer to <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html> Follow manufacturer’s guidelines for correct application, and use of EPA approved disinfectants. Keep products out of reach and away from children, preferably in a locked cabinet
3. Consider having hand sanitizer dispensers in all classrooms and offices and in the event hand sanitizers are not available, frequent hand washing should be implemented.
4. During COVID-19, discourage toys, blankets, pillows, from home being brought to school

Protocols and Checklists

The goal is to establish a sanitary baseline before the site opens. The site should be 100% disinfected prior to anyone returning to work. Take unique, office-specific circumstances into consideration when sanitizing and disinfecting.

COVID-19 “deep-cleaning” is triggered when an active employee or student is identified as being COVID-19 positive by testing. Sites may opt to have a deep cleaning performed for presumed cases, at their discretion.

Deep cleaning should be performed as soon after the confirmation of a positive test as practical. Follow Confirmed COVID-19 Case Flowchart.

Notwithstanding the above, if an active employee or student is confirmed to have a COVID-19 positive test, GDOE may choose, in lieu of performing deep cleaning, to shut down the facility for a period of at least 72 hours to allow for natural deactivation of the virus, followed by site personnel performing a comprehensive disinfection of all common surfaces.

1. Identify an approved external company that should carry out the deep cleaning activity; this company must have the minimum requirements of:
 - Trained personnel to execute the process of cleaning, disinfection and disposal of hazardous waste
 - Proper equipment and PPE to perform the task
 - All necessary procedures and local authorizations or permits to perform disinfection services and manage any wastes generates
 - Use of approved COVID-19 disinfectant chemicals to perform this activity
2. The Back-to-Work taskforce should coordinate and supervise the cleaning and disinfection process. They must ensure that:
 - There is a specific plan and strategy to clean all site, machinery / equipment, common areas, offices and any typical areas where employees interact
 - Only authorized people can access the site during the cleaning operation
 - All 3rd party team members are using any required PPE and that it is also properly disposed at the end of the process

GDOE COVID-19 PANDEMIC RE-ENTRY PLAN

- Assure that employees are made aware that the work areas have been disinfected
3. Personal Protective equipment (PPE) requirements for the Deep Cleaning team:
 - The use of PPE is to be determined by the cleaning contractor based on the chemicals used to conduct the disinfecting process including proper wearing, storage, cleaning, decontamination and disposal of PPE as biohazard waste.
 4. Disposal
 - At the end of the process the cleaning company must follow the local regulations to dispose of all the PPE and cleaning material used in the proper manner.

Deep Cleaning & Disinfecting Checklist

- Deep clean or disinfect the entire office/facility prior to anyone returning to work.
- Clean/disinfect HVAC air filters.
- The cleaning steps outlined below should be taken routinely to disinfect workplace surfaces, chairs, tables, etc. and to protect employees.
- Put tight controls in place on who enters and exits the site during the cleaning shutdown
 - Security
 - Sanitization vendors
 - Task Force team members, as needed
- Service providers or employees should sanitize and disinfect all areas of the site with special attention to
- Mailroom and Printer Equipment
- Workstations and equipment
- Screens on Work Area
- Common surface areas
- Restrooms
- Cafeterias
- Lockers
- General Disinfection Measures
- This checklist should be implemented in facilities to reduce the risk of spread of infection
- The cleaning steps outlined below should be taken routinely, based on frequency mentioned to disinfect workplace surfaces, chairs, tables, etc. and protect employees
- Along with these workplace disinfection activities, proper personal sanitary practices including washing hands after bathroom use are also necessary

Disinfection Frequency at Workstations and Offices

Disinfectant to use: Hospital grade disinfectant or fresh 10% chlorine bleach solution (sodium hypochlorite solution), as appropriate				
#	Area/Place	Disinfection Content	Disinfection Measures	Frequency
1	Work site common surfaces	Including control buttons, tools, and other common surfaces	Spray with handheld sprayer or wipe	Minimum at the end of each "shift"
2	Offices, desks, and conference rooms	Table and chair surface	Spray with handheld sprayer or wipe	At the end of each meeting and end of day
3	Conveyor belts	Wipe areas of common employee interphase	Spray with sprayer	At least once respectively in the morning and afternoon
4	Moveable trays or containers	Handles and other commonly touched areas	Spray with sprayer	Based on use; Once per "shift" if contacted by 1 person only; otherwise, between users At least four times per day
5	General objects often used or touched	Doors and windows, handles, faucets, sinks, and bathrooms	Spray with handheld sprayer or wipe	
6	Breakrooms Cafeterias	Table and chair surfaces, dispensers, vending machines, etc.	Spray with sprayer	Generally, 3 or more times per "shift" to include after all breaks and meals
7	Countertops and Tables	Disinfection of countertops and table surfaces	Spray with sprayer	After use
8	Water bottle stations	Interface surfaces (pay, selection and vending surfaces)	Spray with sprayer	Generally, 3 or more times per "shift" to include after all breaks and meals
9	Forklifts Official Vehicles	Wipe areas of common human interaction	Spray with sprayer	After each use
10	Multi-user safety vest and another PPE	All surfaces	Spray with sprayer	Not applicable/ not allowed
11	Transport vehicles	Common surfaces (e.g. seat surfaces rails, belts, door and window controls)	Spray with sprayer	Before and after each use
12	All floors and walls	All general floors and walls at site	Mop	Periodic, where frequently touched; mop hard surfaces daily

SAFE WORK PRACTICES

Promoting Behaviors That Reduce Spread

According to the CDC, the more people a student or employee interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in school/central office settings as follows:

LOWEST RISK	MORE RISK	HIGHEST RISK
<p>Students and teachers engage in virtual-only classes, activities, and events.</p> <p>Customers make appointments and number of employees/visitors is limited to maintain physical distancing. PPE is used and maintained throughout operational period.</p>	<p>Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or staggered/rotated scheduling to accommodate smaller class sizes).</p> <p>Increased flow of customers to offices where physical distancing is limited and PPE is limited where not all employees are provided.</p>	<p>Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.</p> <p>No physical distancing requirements being maintained and limited to no PPE being used by employees.</p>

Students/Employees Staying Home when Appropriate

- Educate employees and families about when they/their child(ren) should stay home and when they can return to school. Actively encourage employees and students who are sick or who have recently had close contact with a person with COVID-19 or a person who has shown symptoms of COVID-19 to stay home.
- Develop policies that encourage sick employees and students to stay at home without fear of reprisal, and ensure employees, students, and students’ families are aware of these policies. Consider not having perfect attendance awards, not assessing schools based on absenteeism, and offering virtual learning and telework options, if feasible.
- Employees and students should stay home if they have tested positive for or are showing COVID-19 symptoms.
- Employees and students who have recently had close contact with a person with COVID-19 should also stay home and follow the Department of Public Health and Social Services Quarantine Protocol please see Appendix A.

GDOE should utilize the CDC’s criteria and DPHSS’s guidance to help inform when employees should return to work if they have been sick with COVID-19, or if they have recently had close contact with a person with COVID-19.

Adequate Supplies

Support healthy hygiene behaviors by providing adequate supplies, including soap, hand sanitizer with at least 60 percent alcohol, paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible) and no-touch/foot-pedal trash cans.

Signs and Messages

Post signs in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a cloth face covering).

Broadcast regular announcements on reducing the spread of COVID-19 on PA systems, school/district websites, SWIFT K-12, and other social media platforms as appropriate. Include messages (for example, videos) about behaviors that prevent the spread of COVID-19 when communicating with employees and families (such as on school websites, in emails, and on school social media accounts).

ADMINISTRATIVE CONTROLS

Administrative controls require action by the employee or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposures to a hazard, could include:

- All students, employees and contractors are encouraged to stay home if they are not feeling well.
- Minimize contact among employees, vendors, and visitors by replacing face-to face meetings with virtual communication and implement telework if feasible.
- Establish alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing for physical distance from one another while maintaining a full onsite work week.
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. Regularly check CDC travel warning levels at: www.cdc.gov/coronavirus/2019-ncov/travelers.
- Developing emergency communications plans, including a forum for answering employees' concerns via internet-based communications, if feasible.
- Providing employees with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Training employees who need to use PPEs on how to use and wear it, and take it off correctly. Training materials should be easy to understand. Also provide training to those personnel conducting screening requirements.
- Providing resources and a work environment that promotes personal hygiene. For example, providing tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60% alcohol, disinfectants, and disposable towels for employees to clean their work surfaces.
- Requiring regular hand washing or using of an alcohol-based hand rubs. Employees should always wash hands when visibly soiled and after removing any PPE.
- Post handwashing signs in the restrooms.
- Students and employees who have tested positive or have been in close contact with someone who have tested positive for COVID-19 should stay home and monitor their health.⁴ Clearance would need to be presented before the student or employee can return. (Please refer to section VII)

Guidelines for At-Risk Employees

GDOE aims to promote and provide a safe and healthy environment for all employees and students. Guidance for employees will be flexible given individual situations and protocols set by the DPHSS pertaining to workplace safety.

Additional guidance regarding employee duties and responsibilities specific to COVID-19 accommodations will be issued separately by the GDOE Human Resources department.

Occupational Risk Pyramid

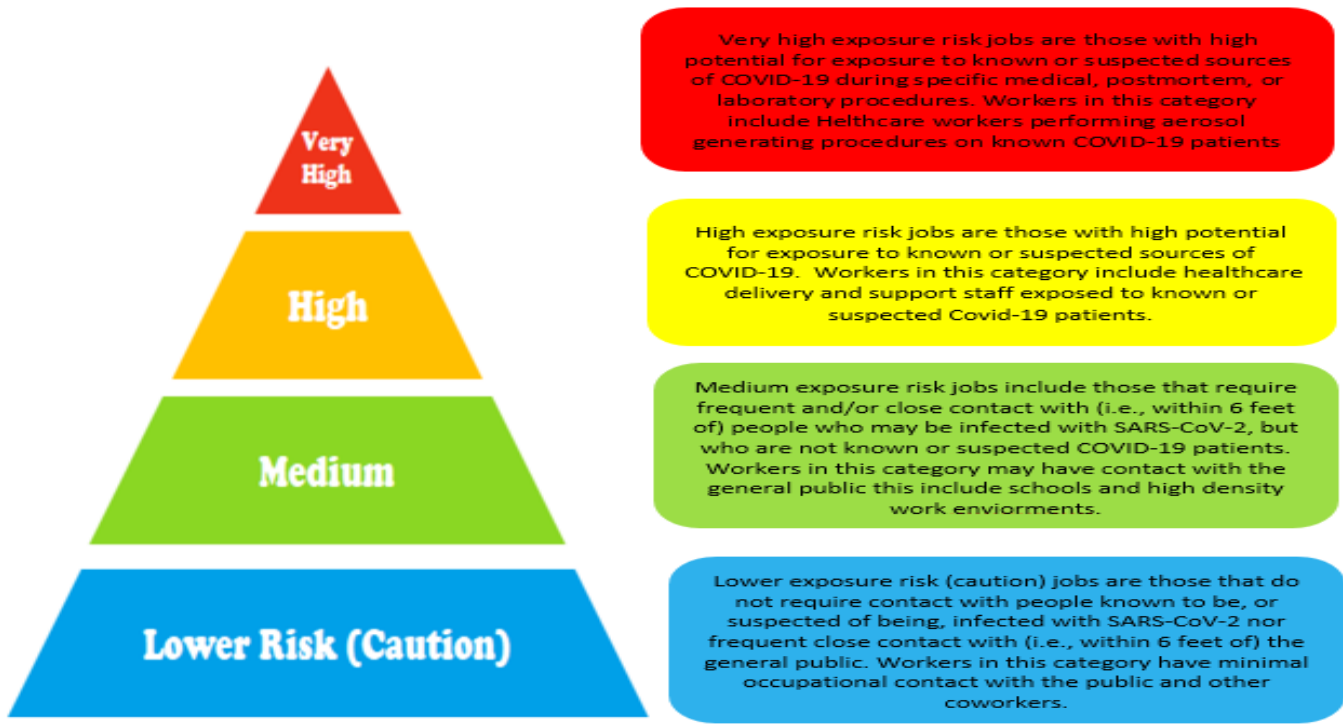
Occupational Safety and Health Administration (OSHA) classifies worker exposure to SARS-CoV-2, the virus that causes COVID-19. To help employers determine the appropriate precautions, OSHA has divided tasks into four risk exposure levels.⁵

⁴ Guidelines excerpts taken from: Centers for Disease Control and Prevention. (May 2020), CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again. Retrieved May 22, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>

⁵ Guidance on Preparing Workplaces for Covid-19. (March 2020), Retrieved June 8, 2020, <https://www.osha.gov/Publications/OSHA3990.pdf>

Occupational Risk Pyramid (OSHA)

Occupational Risk Pyramid for COVID-19



Employees Who Are At Higher Risk⁶

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People 65 years and older
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including: People with chronic lung disease or moderate to severe asthma, serious heart conditions, weakened immune systems, severe obesity, diabetes, chronic kidney disease undergoing dialysis, or liver disease.

Given this risk, the CDC recommends that those at higher risk take specific actions to reduce their risk of getting COVID-19, including:

- Take everyday precautions to keep space between oneself and others.
- When in public, keep away from others who are sick, limit close contact and wash hands often.

⁶ Centers for Disease Control and Prevention. (May 2020), *CDC Activities and Initiatives Supporting the COVID-19 Response and the President’s Plan for Opening America Up Again*. Retrieved May 21, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>

- Avoid crowds as much as possible.
- During a COVID-19 outbreak in one's community, the CDC recommends that at-risk individuals stay home as much as possible.

Responding to Higher Risk Employees Regarding COVID-19

Employees may refuse to work and/or seek leave from work because they are at higher risk of complications from COVID-19 than other employees and fearful of exposure. For essential businesses that are continuing their on-site operations, these issues are especially acute as absenteeism may adversely affect operations.

To those at higher risk, many of these precautions may seem inconsistent with the notion of coming to work, where there is a heightened risk of exposure due to the proximity of coworkers, customers, and others present in the workplace.

In addition to the precautions employers are taking generally regarding hygiene and environmental measures, the CDC recommends actions that a higher risk individual can take. Employers can communicate to higher risk individuals that they can and should take these actions when at work.

- If an employee has symptoms of COVID-19, send them home to avoid contact with other employees, including higher risk individuals.
- Provide higher risk individuals with the CDC and WHO information self-protection literature.
- Encourage all employees, but especially higher risk individuals, to wash their hands often with soap and water for at least 20 seconds, especially after blowing one's nose, coughing, or sneezing, or having been in a public place.
- Reassure higher risk employees that they will not be penalized for taking more breaks to engage in hygiene related measures.
- Provide a supply of hand sanitizer and tissues to each higher risk employee to keep in their workspace (at least 60 percent alcohol).
- Adopt a higher frequency schedule of cleaning and disinfection for surfaces with which higher risk individuals may come in contact (e.g., desks, tables, doorknobs, light switches, handles, toilets, faucets, sinks, etc.).
- Consider whether the higher risk individual's workspace can be reconfigured or relocated to limit exposure to coworkers within six feet.
- Suggest that the higher risk individuals advise coworkers to maintain a distance of at least six feet from their workspace, if feasible.
- Do not require higher risk individuals to meet or work in and around crowded spaces, especially those that are poorly ventilated or closed-in settings with little air circulation.
- Educate the workforce generally that some people may be at higher risk for severe illness, such as older adults and those with chronic medical conditions, and that higher risk individuals may maintain a distance from coworkers for this reason.

Maintaining Healthy Operations

- Implement flexible sick leave policies and practices, if feasible.
- Monitor employee absenteeism and have a roster of trained back-up employees.
- Monitor health clinic traffic. School nurses and other healthcare providers play an important role in monitoring health clinic traffic and the types of illnesses and symptoms among students.
- Designate an employee to be responsible for responding to COVID-19 concerns. Everyone should know who this person is and how to contact them.

GDOE COVID-19 PANDEMIC RE-ENTRY PLAN

- Create a communication system for employees and families for self-reporting of symptoms and notification of exposures and closures.
- Support coping and resilience among employees and children.

Daily Temperature and COVID-19 Symptom Screening

All Guam Department of Education employees, prior to entering central office or school locations, should be familiar with Coronavirus (COVID-19) symptoms and conduct their own initial screening at home. If you are sick, stay home and notify your supervisor.

GDOE Employees	Students	Visitors
Daily self-symptom check prior to coming to work	If indicated by DPHSS, daily student temperature and symptoms checks by parent/guardian before school and monitoring at school.	Temp check upon arrival Screen for COVID-19 symptoms
Daily temperature check at work	Daily temperature checks at school	Daily temperature checks at central office or schools

Upon arrival to school/central office, students, employees, and visitors will be screened by trained staff for symptoms, utilizing a non-contact thermometer for temperature recordings. All schools and central office will be issued a no-contact infrared body thermometer with instructions on how to use it. When conducting symptom screening, ensure that safety and consideration is followed with any applicable privacy laws and regulations. **Ensure that confidentiality is respected.⁷ Furthermore, no entry will be granted to employees and visitors if temperature is 100°F or above, in accordance with DPHSS guidelines.**

- If 12-month employees exhibit a fever of 100.4° F and above during the summer, ask the employee to contact the Community Health and Nursing Services Administrator (CHNSA) to provide guidance on symptoms and possible referral. Contact at 300 1637 or email: jcquinene@gdoe.net.
 - Once School Health Counselors report for the start of the new school year, they will continue providing symptom screening support at the various schools.
- All employees are to complete a **GDOE Employee COVID-19 Screening Form** (only once and submit to their supervisor for record keeping)
 - Emphasis that changes on the **GDOE Employee COVID-19 Screening Form** needs to be shared with their supervisor IMMEDIATELY or ASAP (for example: experiencing COVID-19 symptoms, you are returning from off island traveling, or if you were identified as a critical contact to a confirmed COVID-19 case).
- For daily temperature monitoring, schools/Central Office can generate an employee listing with daily temperature recordings.

⁷ Guidelines excerpts taken from: Centers for Disease Control and Prevention. (May 2020), CDC Activities and Initiatives Supporting the COVID-19 Response and the President’s Plan for Opening America Up Again. Retrieved May 22 , 2020, <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf#page=45>

- Central office symptom and temperature monitoring will be conducted at the 1st floor main entrance until all divisions will receive supplies of **INFRARED BODY THERMOMETER – no contact** and PPEs.
- For visitors – temperature readings will be recorded on the **GDOE COVID-19 VISITORS SCREENING LOG**
 - For the central office - visitors and employees' temperature recording will be safely stored with the CHNSA. Once thermometers will be issued to the divisions, division heads will be responsible for storing employee symptoms and temperature recordings.
 - For schools - symptom screening and temperature recording will be stored safely. The School Administrator can delegate staff.

Healthy Hygiene Procedures

- Teach and reinforce use of cloth face coverings among all students and employees. All students, school/central office employees, contractors or visitors are required to wear a face covering before entering the campus/central office buildings. Additionally, all students need to wear a face covering before they enter the school bus.
- Schools/central office buildings will post signage to promote healthy hygiene procedures. Students will wash/sanitize their hands when entering the school campus.
- Students and employees should wash their hands frequently with soap and water for more than 20 seconds to include after coughing or sneezing or blowing their nose. If soap and water are not available, use of a hand sanitizer that contains at least 60% alcohol should be used.⁸
- Signage will be placed on floors to ensure that there is six feet physical distance and limit the amount of people allowed in each area at any given time.

⁸ Guidelines excerpts taken from: Centers for Disease Control and Prevention: How to Protect Yourself & Others. Retrieved May 22, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

SCHOOL LEVEL FIRST AID

First aid situations, whenever possible, should be handled by the student and in the classroom to prevent office congregation and possible cross exposure. The following recommendations are made:

- Schools shall publish a list of all personnel who are currently certified in First Aide to assist.
- All classrooms are stocked with first aid supplies.
- School nurses are available for Telehealth support.
- To the extent possible, students provide self-care with staff direction and physical distancing.
- Teachers should call the School Health Counselor (SHC) or Licensed Practical Nurse (LPN) before sending the injured or sick student to the office.
- Students are triaged over the phone, only those sent with valid health concerns are sent for additional treatment to the office.
- See the following chart for guidance on when to send students to the nurse's office or keep in the classroom.

Preparing, Triage, Monitoring Symptomatic & Sick Space⁹

- If it is determined that students need additional support and are sent to the nurse's office, students should be triaged prior to coming to the office.
- For a person who is not coughing or sneezing, did not undergo an aerosolized generating medical procedure (AGP), and occupied the room for a short period of time, any risk to health care personnel and subsequent patients likely dissipates over a matter of minutes. In addition to ensuring sufficient time for enough air changes to remove potentially infectious particles, healthcare personnel should clean and disinfect environmental surfaces and shared equipment before the room is used for another student.
- Isolate symptomatic students/employees as soon as possible, away from office staff and other students.
- Have the symptomatic person put on (don) a face mask (replace it if needed) and sit in a room separate from all other students/employees. Wash hands after touching the mask.
- Health services staff conducting any assessments on known ill individuals must wear Personal Protective Equipment (PPE). OSHA's regulations require protection for workers exposed to airborne infectious diseases such as COVID-19.
- Sick policies and guidelines should be established for employees and students that encourage individuals who are feeling ill or exhibit signs and symptoms to stay or go home.

⁹ <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

Teachers may contact the School Health Counselor or Licensed Practical Nurse prior to sending the student to the office if they are uncertain or need guidance about student care. Students should be triaged before they come to the office. If students or staff arrive at the office, those potentially feeling ill with COVID-19 symptoms should immediately be relocated to an quarantine area so as not to “contaminate” general health office space.

Valid School Nurse Office Visit	Consider Classroom-Based Services
<ul style="list-style-type: none"> ● Symptoms of COVID-19 ● Scheduled medications that may not be delivered by classroom staff; allow physical distancing; stagger times ● Avulsed tooth ● Scheduled Specialized Physical Health Care Procedures ● Diabetic care ● Catheterization ● GTube Feedings ● Altered levels of consciousness/concussion ● Difficulty breathing ● Head injury/complaining of neck pain- DO NOT move, keep the student calm. Call 9-1-1 ● Sudden vision impairment ● Diabetic “lows” or unconscious ● SEVERE bleeding or other traumatic injury; Call 9-1-1 ● Severe abdominal/groin pain ● Seizure (uncontrolled movement) do not hold down, remove objects that may cause injury ● Students experiencing an allergic reaction ● Signs and symptoms of Multisystem Inflammatory Syndrome in Children (MIS-C), which may include rash, swollen red eyes, hands, and feet. 	<ul style="list-style-type: none"> ● Schedule medication administration times where students can be staggered. ● School Health Counselor or Licensed Practical Nurse could also visit classrooms and administer medication to the student (similar to hospital model). ● Students may self-administer his/her medication if indicated on the Medication Consent Form and approved by the Healthcare Provider and parent/guardian. ● Minor Toothache / Primary Tooth comes out ● Small paper cuts, abrasions, picked scabs. ● Wound care/ Ice pack for small bumps/bruises ● Localized bug bites. ● Minor headache or fatigue with no other symptoms. ● Mild stomach ache or nausea. ● Readily controlled nosebleeds, where the student can deliver self-care. <p>Anxiety/stress/psychological issue- try calming techniques and/or contact school psychologist or counselor</p>

GDOE COVID-19 PANDEMIC RE-ENTRY PLAN

In general, school health offices will need to establish the following three areas:

General Waiting - Students waiting to be triaged (present to office with unscheduled needs)	Well Student Area (those students that have scheduled medical needs e.g. procedures, meds)	Students with COVID-19 Symptoms Area (may need multiple spaces)
<p>Students with non COVID-19 symptoms (e.g., injury, assessments)</p> <p>Ask if they have been around someone with COVID-19 or have signs and symptoms of COVID-19. If yes, send immediately to COVID-19 quarantine area and call parent/send home.</p> <p>Physical distancing marked off</p>	<p>Area for well students with health care needs that cannot be addressed in the classroom (e.g. diabetic and other noncontagious health care needs).</p> <p>Ask if they have been around someone with COVID-19 or have signs and symptoms of COVID-19. If yes, send immediately to COVID-19 quarantine area and call parent/send home.</p> <p>Physical distancing marked off</p>	<p>Areas for students with possible COVID-19 symptoms; away from others</p> <p>Physical distancing marked off or in separate rooms</p>
<p>Employees conducting triage may consider wearing gloves and masks, depending on the level of COVID-19 community transmission.</p> <p>Plexiglas or plastic barriers may be in place.</p>	<p>A trained employee or school nurse provides care. Employees delivering care may need to consider wearing gloves and masks.</p>	<p>Additional non-health compromised employees may be necessary to monitor students in areas not visible by the school nurse.</p> <p>Employees should wear gloves and masks.</p> <p>Restroom facilities need to be nearby for sick students (separate space) as younger students may have GI symptoms.</p>

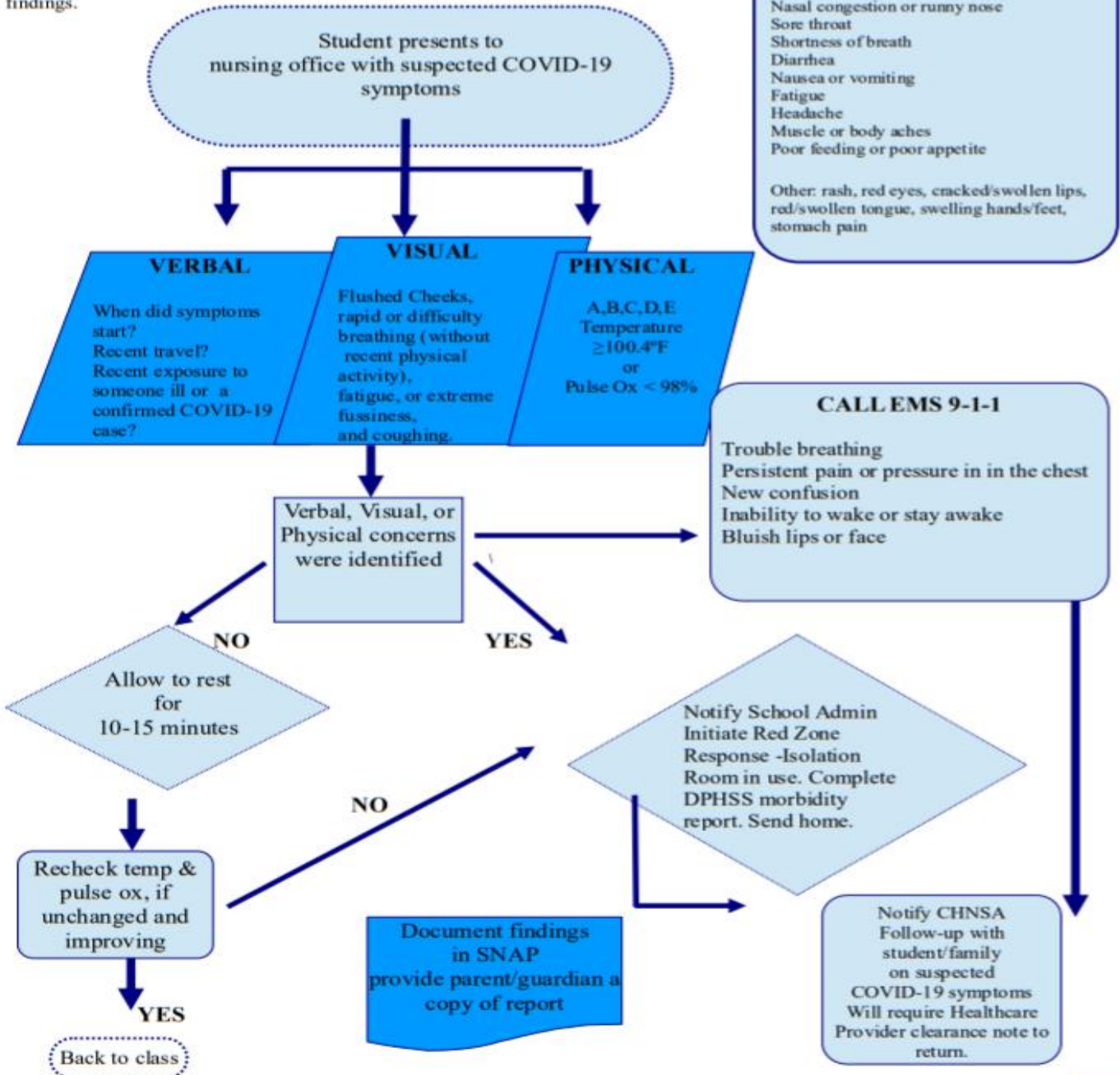
Nursing Considerations/Precautions		
General Waiting Area	Well Student Area	COVID-19 Quarantine Area
<p>Students sanitize/wash hands.</p> <p>Clean area after students leave.</p>		<ol style="list-style-type: none"> 1. Students sanitize/wash hands 2. Students put on or replace soiled mask. Wash hands. 3. Non-contact thermometers 4. Isolate student 5. Separate phone (disinfect) 6. Separate restrooms 7. Establish procedures for safely transporting anyone sick home or to a healthcare facility. 8. If you call 9-1-1, please share with the dispatcher if the individual has signs or symptoms of COVID-19 9. Notify DPHSS 10. Complete a morbidity report 11. Ventilate the room to outside air after student leaves 12. Clean area 24 hours after

COVID-19 FLOWCHARTS

Suspected COVID-19 Case

GDOE SUSPECTED COVID -19 SCREENING FLOW CHART FOR SCHOOLS:

This flowchart will be used for the School Health Counselor/Licensed Practical Nurse to provide guidance on students who may present to the health office with COVID-19 like symptoms. This does not replace judgement based on identified findings.



Pediatric patients with COVID-19 may experience the following signs or symptoms over the course of the disease:

- Fever or chills
- Cough
- Nasal congestion or runny nose
- Sore throat
- Shortness of breath
- Diarrhea
- Nausea or vomiting
- Fatigue
- Headache
- Muscle or body aches
- Poor feeding or poor appetite

Other: rash, red eyes, cracked/swollen lips, red/swollen tongue, swelling hands/feet, stomach pain

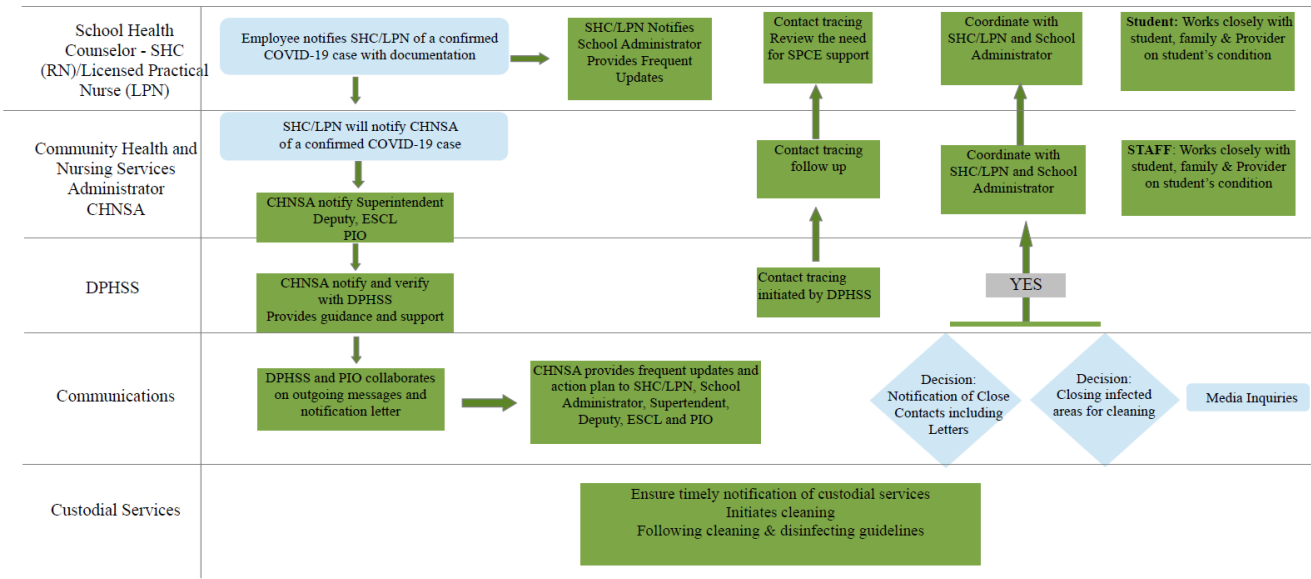
CALL EMS 9-1-1

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

GDOE SUSPECTED COVID-19 FLOWCHART, JUNE 2020

Confirmed COVID-19 Case- Employee Notifies GDOE

GDOE CONFIRMED COVID-19 CASE FLOWCHART: EMPLOYEE NOTIFIES CHNSA/SHC/LPN (SCHOOL/DIVISION)

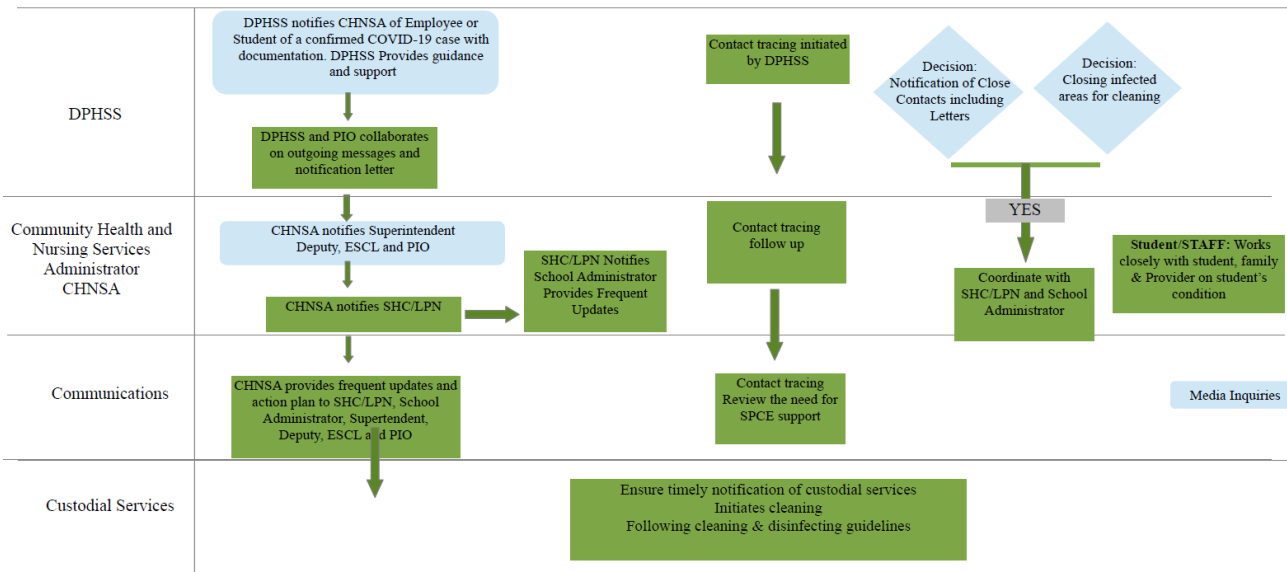


GDOE CONFIRMED COVID-19 FLOWCHART, JUNE 2020

1

Confirmed COVID-19 Case- DPHSS Notifies GDOE

GDOE CONFIRMED COVID-19 FLOWCHART: DPHSS NOTIFY CHNSA (STUDENT/EMPLOYEE TESTED POSITIVE)



GDOE CONFIRMED COVID-19 FLOWCHART, JUNE 2020

1

COVID-19 CASE MANAGEMENT

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.**

GDOE Employee or Student Presented with Suspected COVID-19 Symptoms

- Student/Employee present to school nurse office with suspected COVID-19 symptoms:
 1. Direct student or staff to identified quarantine area.
 2. Ensure student or staff is wearing a face covering or disposable mask
 3. Instruct employee or student to wash hands.
- Ensure personal protective equipment (PPE) is worn before assessing the individual.
- **CENTRAL OFFICE:** Central office staff contact the Community Health and Nursing Services Administrator (CHNSA) if they are presenting with COVID-19 symptoms for telephonic consultation and guidance.
- **SCHOOL SITES:** School Health Counselor (SHC) or Licensed Practical Nurse (LPN) will conduct verbal, visual, and physical assessments.
- **VERBAL ASSESSMENT** will include questions about symptoms:
 1. When did presenting symptoms start?
 2. Any recent off island travel history?
 3. Any recent exposure to someone ill or a confirmed COVID-19 case?
- **VISUAL ASSESSMENT** will include the physical appearance(s):
 1. Does the individual present with flushed cheeks?
 2. Any rapid or difficulty breathing (without recent physical activity)?
 3. Coughing
 4. Anxious
 5. Alert
 6. Fatigue, or extreme fussiness
- **PHYSICAL ASSESSMENT:**
 1. **Airway:** patent and air moving freely
 2. **Breathing,** look for decreased chest expansion, respiratory rate, answering questions with 3-4 word phrases (appears out of breath)
 - Auscultation: any diminished air movement or breath sounds
 3. **Circulation:** heart rate, appearance of lips and nailbeds, central and peripheral pulses, capillary refill
 - Pulse Oximetry < 98%
 4. **Disability:** AVPU (Alert, Voice, Painful, Unresponsive)
 5. **Exposure:** Temperature of $\geq 100.4^{\circ}\text{F}$

If no verbal, visual, or physical concerns identified by the SHC/LPN, allow student to rest for 10-15 minutes. Call parent/guardian for notification. If improving, return to class.

If verbal, visual, or physical concerns were identified:

1. Assess the need for EMS by calling 9-1-1
 - Individual experiencing trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion
 - Inability to wake or stay awake
 - Bluish lips or face
2. Notify your School Administrator.
3. Initiate Red Zone Response – Quarantine Room in use
4. Call DPHSS Territorial Epidemiologist at (671) 888-9276.
5. Complete morbidity report.
6. Based on DPHSS guidance, call parent/guardian for pick up. SHC/designee will accompany student to pick up area for release to parent/guardian.
7. Document student disposition with instructions and available health education materials
8. Document findings in SNAP (electronic health record). If Internet is not available complete a **GDOE Illness & Injury Report**. Provide parent/guardian a copy of report.
9. Properly dispose of PPEs.
10. Notify CHNSA regarding suspected COVID-19 case or any suspected communicable disease.
11. SHC/LPN will follow up with parents/guardians regarding the suspected COVID-19 case.
12. Recheck temperature and pulse ox, if unchanged and the student is improving, return to class.
13. Students or employees that were suspected of having COVID-19 symptoms, shall submit a **Clearance Letter** from DPHSS or their Private Healthcare Provider indicating that they are cleared before returning to school or work.
14. School Administrator or designee will notify custodial staff to clean and disinfect the quarantine area.

DPHSS-Confirmed Case

Community Health and Nursing Services Administrator (CHNSA) receives notification from the Department of Public Health and Social Services (DPHSS) – regarding a **confirmed COVID -19 case**.

- CHNSA immediately notifies:
 1. Superintendent of Education
 2. Deputy Superintendent, Educational Support and Community Learning (ESCL)
 3. Public Information Officer
 4. School Administrator
 5. School Health Counselor (SHC)
- CHNSA immediately meets with specific school or division/office:
 1. School Administrator/Division Head/Office Lead, for possible closure of school or office
 2. SHC, for coordination of COVID-19 response (could include screening and referral for testing)
 3. DPHSS staff to initiate contact investigation to the active case of COVID-19
 4. Nursing office needs to allow and plan for at least 2 spaces for student/employee care
 5. SHC/LPN office for routine nursing needs, medication, diabetic checks, and first aid, or injury assessment
 6. Second space shall be identified preferable adjacent to the SHC office where students/employees can be assessed for possible communicable disease (COVID-19 symptoms).

GDOE COVID-19 PANDEMIC RE-ENTRY PLAN

- If a student or employee was identified as an active COVID-19 case:
 - Infectious period will be determined by DPHSS (**approximately 7 days before the confirmed diagnosis date**)
 - All students and employees that have been exposed for that period will be identified and be part of the contact investigation
- SHC will be collaborating with school/division administrator/office lead to create a listing of (critical) contacts to the diagnosed COVID-19 case as appropriate:
 - Class rosters
 - Students that transferred during the infectious time frame
 - Faculty and staff schedule
 - Bus schedule
 - Sports teams
 - Cafeteria staff
 - Cleaning staff

Once employees and students are identified as exposed (critical contact) to a confirmed case of COVID-19:

1. School Administrator/Division Head/Office Lead and CHNSA/SHC will inform employees, students, and families of the process of isolation and quarantine respectively
 2. Create a spreadsheet of potentially exposed employees and students
 3. School/Office site with collaboration with DPHSS will be responsible for distribution and collection of DPHSS Consent Forms for Voluntary Isolation: (Appendix A - **DPHSS Voluntary Isolation Sample Letter**) which will indicate 14 days of voluntary isolation at home.
 4. Distribution of **Parent/Employee Notification Letter** from Superintendent re: confirmed COVID-19 case to all at school or division.
 5. Only parents and/or legal guardians are allowed to sign student consent forms regarding Voluntary Isolation requirements
- Once **COVID-19 Notification Letter (Superintendent)** and **Voluntary Isolation Consent Forms** (DPHSS) are issued to employees and students, school/office sites will coordinate release of students and employees while maintaining appropriate infection control measures.
 - SHC will collaborate with the School Administrator to determine the process of releasing students and/or employees.
 - Activate Student Parent Community Engagement (SPCE) Program if experiencing challenges contacting or communicating with parents/guardians.
 - Students will be released to parents/guardians via a drive by pickup. SHC/designee will have COVID-19 documents prepared, educational materials, and/or referral letters for medical follow up.
 - Students/employees that were diagnosed with confirmed COVID-19 shall submit a **Clearance Letter** issued from DPHSS (Quarantine & Isolation) or their Private Healthcare Provider indicating that they are cleared before returning to work or school.
 - School Administrator/Division Head/Office Lead will coordinate with the cleaning team to start cleaning areas at least 24 hours after the infected person was last in that area.
 - GDOE in collaboration with DPHSS will determine how long the school or division needs to be closed for cleaning and disinfection based on CDC guidelines.

Parent Education

- Keeping students home if they are ill, and the length of time they must stay at home.
- Signs and symptoms of COVID-19.
- Taking and monitoring temperatures at home.
- Need for accurate contact information and multiple emergency contacts.
- Importance of coming to school quickly to pick up their child, if called.
- Handwashing, face covering, maintaining appropriate distance/space.
- **Persons with COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the guidance of DPHSS and/or their private provider. DPHSS or Private Healthcare Provider clearance will be required indicating that the student/employee was cleared to return to school/work.

GENERAL HEALTH GUIDELINES






American Heart Association COVID-19 Guidance

Interim CPR Guidelines

1. Make sure the scene is safe. Call 911.
2. Limit personnel in area or scene of resuscitation.
3. Provide CPR with compressions and breaths (if rescuer is willing and able) otherwise perform Hands-Only CPR.
4. Follow standard precautions. Use a face mask or cloth covering of the mouth and nose of the rescuer and/or victim to reduce the risk of transmission of COVID-19.
5. Continue CPR until EMS arrives.

COVID-19 and Adult CPR

If an adult's heart stops and you're worried that they may have COVID-19, you can still help by performing Hands-Only CPR.

Step 1	Step 2	Step 3	Step 4
 <p>Phone 9-1-1 and get an AED.</p>	 <p>Cover your own mouth and nose with a face mask or cloth.</p>	 <p>Cover the person's mouth and nose with a face mask or cloth.</p>	 <p>Perform Hands-Only CPR. Push hard and fast on the center of the chest at a rate of 100 to 120 compressions per minute.</p>
			 <p>Use an AED as soon as it is available.</p>

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COVID-19 and Child and Infant CPR

If a child or an infant's heart stops and you're worried that they may have COVID-19, you can still help.

<div style="background-color: #c00000; color: white; padding: 5px;"> <h4 style="margin: 0;">Step 1</h4> <p style="margin: 0;">Make sure the scene is safe.</p> <p style="margin: 0;">Check to see if the child or infant is awake and breathing normally.</p> </div> <div style="background-color: #c00000; color: white; padding: 5px; margin-top: 10px;"> <h4 style="margin: 0;">Step 2</h4> <p style="margin: 0;">Shout for help.</p> <p style="margin: 0;">If you're alone, phone 9-1-1 from a cell phone, perform CPR with 30 compressions and then 2 breaths (if you're willing and able) for 5 cycles, and get an AED.</p> <p style="margin: 0;">If help is available, phone 9-1-1. Send someone to get an AED while you start CPR.</p> </div>	<div style="background-color: #c00000; color: white; padding: 5px;"> <h4 style="margin: 0;">Step 3</h4> <p style="margin: 0;">Provide CPR with compressions and breaths (if you're willing and able).</p> </div> <div style="margin-top: 10px;"> <p>■ Start child CPR</p> <p>Push on the middle of the chest 30 times at a depth of 2 inches with 1 or 2 hands. Provide 30 compressions and then 2 breaths. Repeat cycles.</p> <p>■ Start infant CPR</p> <p>Push on the middle of the chest 30 times at a depth of 1½ inches with 2 fingers. Provide 30 compressions and then 2 breaths. Repeat cycles.</p> </div> <div style="margin-top: 10px;"> <p>Use the AED as soon as it arrives. Continue CPR until EMS arrives.</p> </div>
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American Red Cross CPR Certificate Guidance

The American Red Cross is offering students with certificates set to expire between March and June 2020 the ability to complete an online extension. If you are interested in the extensions they can be found on www.redcross.org.

Given the ongoing threat of exposure to COVID-19, with many communities under shelter in place orders to minimize the spread of the disease, the American Heart Association is extending AHA Instructor and Provider Course Completion Cards for 120 days beyond their recommended renewal date, beginning with cards that expire in March 2020.

Using a Pulse Oximeter

The Joint Commission standards do not require an order for pulse oximetry. In addition, CMS does not have any requirements which prohibit the use of pulse oximetry without a physician's order. The use of pulse oximetry on an as needed basis may be viewed as a part of vital signs. A therapist or nurse can use their clinical judgment to do an occasional pulse oximetry reading (The Joint Commission, 2019).

- Keep as much distance as possible between the staff member and student, stand to the side of the student when possible.
- Wash hands with soap and water or use hand sanitizer (at least 60% alcohol). Apply gloves and mask.
- Read the manufacturer's instructions and operate accordingly. If there are differences in the instructions below and the manufacturer's directions, follow the manufacturer's direction.
- Assemble the pulse oximeter and turn it on.
- Conduct an initial respiratory assessment and ask the student to breathe normally.
- Attach a probe to the best site, usually on the finger. Oximeter needs to be at least ¼ to ½ inches on the placement site.
- Monitor for pulse sensing bars on the face of the oximeter to fluctuate with each pulsation.
- Double-check machine pulsations with student's radial or apical pulse.
- Record results. If pulse oximeter is reading <95% reposition student, unless student has underlying health condition, if no improvement, consider calling 9-1-1. Administer Oxygen if ordered.

Immunizations

- Immunization requirements for admission to school remain unchanged for the 2020-2021 school year. According to Board Policy (BP) 337 - Health Requirements for Students will be followed. BP337 and Standard Operating Procedures (SOP) 1700- 010 Health Requirements for Students also outline health requirements that need to be updated at entrance to middle and high schools.

Medication Administration

- In some instances, students may need to take medication at school. To the degree possible, make every effort to identify ways that medications may be safely taken at home, instead of during school hours. SHC will follow up with parents/guardians and healthcare providers on the need to administer medications at school. The following steps should be taken to ensure the safety of all students and minimize office clustering.
- Communicating with all parents explaining that students that must take medication during school will need to make an appointment prior to the start of school to bring the medication in so that delivery time may be staggered.
- Any nebulizer medication delivery must be converted to an inhaler with a spacer to avoid Aerosolized Transmissible Diseases (ATD) of COVID-19 (Taras, 2020). The SHC will need to work with the healthcare provider and parents.

- Follow SOP 1700 - 010 Medication Administration Guidelines in the School Setting and at School Sponsored Activities for student medication required during the school day and appropriate forms, i.e. a completed Medication Consent Form signed by both the Parent/Guardian and Healthcare Provider.
- SHC/LPN will have to stagger student times of coming into the health office area for medication. Social distancing lines may need to be placed on the office floor to remind students to keep their distance.

Bringing Medications to School

- Make an appointment with the school office or wait in line, while maintaining social distancing to drop the medication office at the school.
- Medication must be delivered to the school by the parent/guardian or other responsible adult.
- Medication must be in your student's original, pharmacy-labeled container or a sealed over-the-counter container.
- All liquid medication must be accompanied by an appropriate measuring device.
- Any tablets requiring partial doses (1/2 or 1/4) must be sent to school already cut.

Returning Medications

- Medication must be picked up by the parent/guardian or other responsible adult.
- Any medication that has not been picked up by the end of the school year will be appropriately disposed of.

Influenza and COVID-19 Vaccination Efforts

- As schools phase in returning to school, it will be important to launch influenza vaccination efforts early in the school year. GDOE will continue to collaborate with DPHSS regarding ongoing vaccination outreaches. Early influenza vaccination clears the way for later COVID-19 vaccination efforts, since the vaccine is still in clinical trials. As such, influenza vaccination should span wide and deep within the community to prevent individual vulnerabilities caused by influenza and potentially a second wave of COVID-19. COVID-19 emerged as a novel virus where no vaccine was available to mitigate the numbers of affected individuals. Herd immunity is an effective measure and occurs when the majority of a population is immune to an infectious disease (D'Souza and Dowdy, 2020). <https://www.webmd.com/vaccines/news/20181130/what-herd-immunity-and-how-does-it-protect-us>
- (Chung, (2018)). For more details on facilitating a School-Based vaccination clinic, visit Appendix D.

SPECIALIZED PHYSICAL HEALTHCARE SERVICES

Questions and Answers on Providing Services to Children with Disabilities During the Coronavirus Disease 2019 Outbreak (March 2020) may be found online at: <https://sites.ed.gov/idea/idea-files/q-and-a-providing-services-to-children-with-disabilities-during-the-coronavirus-disease-2019-outbreak/>

- **Services for students with Individualized Educational Plans (IEP) must continue under Federal law.** Many school districts continue to hold IEP in innovative ways such as using Zoom. In some cases, IEP may need to be modified to meet the student's needs. In seeking support on special education topics, school nurses may want to consult the Disability Rights Education and Defense Fund (DREDF), which may be found at <https://dredf.org/COVID-19-advocacy-and-resources/>
- **Specialized Physical Healthcare Services (SPHCS) are provided to students with disabilities to ensure equal access to health needs and education in the school environment.** An authorized health care provider must provide a prescribed procedure intervention(s) necessary for

a licensed, or qualified district employee to perform or assist students during the school day. Students must have equal access to curriculum and health care needs in the school environment. The use of personal protective equipment during these procedures following COVID-19 may be consistent with pre-pandemic use for some procedures. For others, additional use may be warranted.

- **It is important to work with the primary health care provider and parent in determining if it's in the child's best interest for the child to return to school.** Some medically fragile students may be impacted by COVID-19. For children with disabilities protected by Section 504 who are dismissed from school during an outbreak of COVID-19 because they are at high risk for health complications, compliance with the procedures described above and completion of any necessary evaluations of the child satisfy the evaluation, placement and procedural requirements of 34 CFR §§ 104.35 and 104.36. The decision to dismiss a child based on his or her high risk for medical complications must be based on the individual needs of the child and not on perceptions of the child's needs based merely on stereotypes or generalizations regarding his or her disability.¹⁰
- **In the educational setting, for close face-to-face contact in an enclosed space, healthcare providers who are working with or potentially with COVID-19 positive persons should wear recommended PPE including face shields, gloves, and gowns; especially if the person/student cannot wear a face mask.** For brief encounters with COVID-19 positive persons who wear face masks, the use of a face mask/covering for health providers is considered sufficient. When there is no anticipated need to provide medical assistance, there is no need for other PPE than face masks, if ordered by the local health officer.
- **For a person who is not coughing or sneezing, did not undergo an aerosolized generating medical procedure (AGP), and occupied the room for a short period of time, any risk to health care personnel and subsequent patients likely dissipates over a matter of minutes.** In addition to ensuring sufficient time for enough air changes to remove potentially infectious particles, healthcare personnel should clean and disinfect environmental surfaces and shared equipment before the room is used for another.

Asthma Care

- For persons with acute respiratory conditions, the continued use of medication is critical. Subsequently, the benefits may significantly outweigh the risks of not using regular preventive and rescue inhalers.
- Students who regularly use a rescue inhaler with a spacer should be permitted to do so with minimal supervision and very likely with little to no aerosolized air. It is preferable to have the physician prescribe a metered dose inhaler (MDI) or a dry powdered inhaler (DPI) to further reduce aerosolization.
- For students needing a rescue inhaler, without a spacer, the child should be permitted to use the inhaler by removing the portion of the face covering over the mouth for the inhalation of the medication, re-covering the mouth/nose, and then permitting exhalation to avoid mixing air particles.
- During COVID-19, nebulizer use is discouraged since nebulizers aerosolize medication. The SHC needs to work with the student's health care provider and parents to switch to an inhaler with a space chamber (Taras, 2020)

¹⁰ See the following for more information: <https://sites.ed.gov/idea/idea-files/q-and-a-providing-services-to-children-with-disabilities-during-the-coronavirus-disease-2019-outbreak/#Q-A-4>

- The American Lung Association’s model policy for school districts: stock bronchodilators recommends using inhalers with disposable spacers/mouthpieces and nebulizers and disposable tubing with masks/mouthpieces. Inhalers and nebulizers should be used and cleaned according to the manufacturer's instructions. <https://www.lung.org/getmedia/92bd8d3f-c5ca-46c0-9063-9d5719ec690b/model-policy-for-school.pdf.pdf>
- Aerosol Generating Procedures (AGP) are those that are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These procedures potentially put healthcare personnel at an increased risk for pathogen exposure and infection. There is currently not sufficient data to create a definitive and comprehensive list. Common procedures include CPR, BiPAP, CPAP, nebulizer treatments, oral suctioning, nasal suctioning, and tracheal suctioning; all of which may occur at schools.

Catheterization Care

- Urinary catheterization will require PPE of gloves to prevent fluid crossing from the student to the provider in the forms of drainage or splatter. All supplies used for catheterization can be managed with the provider using just gloves and face coverings.
- A disposable covering or diaper should be used under the buttocks before and during the procedure to catch any drainage, to be used as a place to deposit supplies as they are being used, and to contain supplies once the procedure is done.
- Once the catheterization procedure is over, gloves need to be removed, hands should be washed, and gloves reapplied before dressing or assisting with dressing the student.
- Gloves again need to be removed after assisting the student, washing the hands, and reapplying gloves to clean and disinfect the area before use again.
- Since this procedure does not aerosolize particles, no further PPE may be recommended.

Diabetes Care

- Students who have been diagnosed with diabetes can often perform their own blood glucose monitoring, carbohydrate counting, mild hypoglycemic and hyperglycemic care with little to no supervision. In the event that a child needs supervision and management by a member of the school health team, he/she should be permitted to report to the well-child area (where other students report for medication administration, first aid, etc.) when needed.
- Insulin administration or management of the insulin pump and/or continuous blood glucose monitor can be done safely with minimal contact.
- PPE precautions should continue to be provided by gloves and good hand washing only.

G-Tube Feedings

- Gastrostomy feedings will require PPE of gloves to prevent fluid crossing from the student to the provider in the forms of spillage, drainage, or splatter from feeding or gastric fluids. All supplies used for the feeding (formula or nutritional feeding, tubes, syringes, etc.) can be managed with the provider using just gloves and face coverings.
- A towel or a disposable covering around the stomach to catch any drainage should be used to catch drainage and spilled feeding or gastric contents.
- Since this procedure does not aerosolized particles, no further PPE may be recommended.

Oral / Nasal / Pharyngeal Suctioning and Tracheostomy Care

- Aerosol Generating Procedures (AGPs) pose risks for healthcare providers. This is particularly the case when providing care to persons needing suctioning or direct care of the oral/nasal/pharyngeal areas, including mechanical ventilation.

- Tracheostomy procedures include open suctioning (with a catheter or tool vs a closed suction device), trach tube care, cleaning, dressings, tapes and ties, cuff care, tube management or changes, and changes of ventilator circuits. Several of these activities may need to be performed routinely although not daily.
- For SHC/LPN delivering care to the student with a tracheostomy or one in need of suctioning, all recommended PPE is required, including a **long-sleeved, fluid repellent gown, surgical face mask, eye shield, and gloves.**
- Tracheostomy tubes that have cuffs prevent laryngeal airflow, prevent vocalization and communication and increase the risk when the tube is blocked or dislodged as the patient cannot breathe around the tube. An individual assessment by a registered nurse (SHC) needs to be performed in order to identify recommendations for both students and health care providers.
- Physical distancing and the liberal use of face masks and coverings by others, including children, may not be sufficient to prevent exposure to a student using augmented breathing devices.
- During a COVID-19 outbreak in the community and without the use of a vaccine, it is highly recommended that, for **persons who have significant respiratory conditions and/or impaired airway clearance, such as oral suctioning, nasopharyngeal suctioning, suctioning a tracheostomy, with or without ventilator support students,** the SHC and the parents consult with the physician regarding the benefits of on-campus education.
- Aerosol Generating Procedures should be performed in a separate room:
 - Allows for privacy
 - Good ventilation
 - Outside of the classroom
 - Away from other people
- National Tracheostomy Safety Project, Pediatric Tracheostomy and Tracheostomy Long-Term Ventilated Care during COVID Pandemic, published April 7, 2020
- Important to have a primary or specialty care provider's recommendation(s) for school attendance. Things to consider:
 1. Home and Hospital Students: Develop a plan for students to remain on distance learning with a teacher assigned versus home visits.
 2. Consider using the Home and Hospital program provided by the school district with physical distancing measures.
 3. Parents given support to have students receive distance learning.
 4. It is important to honor equitable access for all students; however medically fragile students may be at higher risk. It is important to work with parents, primary health care providers and administration in determining what is best for the student. Children with disabilities may not be denied access to education in the least restrictive environment. Equitable access needs to be considered as all students return to school.

Diapering

When diapering a child, wash your hands and wash the child's hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:

1. Don gloves and any other needed PPE
2. Untape and remove portions of the diaper
3. Using wipes, clean the student from any urine or soiled material
4. Discard wipes and soiled diaper in the trash
5. Make sure the student's skin is free from any urine or soil

6. Reapply a new diaper.
 7. Return the student to a secure place.
 8. Remove the trash with the soiled diaper and used wipes.
 9. Wash child's hands
 10. Clean up diapering station
 11. Remove the gloves and wash your hands
- After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection. (CDC recommendations for diapering in child care settings remaining open during COVID-19 quarantine).

Activities of Daily Living Assistance (ADL)

When providing support for Assistance of Daily Living (ADL's) such as feeding and toileting assistance for a child, wash your hands and wash the child's hands before you begin, and wear gloves. Follow safety procedures. Procedures should be posted in all diaper changing areas. Steps include:

1. Prepare (includes putting on gloves)
2. Clean the child
3. Perform the procedure
4. Remove trash (soiled napkins and wipes)
5. Wash child's hands
6. Clean up the area
7. Wash hands

Early Intervention Services

When providing early intervention services for students the following recommendations should be considered:

1. Call the parent to ensure the student and or family members have not had signs or symptoms of COVID-19 or exposure to someone with COVID-19 for the past 10 days. If so, postpone services.
2. If possible, measure the student's temperature; maintaining physical distancing using a non-contact thermometer.
3. When the intervention services include tools, make sure the tools are cleaned between students and wear gloves when handling tools to and from the student.
4. Place the tools in an area where the student can "pick" it up so it minimizes hand to hand contact.
5. Open the door to the assessment area so the student does not have to touch the door.
6. If possible, keep the room well ventilated.
7. To the degree possible keep physical distancing from the student. Use tools that allow for physical distancing i.e. pulse oximeters to measure pulse; blood pressure machines to measure B/P; non-contact thermometers.
8. If measuring respirations and listening to breath sounds, it is recommended that the practitioner stand behind the student and wear a surgical mask if necessary.

Home/Hospital Services

When providing Home/Hospital services for students the following recommendations should be considered:

1. Call the parent to ensure the student and or family members have not had signs or symptoms of COVID-19 or exposure to someone with COVID-19 for the past 10 days. If so, postpone services.
2. To the extent possible obtain the student's health history via a Zoom call or while maintaining physical distancing.
3. If possible, measure the student's temperature; maintain physical distance using a non-contact thermometer.
4. When the home/hospital services include tools for assessment, make sure the tools are cleaned between students and wear gloves when handling tools to and from the student.
5. To the degree possible keep physical distancing from the student. Use tools that allow for physical distancing i.e. pulse oximeters to measure pulse; blood pressure machines to measure B/P; non-contact thermometers.
6. If there is a wound, have the parent unwrap and measure if need be using clean home tools. Document the measurements as needed.
7. If measuring respirations and listening to breath sounds, it is recommended that the practitioner stand behind the student and wear a surgical mask if necessary. Clean tools between students.
8. Ask that the room be well ventilated if possible during your visit.
9. Some elements of the assessment may not be feasible. If so, record as unable to obtain because of COVID-19.
10. When touching materials i.e. medications, wear gloves and then wash your hands. Maintain physical distancing.

Mandated Vision and Hearing Screenings

Screening should be done with a cohort system calling only students from a particular classroom at a time, in small groups (3 to 5 students) to another room or location that allows for physical/social distancing. Six foot markings for children to stand or sit should be placed on the floor. Screening may also be performed in each classroom if there is sufficient room for students and screening area. As such, screening will take longer and therefore it is important to communicate this with others. It is important to disinfect equipment between students.

- Prior to students touching any eye screening material, it is important they use hand sanitizer or wash their hands since they may touch their face. It is important to have disposable materials such as individual cardboard eye coverings that are handed out individually to each student and then discarded rather than reusing handheld shields or placing eye patches over their eyes.
- Depending on the level of community transmission, will depend on the level of PPE needed. School nurses may use tools that allow for physical distancing while screening. If there is low level of community transmission, physical distancing measures may suffice. With medium to high community transmission, school nurses may consider wearing gloves and masks.
- Depending on the level of contagion, considerations to postponing screening until later in the year may lead to less transmission.

Student Transportation

Identify medically fragile students who need transportation and fall into the CDC's "People Who Are at Higher Risk for Severe Illness." For these high-risk students consider the following:

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1. Establish a safe plan for students who may need specialized health care procedures and services while being transported. (Example: trach care, seizure management, etc.).
2. Provide appropriate PPE for staff providing care.
3. Developing an emergency plan for the bus driver.
4. School Nurses will need to work closely with their operations, custodial, and transportation teams to develop district specific standards of practices, to help control and prevent the spread of pathogens (germs) that can cause infectious diseases on school buses.

Communication between GDOE and the Department of Public Works (DPW) transportation team is also important on the following items to ensure the safety of the student passengers and DPW staff:

- Bus stops and gathering of students.
- Physical distancing measures.
- Spacing between students on the bus.
- Staggering, adjusting and extending pick up and drop off times.
- Consider face coverings for bus drivers-provide education on appropriate use of PPE if required by DPHSS.
- Cleaning products and measures-U.S. Environmental Protection Agency (EPA)-registered disinfectants or sanitizers.
- Training on appropriate use of products and when bus should be cleaned: at the beginning and/or end of each day.
- Between routes, disinfect seats, mats, handles, etc.
- Use of electrostatic sprayer (fogging) machine use for sanitizing surfaces.
- Availability of hand sanitizers, tissue, trash can and cleaning supplies.
- Awareness of employees, students, and families on precautionary measures.
- Increased Ventilation: If appropriate, opening doors and windows.

Special Education Transportation

- The Schools/Programs should provide notice to parents two weeks or more prior to having to transport any children.
- School buses that have not been inspected since fall should have a safety inspection prior to transporting any children.
- For school buses that have not been used for the past 30 days, there is no need to do any thorough cleaning because any virus will have been killed off.
- Any school bus used for food distribution should be cleaned prior to transporting.
- School bus drivers will need to attend in-services before transporting students to be informed about new policies and procedures, as well as understand how to effectively clean their bus.
- There is a high level of concern that these drivers/ attendants (many of which are in the high risk category for COVID-19) will be unwilling to put themselves at-risk unless there is widespread testing or vaccine for drivers and children.
- The School/Program should be prepared to provide all bus drivers PPE that would include masks, gloves, hand sanitizer, a forehead thermometer, and disinfecting supplies.
- The School/Program will need to develop policies that may include taking a temperature check before allowing a child on the bus, all children must wear a mask while on the bus, seats being marked off with tape to avoid children sitting too close to each other, etc.
- Routers may need additional time to assign/reassign buses if social distancing require districts to use more buses due to transporting fewer students per bus.

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- Having different grades attend different days may cause issues with overcrowding on some buses and a lack of students on others.
- Schools should be prepared for an increased number of parents transporting their own children to and from school due to health concerns and/or parents being out of work or unemployed.
- This additional influx of cars may cause long delays in student arrival and departure if school grounds are not designed to handle a large number of car riders.
- The transportation of special needs students may be a concern because some students will have issues with spitting, screaming, biting or other behaviors that may spread COVID-19.
- Transporting of special needs students will be important to ensure no Office of Civil Rights violations with IDEA (IEP and 504 students).
- Pre and post-trip inspections will now have to include the cleaning of high use areas of the bus, steering wheel, handles, seat backs, etc.
- School/Program will have to be prepared to enact contact tracing if a child tested positive for COVID-19 who rides to or from school on a school bus.
- Transportation issues will continually change based on the evolving nature of the pandemic.

General Considerations and Strategies

Focus	Considerations/Strategies
School Bussing: Screening	<ul style="list-style-type: none"> • Drivers/Bus Rider will be trained in taking temperatures. • Temperature screening will be conducted prior to boarding the bus. • Follow DOE guidance on screening • Follow DOE guidance on student return to school • Follow DOE guidance on reporting protocols
School Bussing: PPE	<ul style="list-style-type: none"> • Gloves • Face masks • Face Shield
School Bussing: Supplies	<ul style="list-style-type: none"> • Temperature Scanner • Hand Sanitizer • Disinfecting supplies (liquid, cleaning cloth, etc.) • Paper Towels • Trash Bags • Trash Receptacle
School Bussing: Disinfecting Strategies	<ul style="list-style-type: none"> • Clean the bus prior to and after each route; • Reduce number of students in the bus at one time to maintain some social distancing.
School Bussing: Maintain Social Distancing	<ul style="list-style-type: none"> • Stagger bus times to allow for cleaning between routes • Reduce mixing during transport • Use of PPE (masks) • Reduce number of students on bus at one time • Disinfection strategies; clean bus prior to and after transport.
Students who are unable to wear PPE and/or cannot maintain social distance while in the bus	IEP Team will consider all factors and create a plan to address the concern.

SCHOOL MOVEMENT CONTROL

As each school has its unique layout and operational needs, considerations for the classroom, hallway, cafeteria, gym, office or other areas would need to be surveyed for compliance with Centers for Disease Control (CDC) and Department of Public Health and Social Services (DPHSS) Guidelines regarding physical distancing and safety protocols.

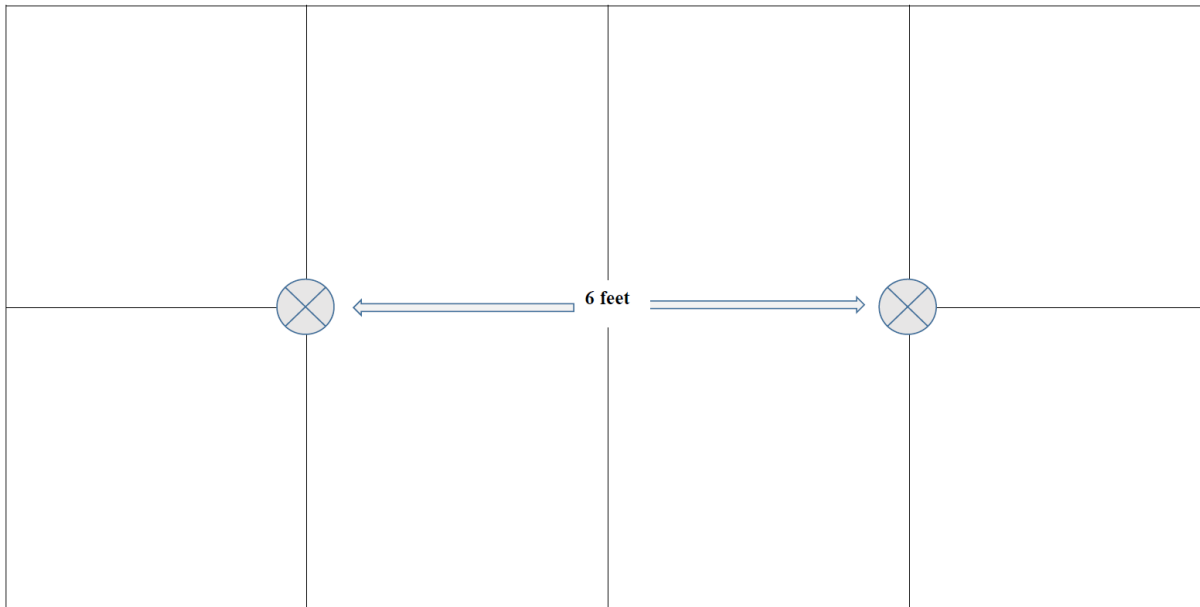
Each school needs to calculate the occupancy per room using the CDC Guideline of six feet (6') physical distance. The formula to determine this is:

Length x width ÷ 36 (square footage as per CDC Guideline of six feet (6') physical distance)

Ex. Sample Classroom (21' x 35') / 36 = 20 total for occupants

CDC Guideline of Six Feet Physical Distance

$$6' \times 6' = 36$$



Visible signs should be posted outside of each office and classroom noting room entry notations:

1. Total room occupancy in large print
2. “All must wear a facial mask.”
3. “All must wash hands or use hand sanitizer/disinfectant prior to entry.”
4. “If experiencing any signs of fever, coughs, or sickness; inform the teacher or staff immediately and report to the School Nurse Office.”

Physical space using 6' distancing should be demarcated with spacing of desks, cafeteria or gym seating/space, hallway waiting lines, etc.

Enhanced Physical Distancing

Medium to High Incidence of Community Transmission

- **Ensure that student and employee groupings are as static as possible** by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).
- **Restrict mixing** between groups.

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- **Cancel** all field trips, inter-group events, and extracurricular activities.
- **Limit gatherings, events, and extracurricular activities** to those that can maintain physical distancing, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 2; Note: restricting attendance from those in Step 1 areas).
- **Restrict nonessential visitors, volunteers, and activities** involving other groups at the same time.
- **Space seating/desks to at least six feet apart.**
- **Turn desks to face in the same direction** (rather than facing each other), or have students sit on only one side of tables, spaced apart.
- **Close communal use spaces** such as dining halls and playgrounds if possible; otherwise stagger use and disinfect in between use. If a cafeteria or group dining room is typically used, serve meals in classrooms instead. Serve individually plated meals and hold activities in separate classrooms and ensure the safety of children with food allergies.
- **Stagger arrival and drop-off times or locations**, or put in place other protocols to limit close contact with parents or caregivers as much as possible.
- **Create physical distance between children** on school buses (for example, seating children one child per seat, every other row) where possible.

Low to Medium Incidence of Community Transmission

- **Consider keeping classes together** to include the same group of children each day, and consider keeping the same child care providers with the same group each day.
- **Allow minimal mixing between groups.** Limit gatherings, events, and extracurricular activities *to those that can maintain physical distancing*, support proper hand hygiene, and restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
- **Continue to space out seating and bedding** (head-to-toe positioning) to six feet apart, if possible.
- **Consider keeping communal use spaces closed**, such as game rooms or dining halls, if possible; if this is not possible, stagger use and disinfect in between uses.
- **Consider continuing to plate each child's meal**, to limit the use of shared serving utensils and ensure the safety of children with food allergies.
- **Consider limiting nonessential visitors, volunteers, and activities** involving other groups. Restrict attendance of those from higher transmission areas (Step 1 or 2 areas).
- **Consider staggering arrival and drop-off times or locations**, or put in place other protocols to limit close contact with parents or caregivers as much as possible.

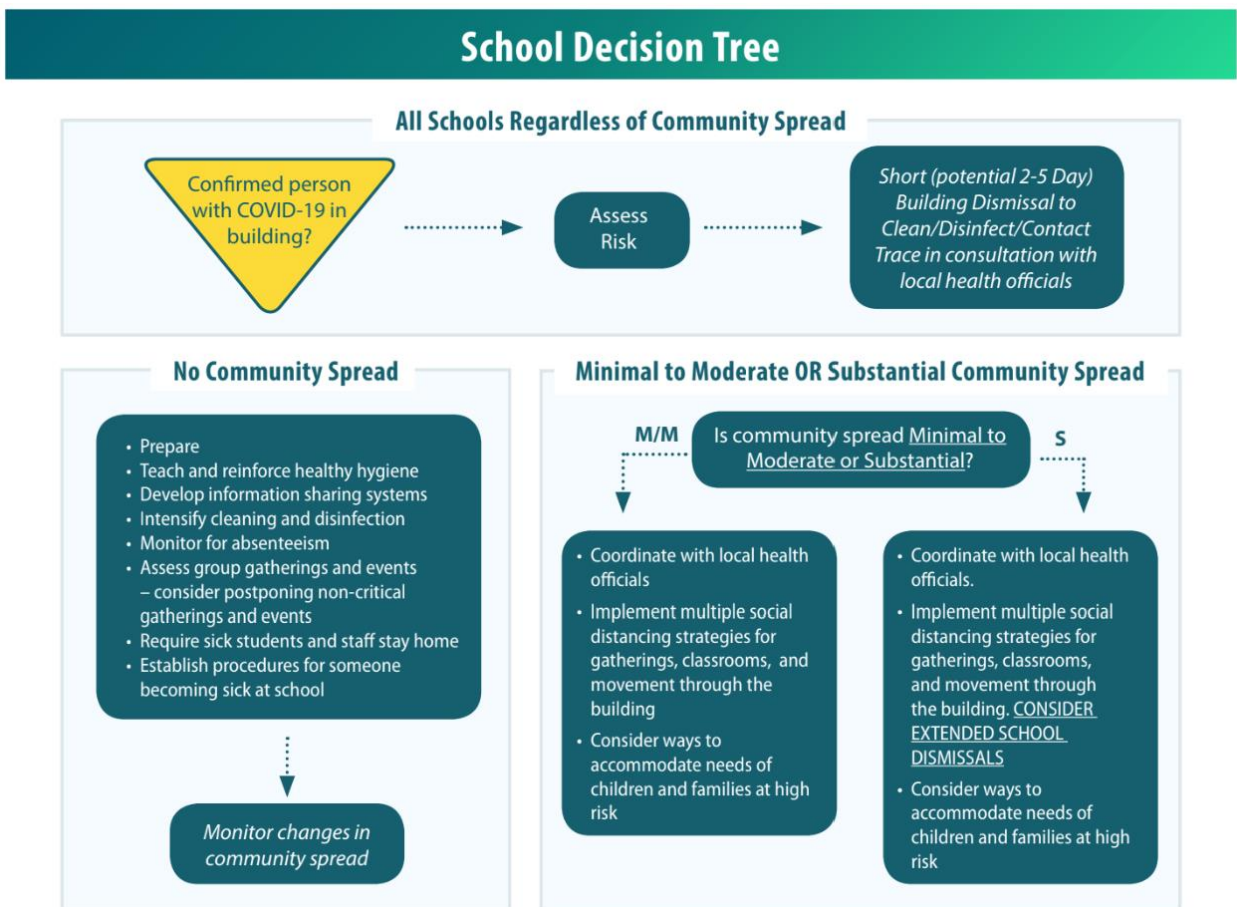
Shared / High Touch Items

- **Keep each child's belongings separated from others'** and in individually labeled containers, cubbies, or areas and taken home each day and cleaned, if possible.
- **Ensure adequate supplies to minimize sharing of high touch materials** to the extent possible (art supplies, equipment etc. assigned to a single student/camper) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
- **If food is offered at any event, have pre-packaged boxes or bags** for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.
- **Avoid sharing** electronic devices, toys, books, and other games or learning aids.

GUIDELINES FOR SCHOOL/CENTRAL OFFICE CLOSURES AND REOPENING¹¹

Schools and Central Office should be prepared for COVID-19 outbreaks in their local communities and for individual exposure events to occur in their facilities, regardless of the level of community transmission, for example a case associated with recent travel to an area with sustained COVID-19 transmission.

The following decision tree can be used to help schools/central office determine which set of mitigation strategies may be most appropriate for their current situation and duration of dismissals will be made on a case-by-case basis using the most up-to-date information about COVID-19 and the specific cases in the community.



REOPENING WORKPLACES DURING THE COVID-19 PANDEMIC



The purpose of this tool is to assist employers in making decisions during the COVID-19 pandemic, especially to protect vulnerable workers. It is important to check with state and local health officials and other partners to determine the most appropriate actions.

Should you consider opening?

- ✓ Is the workplace in a community no longer requiring significant mitigation*?
- ✓ Will reopening be in compliance with state and local orders?
- ✓ Will you be ready to protect employees at higher risk for severe illness?

ANY NO



ALL YES

Are recommended safety actions in place?

- ✓ Promote healthy hygiene practices such as hand washing, wearing a cloth face covering
- ✓ Intensify cleaning, disinfection, and ventilation
- ✓ Ensure social distancing such as installing physical barriers, changing layout of workspaces, encouraging telework, closing communal spaces, staggering shifts and breaks, no large events
- ✓ Limit travel and modify commuting practices
- ✓ Train all staff on safety actions

ANY NO



ALL YES

Is ongoing monitoring in place?

- ✓ Check for signs and symptoms of employees
- ✓ Encourage employees who are sick to stay home
- ✓ Plan for when an employee gets sick
- ✓ Regularly communicate with local authorities and employees
- ✓ Monitor staff absences and have flexible leave policies and practices
- ✓ Be ready to close if there are increased cases

ANY NO



ALL YES

OPEN AND MONITOR

*Or in an area with significant mitigation and providing essential, critical infrastructure

For more information, please visit [CORONAVIRUS.GOV](https://www.cdc.gov/coronavirus)



Closure Upon Confirmed Case

When a confirmed case has entered a school/central office division/office, regardless of community transmission, a short-term closure procedure will be implemented regardless of community spread if an infected person has been in a school/central office building. If this happens, CDC recommends the following procedures regardless of the level of community spread:

Coordinate with local health officials. Once learning of a COVID-19 case in someone who has been in the school/central office, immediately notify local health officials. These officials will help administrators/leaders determine a course of action for their child care programs, schools, and service operations.

Dismiss impacted students and employees for 2-5 days. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school/central office. This allows the local health officials to help administrators/leaders determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

During school dismissals, also cancel extracurricular group activities, school-based afterschool programs, and large events (e.g., assemblies, spirit nights, field trips, and sporting events). Discourage employees, students, and their families from gathering or socializing anywhere. This includes group child care arrangements, as well as gathering at places like a friend's house, a favorite restaurant, or the local shopping mall.

Communicate with employees, parents, and students. Coordinate with local health officials to communicate dismissal decisions and the possible COVID-19 exposure.

- This communication to the school/central office community should align with the communication plan in the school/department's emergency operations plan.
- Plan to include messages to counter potential stigma and discrimination.
- In such a circumstance, it is critical to maintain confidentiality of the student or employees as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act.

Sanitation After Confirmed Cases

Close off areas used by the individuals with COVID-19 and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.

- ✓ **Custodial contractor/employees should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.**
- ✓ **If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.** For disinfection most common EPA-registered household disinfectants should be effective. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).

Additional information on cleaning and disinfection of community facilities such as schools can be found on CDC's website.

Interim Education Plan During School Closures

Temporarily dismissing child care programs and K-12 schools is a strategy to stop or slow the further spread of COVID-19 in communities. Child care and school administrators should work in close collaboration and coordination with local health officials to make dismissal and large event cancellation decisions. Schools are not expected to make decisions about dismissal or canceling events on their own. School dismissals and event cancellations may be extended if advised by local health officials. The nature of these actions (e.g., geographic scope, duration) may change as the local outbreak situation evolves.

Administrators should seek guidance from local health officials to determine when students and employees should return to schools and what additional steps are needed for the school community. In addition, students and employees who are well but are taking care of or share a home with someone with a case of COVID-19 should follow instructions from local health officials to determine when to return to school.

Considerations for Reopening

The Guam Department of Education will continue to be guided accordingly by the Government of Guam leadership's directives and in accordance with the Joint Information Center recommendations. Any decisions that affect GDOE Students and employees will be communicated broadly both by the GDOE

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district communications team and each respective school. Reopening will be conducted deliberately and conscientiously, with respect and regard to the guidance given by public health officials, and in the best interest of GDOE students, their families, and the island community.

ADDITIONAL RESOURCES

A Round Up of Multilingual Resources on COVID-19, March 10, 2020: <https://switchboardta.org/blog/a-round-up-of-multilingual-resources-on-COVID-19/>

Centers for Disease Control and Prevention. (May 2020), *CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again*. Retrieved May 21, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>

CDC Considerations for Schools: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again, May 2020: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>

Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes, May 2020: <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

Questions and Answers on Providing Services to Children with Disabilities During the Coronavirus Disease 2019 outbreak <https://sites.ed.gov/idea/files/qa-COVID-19-03-12-2020.pdf>

CDC Printable Media

<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>

Avoid Spreading Germs at Work (CDC) <https://www.cdc.gov/nonpharmaceutical-interventions/pdf/dont-spread-germs-work-item3.pdf>

Cover your Cough Posters (CDC) https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf

COVID-19 Health Information Poster [coronavirus-health information flyer phs logo 2-28-20 final.pdf](https://www.cdc.gov/coronavirus/2019-ncov/communication/flyer-phs-logo-2-28-20-final.pdf)

Stay Home if you are Ill Posters (CDC) <https://www.cdc.gov/flu/pdf/freeresources/updated/stay-home-from-work-poster.pdf>

Wash your Hands Posters (CDC) <https://www.cdc.gov/handwashing/posters>

Physical Distancing <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

APPENDIX

Student Privacy Policy Office: Ferpa & Coronavirus Disease 2019 Frequently Asked Questions



STUDENT PRIVACY POLICY OFFICE
FERPA & Coronavirus Disease 2019 (COVID-19)
Frequently Asked Questions (FAQs)
March 2020

Introduction

The United States (U.S.) Department of Education (Department) is issuing these Frequently Asked Questions (FAQs) regarding the Family Educational Rights and Privacy Act (FERPA) and the coronavirus disease 2019, abbreviated as “COVID-19” and more commonly referred to as “coronavirus.”¹ We are working with our Federal partners including the Centers for Disease Control and Prevention (CDC), which is leading the Federal effort to address coronavirus or COVID-19. The U.S. Department of Health and Human Services (HHS) issued on January 31, 2020, a declaration of a Public Health Emergency regarding coronavirus or COVID-19.²

The Department’s Student Privacy Policy Office (SPPO) prepared this document to assist school officials working with public health officials in managing public health issues related to COVID-19, while protecting the privacy of students’ education records. Understanding FERPA helps enable school officials to act quickly and with certainty when confronting challenges that affect the health or safety of students or other individuals.

Educational agencies and institutions, such as school districts, schools, colleges and universities, can play an important role in slowing the spread of COVID-19 in U.S. communities. Through information sharing and coordination with public health departments, educational agencies and institutions can help protect their schools and communities.

The purpose of this document is to assist school officials in protecting student privacy in the context of COVID-19 as they consider the disclosure of personally identifiable information (PII) from student education records to individuals and entities who may not already have access to that information. School officials should work with their State and local public health officials to determine the information needed to address this public health concern. Understanding how, what, and when information can be shared is a critical part of preparedness.

Background

FERPA is a Federal law that protects the privacy of student education records. (20 U.S.C. § 1232g; 34 C.F.R. Part 99) The law applies to all educational agencies and institutions that receive funds under any program administered by the Secretary of Education. The term “educational agencies and institutions” under FERPA generally includes school districts and public schools at the elementary and secondary levels, as well as private and public institutions of postsecondary

¹ Please note that this FERPA & Coronavirus Disease 2019 (COVID-19) FAQ document updates the Department’s 2009 FERPA & H1N1 document. Other than statutory and regulatory requirements included in the document, the contents of the guidance do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies. This document will be posted at <https://studentprivacy.ed.gov> and <https://www.ed.gov/coronavirus>.

² HHS declaration posted at <https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html>.

education. Private schools at the elementary and secondary levels generally do not receive funds from the Department and are, therefore, not subject to FERPA.

FERPA gives parents certain rights with respect to their children’s education records at educational agencies and institutions to which FERPA applies. These rights transfer to the student when he or she reaches the age of 18 or attends an institution of postsecondary education at any age (thereby becoming an “eligible student”). 20 U.S.C. § 1232g(d); 34 C.F.R. § 99.5(a)(1). Under FERPA, a parent or eligible student must provide a signed and dated written consent before an educational agency or institution discloses PII from education records, unless an exception to this general consent requirement applies. 34 C.F.R. § 99.30(a). Exceptions to the general consent requirement are set forth in 20 U.S.C. §§ 1232g(b)(1), (b)(2), (b)(3), (b)(5), (b)(6), (h), (i), and (j) and 34 C.F.R. § 99.31. The term “education records” is defined, with certain exceptions, as those records that are: (1) directly related to a student; and (2) maintained by an educational agency or institution, or by a party acting for the agency or institution. 20 U.S.C. § 1232g(a)(4); 34 C.F.R. § 99.3, “Education records.” Accordingly, immunization and other health records, as well as records on services provided to students under the Individuals with Disabilities Education Act (IDEA), which are directly related to a student and maintained by an educational agency or institution are “education records” under FERPA.³ The term “PII” refers to a student’s name or identification number, as well as other information that can be used to distinguish or trace an individual’s identity either directly or indirectly through linkages with other information. 34 C.F.R. § 99.3, “Personally identifiable information.”

FERPA prohibits educational agencies (e.g., school districts) and institutions (i.e., schools) from disclosing PII from students’ education record without the prior written consent of a parent or “eligible student,” unless an exception to FERPA’s general consent rule applies. 20 U.S.C. §§ 1232g(b)(1) and (b)(2); 34 C.F.R. §§ 99.30 and 99.31. For instance, pursuant to one such exception, the “health or safety emergency” exception, educational agencies and institutions may disclose to a public health agency PII from student education records, without prior written consent in connection with an emergency if the public health agency’s knowledge of the information is necessary to protect the health or safety of students or other individuals. 20 U.S.C. § 1232g(b)(1)(I); 34 C.F.R. §§ 99.31(a)(10) and 99.36.

For all other situations where an exception to FERPA’s general consent requirement does not apply, educational agencies and institutions must obtain prior written consent of a parent or eligible student to disclose PII from student education records. 20 U.S.C. §§ 1232g(b)(1) and (b)(2); 34 C.F.R. §§ 99.30 and 99.31. We have attached a model consent form at the end of this document. We have also listed the email and contact information for SPPO, the Department office responsible for implementing and enforcing FERPA, if school officials have questions that are not covered in this document.

³ Parts B and C of the IDEA contain separate privacy regulations that incorporate FERPA provisions and exceptions, including the health or safety emergency exception that is the primary subject of these FAQs. Where a student is placed in a private school for the provision of Individualized Education Program (IEP) services on behalf of a school or school district subject to FERPA, the education records of the privately placed student that are maintained by the private school are subject both to FERPA and to the confidentiality requirements under Part B of the IDEA.

Questions and Answers on the Applicability of FERPA to Disclosures Related to COVID-19 ("Coronavirus")

1. Do parents and eligible students have to provide consent before an educational agency or institution discloses PII from education records?

Generally, yes. A parent or eligible student must provide written consent before an educational agency or institution discloses PII from a student's education records, unless one of the exceptions to FERPA's general consent rule applies. 20 U.S.C. §§ 1232g(b)(1) and (b)(2); 34 C.F.R. §§ 99.30 and 99.31. FERPA requires that a consent form be signed and dated by a parent or eligible student and (1) specify the records that may be disclosed; (2) state the purpose of the disclosure; and (3) identify the party or class of parties to whom the disclosure may be made. 34 C.F.R. § 99.30(a) and (b). At the conclusion of this document, we have included a sample FERPA consent form.

2. How does the health or safety emergency exception to FERPA's consent requirement permit an educational agency or institution to disclose PII from the education records of affected students?

Although educational agencies and institutions can often address threats to the health or safety of students or other individuals in a manner that does not identify a particular student, FERPA permits educational agencies and institutions to disclose, without prior written consent, PII from student education records to appropriate parties in connection with an emergency, if knowledge of that information is necessary to protect the health or safety of a student or other individuals. 20 U.S.C. § 1232g(b)(1)(I); 34 C.F.R. §§ 99.31(a)(10) and 99.36. This "health or safety emergency" exception to FERPA's general consent requirement is limited in time to the period of the emergency and generally does not allow for a blanket release of PII from student education records. Typically, law enforcement officials, public health officials, trained medical personnel, and parents (including parents of an eligible student) are the types of appropriate parties to whom PII from education records may be disclosed under this FERPA exception.

For purposes of FERPA's health or safety emergency exception, the determination by an educational agency or institution that there is a specific emergency is not based on a generalized or distant threat of a possible or eventual emergency for which the likelihood of occurrence is unknown, such as would be addressed in general emergency preparedness activities. If local public health authorities determine that a public health emergency, such as COVID-19, is a significant threat to students or other individuals in the community, an educational agency or institution in that community may determine that an emergency exists as well.

Under the FERPA health or safety emergency exception, an educational agency or institution is responsible for making a determination, on a case-by-case basis, whether to disclose PII from education records, and it may take into account the totality of the circumstances pertaining to the threat. *See* 34 C.F.R. § 99.36(c). If the educational agency or institution determines that there is an articulable and significant threat to the health or safety of the student or another individual and that certain parties need the PII from education records, to protect the health or safety of the

student or another individual, it may disclose that information to such parties without consent. This is a flexible standard under which the Department will not substitute its judgment for that of the educational agency or institution so that the educational agency or institution may bring appropriate resources to bear on the situation, provided that, based on the information available at the time of the educational agency's or institution's determination, there is a rational basis for such determination. We note also that, within a reasonable period of time after a disclosure is made under this exception, an educational agency or institution must record in the student's education records the articulable and significant threat that formed the basis for the disclosure and the parties to whom information was disclosed. 34 C.F.R. § 99.32(a)(5).

3. May student education records, such as health records, maintained by an educational agency or institution be disclosed, without consent, to public health departments if the educational agency or institution believes that the virus that causes COVID-19 poses a serious risk to the health or safety of an individual student in attendance at the educational agency or institution?

Yes. If an educational agency or institution, taking into account the totality of the circumstances, determines that an articulable and significant threat exists to the health or safety of a student in attendance at the agency or institution (or another individual at the agency or institution) as a result of the virus that causes COVID-19, it may disclose, without prior written consent, PII from student education records to appropriate officials at a public health department who need the information to protect the health or safety of the student (or another individual). Public health department officials may be considered "appropriate parties" by an educational agency or institution under FERPA's health or safety emergency exception, even in the absence of a formally declared health emergency. Typically, public health officials and trained medical personnel are among the types of appropriate parties to whom PII from education records, may be non-consensually disclosed under FERPA's health or safety emergency exception.

4. If an educational agency or institution learns that student(s) in attendance at the school are out sick due to COVID-19, may it disclose information about the student's illness under FERPA to other students and their parents in the school community without prior written parental or eligible student consent?

It depends, but generally yes, but only if that information is in a non-personally identifiable form. Specifically, the educational agency or institution must make a reasonable determination that a student's identity is not personally identifiable, whether through single or multiple releases, and taking into account other reasonably available information. *See* 34 C.F.R. § 99.31(b)(1). If an educational agency or institution discloses information about students in non-personally identifiable form, then consent by the parents or eligible students is not needed under FERPA. For example, if an educational agency or institution releases the fact that individuals are absent due to COVID-19 (but does not disclose their identities), this would generally not be considered personally identifiable to the absent students under FERPA as long as there are other individuals at the educational agency or institution who are absent for other reasons. However, we caution educational agencies or institutions to ensure that in releasing such facts, they do so in a manner that does not disclose other information that, alone or in combination, would allow a reasonable

person in the school community to identify the students who are absent due to COVID-19 with reasonable certainty.

5. May educational agencies and institutions disclose without consent the names, addresses, and phone numbers of absent students to the public health department so that the health department may contact their parents in order to assess the students' illnesses?

FERPA permits educational agencies and institutions to non-consensually disclose PII from education records in the form of contact information of absent students to the public health department in specific circumstances, such as in connection with a health or safety emergency (20 U.S.C. § 1232g(b)(1)(I); 34 C.F.R. §§ 99.31(a)(10) and 99.36) or pursuant to other applicable exceptions.

While FERPA generally permits the nonconsensual disclosure of properly designated "directory information" (e.g., name, address, phone number, grade level) when parents or eligible students have not opted out of such a disclosure, it does not permit an educational agency or institution to disclose "directory information" on students that is linked to non-directory information (such as information regarding a student's illness). For instance, an educational agency or institution may not disclose directory information on all students who are receiving special education services or those who have been absent from school.

Therefore, unless a specific FERPA exception applies, educational agencies and institutions should prepare consent forms for parents and eligible students to sign to allow the potential sharing of this type of information if they create, or intend to create, a tracking or monitoring system to identify an outbreak before an emergency is recognized.

6. If an educational agency or institution determines that a health or safety emergency exists, may it disclose, without consent, PII from student education records to the media?

No. As explained previously, FERPA only permits nonconsensual disclosures of PII from students' education records under the health or safety emergency exception to "appropriate parties" (such as public health officials) whose knowledge of the information is necessary to protect the health or safety of students or other individuals. While the media may have a role in alerting the community of an outbreak, they are not "appropriate parties" under FERPA's health or safety emergency exception because they generally do not have a role in protecting individual students or other individuals at the educational agency or institution. "Appropriate parties" in this context are normally parties who provide specific medical or safety attention, such as public health and law enforcement officials.

7. May the school identify a particular student, a teacher, or other school official as having COVID-19 to parents of other students in the school?

In most cases, it is sufficient to report the fact that an individual in the school has been determined to have COVID-19, rather than specifically identifying the student who is infected. School notification is an effective method of informing parents and eligible students of an illness

1986. 20 U.S.C. § 1232g(b)(1)(H); 34 C.F.R. § 99.31(a)(8). If the parents do not claim the eligible student as a dependent, then the disclosure may be made to the parents, without the eligible student’s written consent, if the disclosure is in connection with a health or safety emergency provided certain conditions are satisfied (as discussed in the response to question two above). 20 U.S.C. § 1232g(b)(1)(I); 34 C.F.R. §§ 99.31(a)(10) and 36.

- 9. What if a parent of a student who is not an eligible student refuses to provide written consent to permit the release of PII contained in student education records to the public health department?

FERPA permits educational agencies and institutions to release information from education records without consent after the removal of all PII, provided that the agency or institution has made a reasonable determination that a student’s identity is not personally identifiable, whether through single or multiple releases, and taking into account other reasonably available information. 34 C.F.R. § 99.31(b)(1). Thus, it would be problematic to disclose that every student in a particular class or grade level is absent if there is, for instance, a directory with the names of every student in that class or grade. Therefore, it is prudent that educational agencies or institutions obtain written consent to permit the disclosure of PII from students’ education records to the public health department. If the parent or eligible student will not provide written consent for the disclosure of the PII, then the educational agency or institution may not make the disclosure unless it has determined that there is an applicable exception to the general requirement of consent that permits the disclosure, such as if a health or safety emergency exists and the PII is disclosed to an appropriate party whose knowledge of the information is necessary to protect the health or safety of the student or other individuals.

- 10. Is an educational agency or institution required to record disclosures of PII from student education records submitted to the public health department or other outside parties, even in connection with a health or safety emergency?

Yes. FERPA generally requires educational agencies and institutions to maintain a record of each request for access to and each disclosure of PII from the education records of each student. 34 C.F.R. § 99.32(a)(1). Moreover, when making a disclosure under the health or safety emergency provision in FERPA, educational agencies and institutions are specifically required to record the articulable and significant threat to the health or safety of a student or other individual that formed the basis for the disclosure and the parties to whom the agency or institution disclosed the information. 34 C.F.R. § 99.32(a)(5). The record of each request for access to and each disclosure of PII from student education records must be maintained with the education records of each student as long as the records are maintained. 34 C.F.R. § 99.32(a)(2). This requirement enables parents and eligible students who do not provide written consent for disclosure of education records to see the circumstances under which and the parties to whom their information was disclosed. However, educational agencies and institutions are not required to record disclosures for which the parent or eligible student has provided written consent. 34 C.F.R. § 99.32(d)(3).

The Department's Student Privacy Policy Office or SPPO is the office that administers FERPA. SPPO is available to respond to questions school officials may have about FERPA. School officials may e-mail questions to SPPO at FERPA@ed.gov. You may also call us at (202) 260-3887. Additional information and guidance on FERPA is available on SPPO's website at: <https://studentprivacy.ed.gov/>.

The Department has a list of resources regarding COVID-19 (coronavirus) on our website at <https://www.ed.gov/coronavirus>. Questions related to the coronavirus may be emailed to the Department at COVID-19@ed.gov.

In December 2019, the U.S. Department of Education, along with HHS, issued guidance on the applicability of FERPA and the HIPAA to student health records, the "Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) To Student Health Records." See https://studentprivacy.ed.gov/sites/default/files/resource_document/file/2019%20HIPAA%20FERPA%20Joint%20Guidance%20508.pdf. This 2019 document updated the Department's 2008 guidance and explained that the HIPAA Privacy Rule does not apply to education records that are protected by FERPA. Student health records that are maintained by a public elementary and secondary educational agency or institution or by a party acting for the agency or institution are "education records" subject to FERPA, and school officials must follow the requirements of FERPA in making any disclosures of the PII from these records. At the postsecondary level, FERPA applies to most public and private institutions of postsecondary education and to the student health records that they maintain. Such student health records may either constitute "education records" or "treatment records," if certain conditions are met, but in either case they are subject to FERPA and not the HIPAA Privacy Rule.

For more information on the HIPAA Privacy Rule, please visit HHS' HIPAA Privacy Rule website at: <http://www.hhs.gov/ocr/privacy/>. The website offers a wide range of helpful information about the HIPAA Privacy Rule, including frequently asked questions.

[Sample FERPA Consent Form]

**Disclosure of Information Protected by the Family Educational Rights and Privacy Act
by _____ [Name of School/School District] to [Name of Appropriate Authority]**

Pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 C.F.R. part 99), the written consent of a parent or eligible student is required before the education records of a student, or personally identifiable information contained therein, may be disclosed to a third party, unless an exception to this general requirement of written consent applies. If a student is age 18 years or older, or is enrolled in an institution of postsecondary education, he or she is an “eligible student” and must provide written consent for the disclosure of his or her education records or personally identifiable information contained therein.

I, _____, hereby agree to allow _____
[SCHOOL OR DISTRICT NAME] to disclose the following personally identifiable information
or education records:

_____ [Specify education records or personally identifiable
information that may be disclosed] on _____
[Name of Student] to _____ [Name of Appropriate Authority] for the
purpose of [State purpose of disclosure] _____.

You may withdraw your consent to share this information at any time. A request to withdraw your consent should be submitted in writing and signed.

Signature of Parent, Guardian, or Eligible Student

Date: _____

GDOE Employee Screening Form



GDOE EMPLOYEE
COVID-19 SCREENING FORM

Name: _____

Job Title: _____

Division: _____

PLEASE LET US KNOW IF YOU HAVE HAD ANY OF THE FOLLOWING:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Fever of 100.4°F and higher within the last 14 days
<input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you taken a fever reducer/antipyretic
(Tylenol, Ibuprofen) or NyQuil/DayQuil in the last
4-8 hours? If yes, any reason for taking:
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Cough | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Difficulty breathing or shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you traveled off island in the last 14 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you had contact with a confirmed or <u>suspected</u>
COVID-19 case? | <input type="checkbox"/> | <input type="checkbox"/> |

*Temperature: _____°F (temperature at 100°F and higher – **NO ENTRY**)

Employee signature: _____ Date: _____

NOTE:

- **Any YES to the above 6 questions** would require a **Registered Nurse (RN) or Licensed Practical Nurse (LPN) consultation** prior reporting to work
- Please inform your supervisor of any changes **IMMEDIATELY or ASAP**

GDOE COVID-19 PANDEMIC RE-ENTRY PLAN

GDOE Visitors Screening Log



GDOE VISITORS COVID-19 SCREENING LOG

M T W Th F DATE: _____

NAME	COVID-19 SYMPTOM CHECKER: <i>Symptoms may appear 2-14 days after exposure</i> <input type="checkbox"/> Fever or chills Temp: _____ <input type="checkbox"/> Cough/Sore throat/Congestion <input type="checkbox"/> Difficulty breathing or shortness of breath <input type="checkbox"/> Fatigue/Muscle of body aches <input type="checkbox"/> New loss of taste or smell <input type="checkbox"/> Headache <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea <input type="checkbox"/> Travel in last 14 days <input type="checkbox"/> Close contact with confirmed or probable case of COVID-19	Reason for Visit <input type="checkbox"/> Visitor <input type="checkbox"/> GDOE Employee Location: _____
TIME:		If visitor, reason: <input type="checkbox"/> HR <input type="checkbox"/> Payroll <input type="checkbox"/> Head Start <input type="checkbox"/> SPED <input type="checkbox"/> ESCL <input type="checkbox"/> Other
CONTACT INFORMATION:		
VILLAGE:		
NAME	COVID-19 SYMPTOM CHECKER: <i>Symptoms may appear 2-14 days after exposure</i> <input type="checkbox"/> Fever or chills Temp: _____ <input type="checkbox"/> Cough/Sore throat/Congestion <input type="checkbox"/> Difficulty breathing or shortness of breath <input type="checkbox"/> Fatigue/Muscle of body aches <input type="checkbox"/> Loss of taste or smell <input type="checkbox"/> Headache <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea <input type="checkbox"/> Travel in last 14 days <input type="checkbox"/> Close contact with confirmed or probable case of COVID-19	Reason for Visit <input type="checkbox"/> Visitor <input type="checkbox"/> GDOE Employee Location: _____
TIME:		If visitor, reason: <input type="checkbox"/> HR <input type="checkbox"/> Payroll <input type="checkbox"/> Head Start <input type="checkbox"/> SPED <input type="checkbox"/> ESCL <input type="checkbox"/> Other
CONTACT INFORMATION:		
VILLAGE:		
NAME	COVID-19 SYMPTOM CHECKER: <i>Symptoms may appear 2-14 days after exposure</i> <input type="checkbox"/> Fever or chills Temp: _____ <input type="checkbox"/> Cough/Sore throat/Congestion <input type="checkbox"/> Difficulty breathing or shortness of breath <input type="checkbox"/> Fatigue/Muscle of body aches <input type="checkbox"/> Loss of taste or smell <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea <input type="checkbox"/> Travel in last 14 days <input type="checkbox"/> Close contact with confirmed or probable case of COVID-19	Reason for Visit <input type="checkbox"/> Visitor <input type="checkbox"/> GDOE Employee Location: _____
TIME:		If visitor, reason: <input type="checkbox"/> HR <input type="checkbox"/> Payroll <input type="checkbox"/> Head Start <input type="checkbox"/> SPED <input type="checkbox"/> ESCL <input type="checkbox"/> Other
CONTACT INFORMATION:		
VILLAGE:		
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TIME:		If visitor, reason: <input type="checkbox"/> HR <input type="checkbox"/> Payroll <input type="checkbox"/> Head Start <input type="checkbox"/> SPED <input type="checkbox"/> ESCL <input type="checkbox"/> Other
CONTACT INFORMATION:		
VILLAGE:		

DPHSS Voluntary Quarantine Letter



LOURDES A. LEON GUERRERO
GOVERNOR, MAGALHŒA

JOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGALŒHI

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LINDA UNPINGCO DENORCEY, MPH
DIRECTOR

LAURENT SF DUENAS, MPH, BSN, RN
DEPUTY DIRECTOR

Voluntary Quarantine Letter

Date: _____

Dear _____,

I have determined that your voluntary quarantine is necessary for the preservation and protection of the public health. This determination is based on the following information:

- Your recent travel history
- Your identified contact to a known infectious COVID-19 patient.

Therefore, your compliance is hereby requested. You are requested to report to, or remain at your primary residence of record at

_____ by _____
(Physical address of premises subject to quarantine) (Date and time)

Please read the enclosed information carefully and follow the enclosed recommendations. The Department of Public Health and Social Services (DPHSS) requests that you stay home from work, school, child care, other public areas, and to avoid travel by air and sea until we notify you that it is safe to resume your normal activities.

I am including the most recent information available on what you can do to help prevent spread of COVID-19 to others, including your household contacts. The information sheets about COVID-19 are updated often as new information becomes available. You can also access information at the DPHSS website, www.dphss.guam.gov or the Centers for Disease Control and Preventions website at www.cdc.gov.

We understand that being voluntarily quarantined (home or hotel) may cause significant inconvenience to you. However, it is very important for the protection of your own health and that of others that you abide by this request for voluntary quarantine. If you have any questions about this request or need assistance in complying, please call the Medical Triage Phone Hotline Center at (671) 480-7859, 480-6760, 480-6763, or 480-7853. Failure to voluntarily comply with this request may result in an emergency detention order, pursuant to P.L: 22-130.

Sincerely,


LINDA UNPINGCO DENORCEY, MPH
Director, DPHSS

520 WEST SANTA MONICA AVENUE, DEDEDO, GUAHAN 96929
www.dphss.guam.gov • Ph. 671-635-7447 • Fax. 671-635-7492



LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'HAÇA
JOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGA'LAIH

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LINDA UNPINGCO DENORCEY, MPH
DIRECTOR
LAURENT SF DUENAS, MPH, BSN, RN
DEPUTY DIRECTOR

Voluntary Quarantine Acknowledgement

On _____, 20____, I received a written notice from the Department of Public Health and Social Services (DPHSS) indicating that the Director, with the advice of the Medical Director and/or Chief Public Health Officer of the DPHSS, requests my voluntary quarantine from the public.

I have read the notice and the enclosed information carefully and intend to follow the enclosed recommendations. I understand that I will stay home from work, school, child care, and other public areas until I am notified by the DPHSS staff that it is safe to resume my normal activities. Additionally, I will follow any other requests of the DPHSS relating to my voluntary quarantine. I understand that if I have any questions regarding my condition, **I will stay where I am and call the department at (671) 480-7859 or 480-6760 or 480-6763, or 480-7853.**

DATED this _____ day of _____, 20____

[Sign Name]

[Print Name]

[Date of Birth]

[Social security number]